Anhang 4G

Linvoseltamab (Lynozyfic®)

Anhang 4 G

Medizinischer Nutzen und
medizinischer Zusatznutzen,
Patientengruppen mit therapeutisch
bedeutsamem Zusatznutzen

Stand: 29.09.2025

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Table 14.2.1.1.phc Overall Response Rate per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Best Overall Response Per IMWG Criteria, n (%)			
Stringent Complete Response (sCR)*	22 (21.2%)	34 (32.4%)	41 (35.0%)
Complete Response (CR)*	1 (1.0%)	11 (10.5%)	11 (9.4%)
Very Good Partial Response (VGPR)*	19 (18.3%)	20 (19.0%)	22 (18.8%)
Partial Response (PR)*	6 (5.8%)	6 (5.7%)	7 (6.0%)
Minimum Response (MR)	1 (1.0%)	0	0
Stable Disease (SD)**	20 (19.2%)	17 (16.2%)	17 (14.5%)
Progressive Disease (PD)*	25 (24.0%)	12 (11.4%)	14 (12.0%)
Clinical Relapse (CLR)	0	0	0
Not Evaluable (NE) [a]	10 (9.6%)	5 (4.8%)	5 (4.3%)
Unconfirmed response (>=PR)***	4 (3.8%)	4 (3.8%)	4 (3.4%)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)	48 (46.2%)	71 (67.6%)	81 (69.2%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
*Confirmed responses as per IMWG criteria
**Stable disease (SD) includes disease response assessment of SD as well as unconfirmed disease response of >=PR for patients with a single, unconfirmed response of >=PR at the time of the datacut
***Unconfirmed disease response of >=PR contains patients with a single, unconfirmed response of >=PR at the time of the datacut
[a] Not evaluable response includes missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

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Table 14.2.1.1.phc Overall Response Rate per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)			
95% CI for ORR [b]	(36.3%, 56.2%)	(57.8%, 76.4%)	(60.0%, 77.4%)
Rate of VGPR or Better (sCR+CR+VGPR)	42 (40.4%)	65 (61.9%)	74 (63.2%)
95% CI [b]	(30.9%, 50.5%)	(51.9%, 71.2%)	(53.8%, 72.0%)
Rate of CR or Better (sCR+CR)	23 (22.1%)	45 (42.9%)	52 (44.4%)
95% CI [b]	(14.6%, 31.3%)	(33.2%, 52.9%)	(35.3%, 53.9%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
*Confirmed responses as per IMWG criteria
**Stable disease (SD) includes disease response assessment of SD as well as unconfirmed disease response of >=PR for patients with a single, unconfirmed response of >=PR at the time of the datacut
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Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
KM estimation of Duration of Response (sCR, CR, VGPR or PR)			
n	48	71	81
Number of events, n (%) [a]	26 (54.2%)	15 (21.1%)	20 (24.7%)
Number of censored patients, n (%) [a]	22 (45.8%)	56 (78.9%)	61 (75.3%)
Median (95% CI), (months)	21.7 (12.8, 31.5)	NR (13.8, NE)	27.0 (20.9, NE)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

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Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
Estimated Probability of DoR, % (95% CI)			
2 months	97.9 (86.1, 99.7)	97.1 (88.9, 99.3)	97.5 (90.3, 99.4)
3 months	95.8 (84.4, 98.9)	97.1 (88.9, 99.3)	97.5 (90.3, 99.4)
4 months	93.7 (81.9, 97.9)	94.2 (85.3, 97.8)	94.9 (87.1, 98.1)
6 months	89.6 (76.8, 95.5)	89.9 (79.9, 95.0)	88.6 (79.2, 93.9)
8 months	83.1 (69.0, 91.2)	88.4 (78.1, 94.0)	87.3 (77.6, 92.9)
9 months	78.7 (64.0, 87.9)	88.4 (78.1, 94.0)	85.9 (75.9, 91.9)
10 months	72.1 (56.8, 82.7)	88.4 (78.1, 94.0)	85.9 (75.9, 91.9)
12 months	67.4 (51.8, 79.0)	76.7 (61.2, 86.7)	76.7 (63.4, 85.7)
15 months	58.1 (42.4, 71.0)	65.0 (46.3, 78.5)	68.0 (52.6, 79.4)
18 months	58.1 (42.4, 71.0)	NE (NE, NE)	68.0 (52.6, 79.4)
21 months	52.2 (36.2, 65.9)	NE (NE, NE)	58.3 (34.9, 75.9)
24 months	45.1 (28.9, 60.1)	NE (NE, NE)	58.3 (34.9, 75.9)
27 months	45.1 (28.9, 60.1)	NE (NE, NE)	38.9 (9.1, 68.9)
30 months	41.0 (24.8, 56.6)	NE (NE, NE)	38.9 (9.1, 68.9)
33 months	26.4 (9.5, 47.0)	NE (NE, NE)	38.9 (9.1, 68.9)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

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Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
Estimated Probability of DoR, % (95% CI)			
36 months	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

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Table 14.2.1.2.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=45)	All 5* mg/25 mg /200 mg Patients (N=52)
KM estimation of Duration of Response (sCR or CR)			
n	23	45	52
Number of events, n (%) [a]	7 (30.4%)	6 (13.3%)	8 (15.4%)
Number of censored patients, n (%) [a]	16 (69.6%)	39 (86.7%)	44 (84.6%)
Median (95% CI), (months)	22.3 (19.8, NE)	10.2 (9.0, NE)	NR (10.2, NE)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR or CR.
DoR = Duration of response is defined for responders (patients with a best overall response of sCR, or CR) and is defined as the time from the date of the first documented response (sCR, or CR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first.

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Table 14.2.1.2.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=45)	All 5* mg/25 mg /200 mg Patients (N=52)
Estimated Probability of DoR, % (95% CI)			
2 months	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)
3 months	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)
4 months	95.5 (71.9, 99.3)	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)
6 months	90.4 (66.8, 97.5)	85.7 (66.0, 94.4)	85.4 (68.3, 93.7)
8 months	90.4 (66.8, 97.5)	85.7 (66.0, 94.4)	85.4 (68.3, 93.7)
9 months	90.4 (66.8, 97.5)	85.7 (66.0, 94.4)	85.4 (68.3, 93.7)
10 months	90.4 (66.8, 97.5)	68.5 (27.5, 89.5)	77.6 (53.0, 90.4)
12 months	90.4 (66.8, 97.5)	45.7 (7.8, 78.6)	69.0 (40.7, 85.8)
15 months	90.4 (66.8, 97.5)	NE (NE, NE)	69.0 (40.7, 85.8)
18 months	82.9 (54.4, 94.4)	NE (NE, NE)	69.0 (40.7, 85.8)
21 months	55.3 (24.5, 77.9)	NE (NE, NE)	55.2 (22.5, 79.0)
24 months	46.1 (17.6, 70.7)	NE (NE, NE)	NE (NE, NE)
27 months	46.1 (17.6, 70.7)	NE (NE, NE)	NE (NE, NE)
30 months	46.1 (17.6, 70.7)	NE (NE, NE)	NE (NE, NE)
33 months	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR or CR.
DoR = Duration of response is defined for responders (patients with a best overall response of sCR, or CR) and is defined as the time from the date of the first documented response (sCR, or CR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first.

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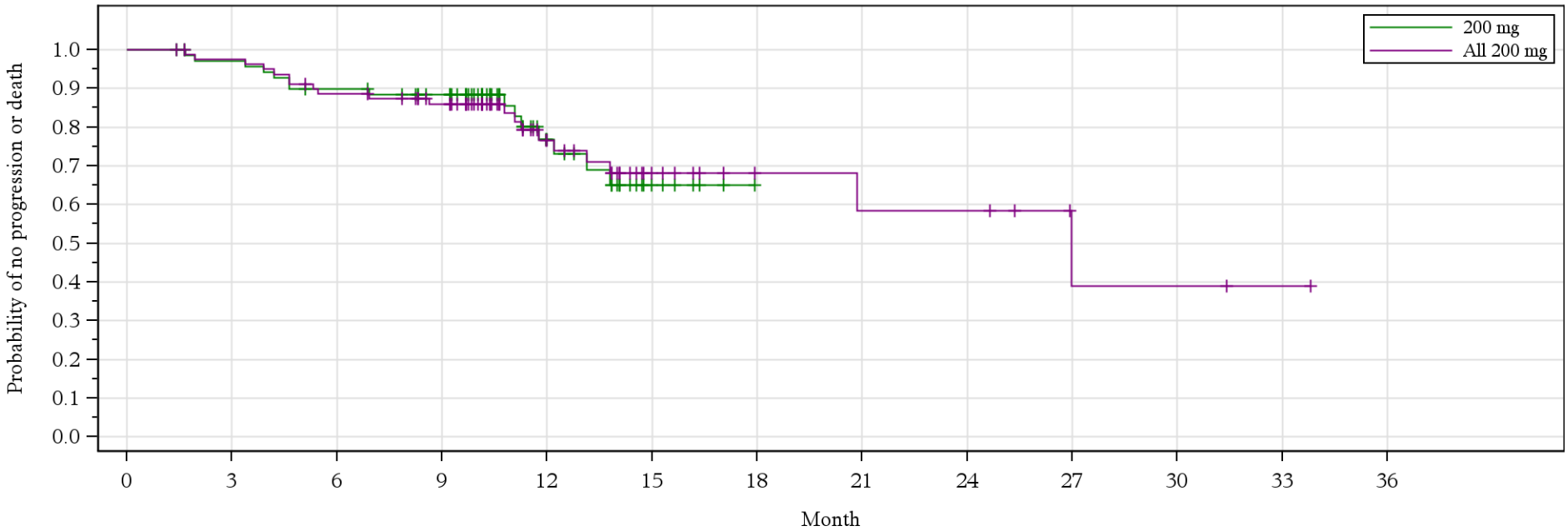
Figure 1.1a Kaplan-Meier Curve of Duration of Response Per IMWG Criteria
(Full Analysis Set)
All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

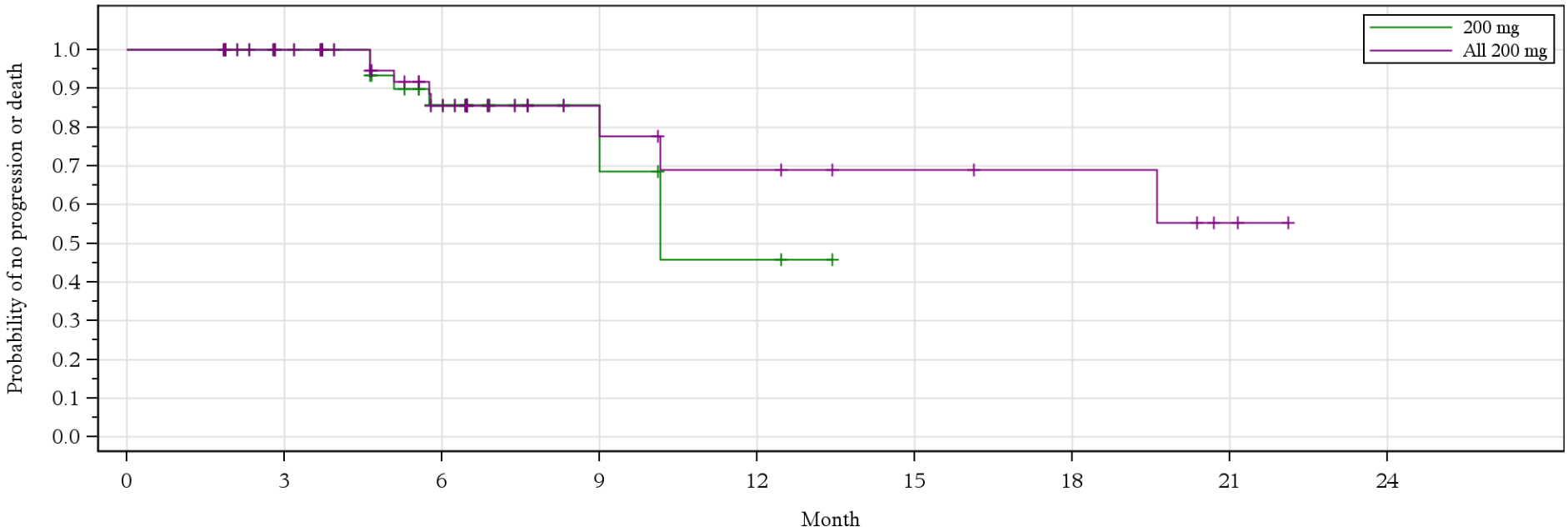


Number of Subjects at Risk

200 mg	71	67	61	54	21	6	0	0	0	0	0	0	0
All 200 mg	81	77	69	61	28	13	7	6	6	2	2	1	0

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
'/home/han.zhou/sasdata/Data/Production/BDM/MA/R5458/R5458-ONC/R5458-ONC-1826/German Dossier/Analysis_MA/Programs/TFL/f_1_1_kmdor_phc.sas' (han.zhou 12MAR2025 14:36 SAS Linux 9.4)

Figure 1.5a Kaplan-Meier Curve of Duration of Response per IMWG Criteria
(Full Analysis Set)
All 200 mg Dose Patients with an Overall Response of CR or Better
Per Investigator's Assessment



Number of Subjects at Risk

200 mg	45	36	20	5	2	0	0	0	0
All 200 mg	52	43	26	11	8	6	5	2	0

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
'/home/aiguo.fu/sasdata/Data/Production/BDM/MA/R5458/R5458-ONC/R5458-ONC-1826/German Dossier/Analysis_MA/Programs/TFL/f_1_5_kmdor_phc.sas' (aiguo.fu 01APR2025 11:34 SAS Linux 9.4)

Table 14.2.1.4.phc Observed Time to PR or Better Response Per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
Observed Time to Response (sCR, CR, VGPR or PR) (months)			
n	48	71	81
Mean (SD)	1.50 (1.062)	1.68 (1.566)	1.66 (1.488)
Median	0.80	0.95	0.95
Q1 : Q3	0.72 : 1.87	0.76 : 1.87	0.76 : 1.87
Min : Max	0.7 : 5.3	0.7 : 9.0	0.7 : 9.0
Observed Time to Response (sCR, CR, VGPR or PR), n (%) [a]			
<2 months	39/48 (81.3%)	56/71 (78.9%)	63/81 (77.8%)
>=2 to <4 months	8/48 (16.7%)	11/71 (15.5%)	14/81 (17.3%)
>=4 to <6 months	1/48 (2.1%)	1/71 (1.4%)	1/81 (1.2%)
>=6 months	0/48	3/71 (4.2%)	3/81 (3.7%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Percentages are based on number of patients with sCR, CR, VGPR or PR.

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Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=56)
Observed Time to Progression (months)	
n	9
Mean (SD)	3.86 (2.557)
Median	4.60
Q1 : Q3	0.95 : 5.75
Min : Max	0.0 : 6.7
Observed Time to Progression, n (%) [a]	
<2 months	3/56 (5.4%)
>=2 to <4 months	1/56 (1.8%)
>=4 to <6 months	3/56 (5.4%)
>=6 months	2/56 (3.6%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

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Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=56)
Patients with VGPR at the time of transition	
Observed Time to Progression (months)	
n	5
Mean (SD)	2.98 (3.217)
Median	0.95
Q1 : Q3	0.95 : 6.24
Min : Max	0.0 : 6.7
Observed Time to Progression, n (%) [b]	
<2 months	3/30 (10.0%)
>=2 to <4 months	0/30
>=4 to <6 months	0/30
>=6 months	2/30 (6.7%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310/Analysis_CSR/Programs/TFL/Generated/t_2_1_5_obttq4w_phc.sas (xi.chen 04DEC2023 12:04 SAS Linux 9.4)

Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=56)
Patients with CR or better at the time of transition	
Observed Time to Progression (months)	
n	4
Mean (SD)	4.96 (0.844)
Median	5.08
Q1 : Q3	4.27 : 5.65
Min : Max	3.9 : 5.7
Observed Time to Progression, n (%) [c]	
<2 months	0/26
>=2 to <4 months	1/26 (3.8%)
>=4 to <6 months	3/26 (11.5%)
>=6 months	0/26

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

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Table 14.2.1.1.1.phc.c Sensitivity Analysis of Overall Response Rate per IMWG Criteria Based on Laboratory and Bone Marrow Data Only (Excluding Imaging)
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per IRC Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Best Overall Response Per IMWG Criteria, n (%)			
Stringent Complete Response (sCR)*	20 (19.2%)	42 (40.0%)	48 (41.0%)
Complete Response (CR)*	3 (2.9%)	5 (4.8%)	6 (5.1%)
Very Good Partial Response (VGPR)*	19 (18.3%)	18 (17.1%)	20 (17.1%)
Partial Response (PR)*	9 (8.7%)	9 (8.6%)	10 (8.5%)
Minimum Response (MR)	1 (1.0%)	0	0
Stable Disease (SD)**	17 (16.3%)	13 (12.4%)	13 (11.1%)
Progressive Disease (PD)*	23 (22.1%)	12 (11.4%)	14 (12.0%)
Not Evaluable (NE) [a]	12 (11.5%)	6 (5.7%)	6 (5.1%)
Unconfirmed response (>=PR)***	2 (1.9%)	2 (1.9%)	2 (1.7%)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)	51 (49.0%)	74 (70.5%)	84 (71.8%)
95% CI for ORR [b]	(39.1%, 59.0%)	(60.8%, 79.0%)	(62.7%, 79.7%)
Rate of VGPR or Better (sCR+CR+VGPR)	42 (40.4%)	65 (61.9%)	74 (63.2%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
[a] Not evaluable response includes the missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

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1.2 Auswertungen zum EMA-Datenschnitt vom 06.01.2024

Table 14.2.1.1.phc Overall Response Rate per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Best Overall Response Per IMWG Criteria, n (%)			
Stringent Complete Response (sCR)*	23 (22.1%)	41 (39.0%)	48 (41.0%)
Complete Response (CR)*	0	10 (9.5%)	10 (8.5%)
Very Good Partial Response (VGPR)*	19 (18.3%)	14 (13.3%)	16 (13.7%)
Partial Response (PR)*	6 (5.8%)	6 (5.7%)	7 (6.0%)
Minimum Response (MR)	1 (1.0%)	0	0
Stable Disease (SD)**	20 (19.2%)	17 (16.2%)	17 (14.5%)
Progressive Disease (PD)*	25 (24.0%)	12 (11.4%)	14 (12.0%)
Clinical Relapse (CLR)	0	0	0
Not Evaluable (NE) [a]	10 (9.6%)	5 (4.8%)	5 (4.3%)
Unconfirmed response (>=PR)***	4 (3.8%)	4 (3.8%)	4 (3.4%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
*Confirmed responses as per IMWG criteria
**Stable disease (SD) includes disease response assessment of SD as well as unconfirmed disease response of >=PR for patients with a single, unconfirmed response of >=PR at the time of the datacut
***Unconfirmed disease response of >=PR contains patients with a single, unconfirmed response of >=PR at the time of the datacut
[a] Not evaluable response includes missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_1_bor_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.1.phc Overall Response Rate per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)	48 (46.2%)	71 (67.6%)	81 (69.2%)
95% CI for ORR [b]	(36.3%, 56.2%)	(57.8%, 76.4%)	(60.0%, 77.4%)
Rate of VGPR or Better (sCR+CR+VGPR)	42 (40.4%)	65 (61.9%)	74 (63.2%)
95% CI [b]	(30.9%, 50.5%)	(51.9%, 71.2%)	(53.8%, 72.0%)
Rate of CR or Better (sCR+CR)	23 (22.1%)	51 (48.6%)	58 (49.6%)
95% CI [b]	(14.6%, 31.3%)	(38.7%, 58.5%)	(40.2%, 59.0%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
*Confirmed responses as per IMWG criteria
**Stable disease (SD) includes disease response assessment of SD as well as unconfirmed disease response of >=PR for patients with a single, unconfirmed response of >=PR at the time of the datacut
***Unconfirmed disease response of >=PR contains patients with a single, unconfirmed response of >=PR at the time of the datacut
[a] Not evaluable response includes missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_1_bor_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.1.1.phc.c Sensitivity Analysis of Overall Response Rate per IMWG Criteria Based on Laboratory and Bone Marrow Data Only (Excluding Imaging)
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per IRC Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Best Overall Response Per IMWG Criteria, n (%)			
Stringent Complete Response (sCR)*	20 (19.2%)	45 (42.9%)	52 (44.4%)
Complete Response (CR)*	3 (2.9%)	6 (5.7%)	6 (5.1%)
Very Good Partial Response (VGPR)*	19 (18.3%)	15 (14.3%)	17 (14.5%)
Partial Response (PR)*	9 (8.7%)	8 (7.6%)	9 (7.7%)
Minimum Response (MR)	1 (1.0%)	0	0
Stable Disease (SD)**	17 (16.3%)	13 (12.4%)	13 (11.1%)
Progressive Disease (PD)*	23 (22.1%)	12 (11.4%)	14 (12.0%)
Not Evaluable (NE) [a]	12 (11.5%)	6 (5.7%)	6 (5.1%)
Unconfirmed response (>=PR)***	2 (1.9%)	2 (1.9%)	2 (1.7%)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)	51 (49.0%)	74 (70.5%)	84 (71.8%)
95% CI for ORR [b]	(39.1%, 59.0%)	(60.8%, 79.0%)	(62.7%, 79.7%)
Rate of VGPR or Better (sCR+CR+VGPR)	42 (40.4%)	66 (62.9%)	75 (64.1%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Not evaluable response includes the missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_1_1_bor_phcc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.1.1.phc.c Sensitivity Analysis of Overall Response Rate per IMWG Criteria Based on Laboratory and Bone Marrow Data Only (Excluding Imaging)
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per IRC Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Response Per IMWG Criteria			
Rate of VGPR or Better (sCR+CR+VGPR)			
95% CI [b]	(30.9%, 50.5%)	(52.9%, 72.1%)	(54.7%, 72.8%)
Rate of CR or Better (sCR+CR)	23 (22.1%)	51 (48.6%)	58 (49.6%)
95% CI [b]	(14.6%, 31.3%)	(38.7%, 58.5%)	(40.2%, 59.0%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Not evaluable response includes the missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_1_1_bor_phcc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
KM estimation of Duration of Response (sCR, CR, VGPR or PR)			
n	48	71	81
Number of events, n (%) [a]	25 (52.1%)	24 (33.8%)	29 (35.8%)
Number of censored patients, n (%) [a]	23 (47.9%)	47 (66.2%)	52 (64.2%)
Median (95% CI), (months)	21.7 (12.8, NE)	19.8 (15.2, NE)	20.9 (16.6, NE)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_2_kmdor_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
Estimated Probability of DoR, % (95% CI)			
2 months	97.9 (86.1, 99.7)	97.1 (88.9, 99.3)	97.5 (90.3, 99.4)
3 months	95.8 (84.4, 98.9)	97.1 (88.9, 99.3)	97.5 (90.3, 99.4)
4 months	93.7 (81.9, 97.9)	94.2 (85.3, 97.8)	94.9 (87.1, 98.1)
6 months	89.6 (76.8, 95.5)	89.9 (79.9, 95.0)	88.6 (79.3, 93.9)
8 months	83.1 (69.0, 91.2)	88.4 (78.2, 94.0)	87.3 (77.8, 93.0)
9 months	78.7 (64.0, 87.9)	88.4 (78.2, 94.0)	86.0 (76.2, 92.0)
10 months	72.1 (56.8, 82.7)	86.9 (76.3, 93.0)	84.7 (74.7, 91.0)
12 months	67.4 (51.8, 79.0)	80.7 (69.0, 88.3)	79.3 (68.5, 86.8)
15 months	58.1 (42.4, 71.0)	66.6 (52.6, 77.3)	67.6 (55.0, 77.4)
18 months	58.1 (42.4, 71.0)	59.3 (43.2, 72.3)	62.3 (48.5, 73.4)
21 months	53.1 (37.4, 66.5)	35.2 (9.1, 63.4)	46.0 (26.8, 63.2)
24 months	46.8 (31.0, 61.1)	NE (NE, NE)	46.0 (26.8, 63.2)
27 months	46.8 (31.0, 61.1)	NE (NE, NE)	36.8 (16.2, 57.8)
30 months	43.2 (27.4, 58.1)	NE (NE, NE)	36.8 (16.2, 57.8)
33 months	37.0 (20.2, 54.0)	NE (NE, NE)	36.8 (16.2, 57.8)
36 months	37.0 (20.2, 54.0)	NE (NE, NE)	36.8 (16.2, 57.8)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

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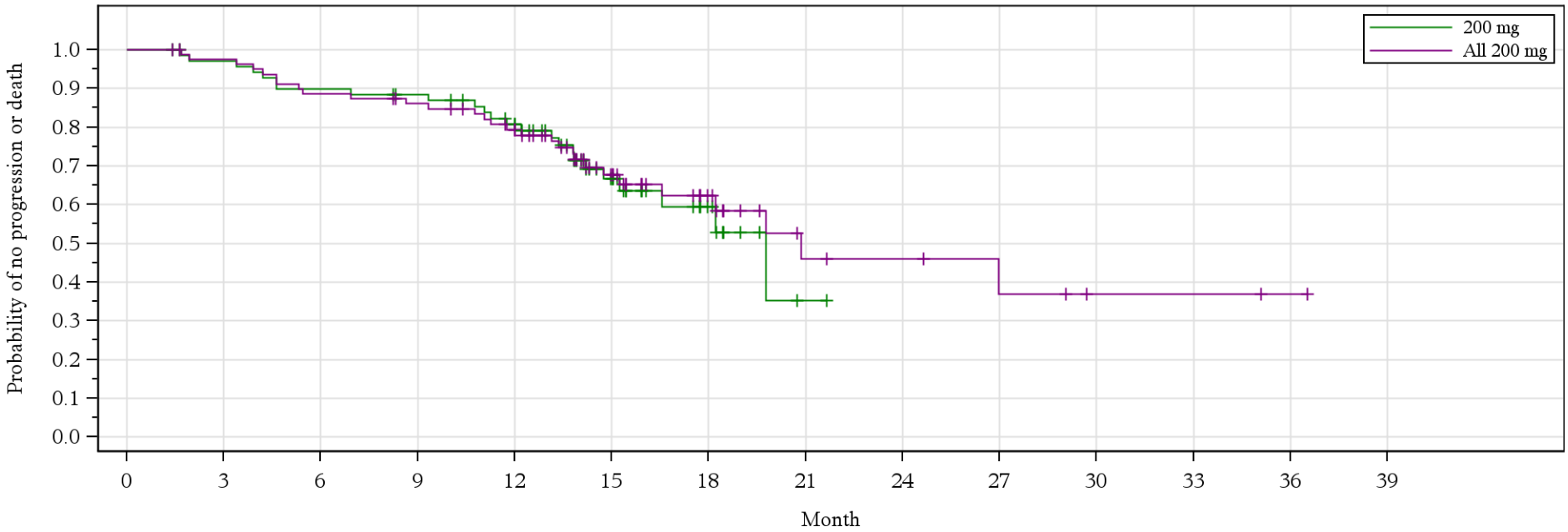
Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
Estimated Probability of DoR, % (95% CI)			
39 months	37.0 (20.2, 54.0)	NE (NE, NE)	NE (NE, NE)
42 months	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_2_kmdor_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Figure 1.1b Kaplan-Meier Curve of Duration of Response Per IMWG Criteria
(Full Analysis Set)
All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

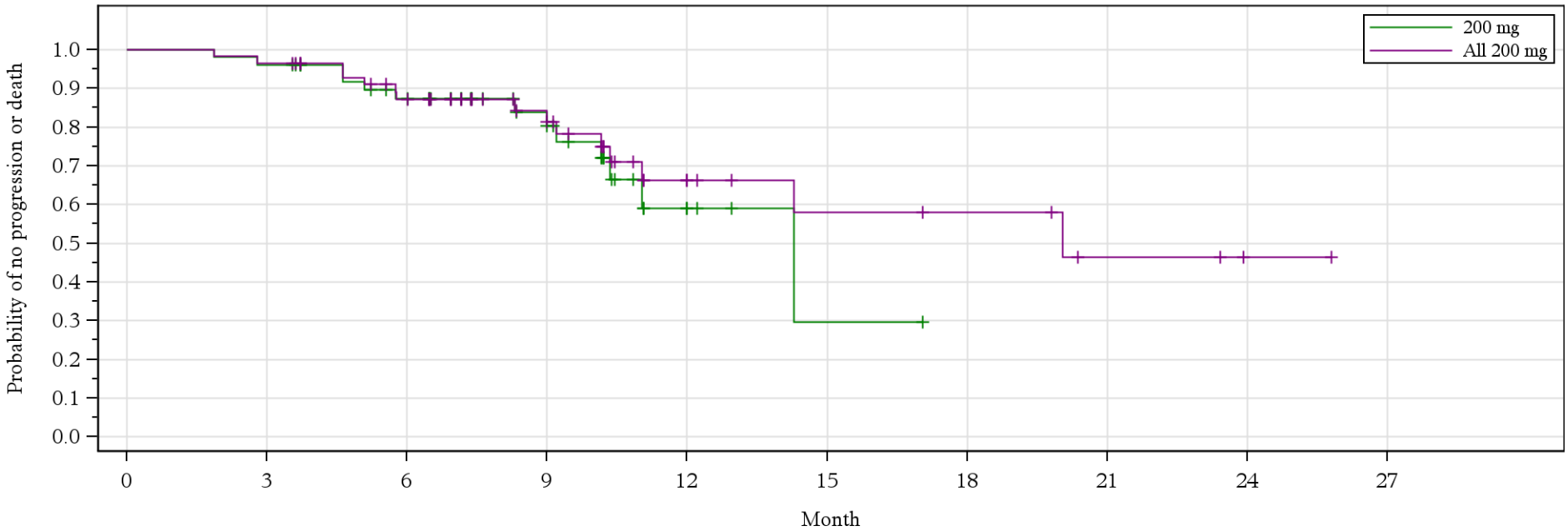


Number of Subjects at Risk

200 mg	71	67	62	59	49	25	10	1	0	0	0	0	0	0
All 200 mg	81	77	70	66	56	32	17	7	6	4	2	2	1	0

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
'/home/han.zhou/sasdata/Data/Production/BDM/MA/R5458/R5458-ONC/R5458-ONC-1826/German Dossier/Analysis_MA/Programs/TFL/f_1_1_kmdor_phc.sas' (han.zhou 12MAR2025 14:37 SAS Linux 9.4)

Figure 1.5b Kaplan-Meier Curve of Duration of Response per IMWG Criteria
(Full Analysis Set)
All 200 mg Dose Patients with an Overall Response of CR or Better
Per Investigator's Assessment



Number of Subjects at Risk

200 mg	51	49	39	23	4	1	0	0	0	0
All 200 mg	58	56	45	29	10	7	6	3	1	0

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
'/home/aiguo.fu/sasdata/Data/Production/BDM/MA/R5458/R5458-ONC/R5458-ONC-1826/German Dossier/Analysis_MA/Programs/TFL/f_1_5_kmdor_phc.sas' (aiguo.fu 01APR2025 11:33 SAS Linux 9.4)

Table 14.2.1.4.phc Observed Time to PR or Better Response Per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=71)	All 5* mg/25 mg /200 mg Patients (N=81)
Observed Time to Response (sCR, CR, VGPR or PR) (months)			
n	48	71	81
Mean (SD)	1.50 (1.062)	1.68 (1.566)	1.66 (1.488)
Median	0.80	0.95	0.95
Q1 : Q3	0.72 : 1.87	0.76 : 1.87	0.76 : 1.87
Min : Max	0.7 : 5.3	0.7 : 9.0	0.7 : 9.0
Observed Time to Response (sCR, CR, VGPR or PR), n (%) [a]			
<2 months	39/48 (81.3%)	56/71 (78.9%)	63/81 (77.8%)
>=2 to <4 months	8/48 (16.7%)	11/71 (15.5%)	14/81 (17.3%)
>=4 to <6 months	1/48 (2.1%)	1/71 (1.4%)	1/81 (1.2%)
>=6 months	0/48	3/71 (4.2%)	3/81 (3.7%)
>=9 months	0/48	0/71	0/81
>=12 months	0/48	0/71	0/81

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Percentages are based on number of patients with sCR, CR, VGPR or PR.

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Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Observed Time to Progression (months)	
n	17
Mean (SD)	5.60 (3.574)
Median	5.65
Q1 : Q3	3.71 : 8.31
Min : Max	0.0 : 13.4
Observed Time to Progression, n (%) [a]	
<2 months	4/58 (6.9%)
>=2 to <4 months	2/58 (3.4%)
>=4 to <6 months	4/58 (6.9%)
>=6 months	7/58 (12.1%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_5_obttq4w_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Patients with VGPR at the time of transition	
Observed Time to Progression (months)	
n	9
Mean (SD)	3.92 (3.191)
Median	3.71
Q1 : Q3	0.95 : 6.24
Min : Max	0.0 : 9.2
Observed Time to Progression, n (%) [b]	
<2 months	4/31 (12.9%)
>=2 to <4 months	1/31 (3.2%)
>=4 to <6 months	1/31 (3.2%)
>=6 months	3/31 (9.7%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_5_obttq4w_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Patients with CR or better at the time of transition	
Observed Time to Progression (months)	
n	8
Mean (SD)	7.49 (3.138)
Median	7.03
Q1 : Q3	5.08 : 9.22
Min : Max	3.9 : 13.4
Observed Time to Progression, n (%) [c]	
<2 months	0/27
>=2 to <4 months	1/27 (3.7%)
>=4 to <6 months	3/27 (11.1%)
>=6 months	4/27 (14.8%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_5_obttq4w_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

1.3 Auswertungen zum aktuellen Datenschnitt vom 23.07.2024

Table 14.2.1.1.phc Overall Response Rate per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Best Overall Response Per IMWG Criteria, n (%)			
Stringent Complete Response (sCR)*	23 (22.1%)	45 (42.9%)	52 (44.4%)
Complete Response (CR)*	0	10 (9.5%)	10 (8.5%)
Very Good Partial Response (VGPR)*	19 (18.3%)	11 (10.5%)	13 (11.1%)
Partial Response (PR)*	6 (5.8%)	4 (3.8%)	5 (4.3%)
Minimum Response (MR)	1 (1.0%)	0	0
Stable Disease (SD)**	20 (19.2%)	18 (17.1%)	18 (15.4%)
Progressive Disease (PD)*	25 (24.0%)	12 (11.4%)	14 (12.0%)
Clinical Relapse (CLR)	0	0	0
Not Evaluable (NE) [a]	10 (9.6%)	5 (4.8%)	5 (4.3%)
Unconfirmed response (>=PR)***	4 (3.8%)	4 (3.8%)	4 (3.4%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
*Confirmed responses as per IMWG criteria
**Stable disease (SD) includes disease response assessment of SD as well as unconfirmed disease response of >=PR for patients with a single, unconfirmed response of >=PR at the time of the datacut
***Unconfirmed disease response of >=PR contains patients with a single, unconfirmed response of >=PR at the time of the datacut
[a] Not evaluable response includes missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

Table 14.2.1.1.phc Overall Response Rate per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)	48 (46.2%)	70 (66.7%)	80 (68.4%)
95% CI for ORR [b]	(36.3%, 56.2%)	(56.8%, 75.6%)	(59.1%, 76.7%)
Rate of VGPR or Better (sCR+CR+VGPR)	42 (40.4%)	66 (62.9%)	75 (64.1%)
95% CI [b]	(30.9%, 50.5%)	(52.9%, 72.1%)	(54.7%, 72.8%)
Rate of CR or Better (sCR+CR)	23 (22.1%)	55 (52.4%)	62 (53.0%)
95% CI [b]	(14.6%, 31.3%)	(42.4%, 62.2%)	(43.5%, 62.3%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
*Confirmed responses as per IMWG criteria
**Stable disease (SD) includes disease response assessment of SD as well as unconfirmed disease response of >=PR for patients with a single, unconfirmed response of >=PR at the time of the datacut
***Unconfirmed disease response of >=PR contains patients with a single, unconfirmed response of >=PR at the time of the datacut
[a] Not evaluable response includes missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

Table 14.2.1.1.1.phc.c Sensitivity Analysis of Overall Response Rate per IMWG Criteria Based on Laboratory and Bone Marrow Data Only (Excluding Imaging)
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per IRC Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Best Overall Response Per IMWG Criteria, n (%)			
Stringent Complete Response (sCR)*	20 (19.2%)	46 (43.8%)	53 (45.3%)
Complete Response (CR)*	3 (2.9%)	8 (7.6%)	8 (6.8%)
Very Good Partial Response (VGPR)*	18 (17.3%)	12 (11.4%)	14 (12.0%)
Partial Response (PR)*	9 (8.7%)	8 (7.6%)	9 (7.7%)
Minimum Response (MR)	1 (1.0%)	0	0
Stable Disease (SD)**	18 (17.3%)	13 (12.4%)	13 (11.1%)
Progressive Disease (PD)*	23 (22.1%)	12 (11.4%)	14 (12.0%)
Not Evaluable (NE) [a]	12 (11.5%)	6 (5.7%)	6 (5.1%)
Unconfirmed response (>=PR)***	2 (1.9%)	2 (1.9%)	2 (1.7%)
Response Per IMWG Criteria			
Objective Response Rate (ORR: sCR+CR+VGPR+PR)	50 (48.1%)	74 (70.5%)	84 (71.8%)
95% CI for ORR [b]	(38.2%, 58.1%)	(60.8%, 79.0%)	(62.7%, 79.7%)
Rate of VGPR or Better (sCR+CR+VGPR)	41 (39.4%)	66 (62.9%)	75 (64.1%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Not evaluable response includes the missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

Table 14.2.1.1.1.phc.c Sensitivity Analysis of Overall Response Rate per IMWG Criteria Based on Laboratory and Bone Marrow Data Only (Excluding Imaging)
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per IRC Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5*mg/25 mg /200 mg Patients (N=117)
Response Per IMWG Criteria			
Rate of VGPR or Better (sCR+CR+VGPR)			
95% CI [b]	(30.0%, 49.5%)	(52.9%, 72.1%)	(54.7%, 72.8%)
Rate of CR or Better (sCR+CR)	23 (22.1%)	54 (51.4%)	61 (52.1%)
95% CI [b]	(14.6%, 31.3%)	(41.5%, 61.3%)	(42.7%, 61.5%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Not evaluable response includes the missing and unknown tumor response.
[b] Clopper-Pearson exact confidence interval.

Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=70)	All 5* mg/25 mg /200 mg Patients (N=80)
KM estimation of Duration of Response (sCR, CR, VGPR or PR)			
n	48	70	80
Number of events, n (%) [a]	30 (62.5%)	30 (42.9%)	35 (43.8%)
Number of censored patients, n (%) [a]	18 (37.5%)	40 (57.1%)	45 (56.3%)
Median (95% CI), (months)	23.3 (12.8, 31.5)	27.1 (18.8, NE)	27.0 (19.2, NE)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=70)	All 5* mg/25 mg /200 mg Patients (N=80)
Estimated Probability of DoR, % (95% CI)			
2 months	97.9 (86.1, 99.7)	98.6 (90.2, 99.8)	98.7 (91.4, 99.8)
3 months	95.8 (84.4, 98.9)	98.6 (90.2, 99.8)	98.7 (91.4, 99.8)
4 months	93.7 (81.9, 97.9)	95.7 (87.1, 98.6)	96.2 (88.7, 98.8)
6 months	89.6 (76.8, 95.5)	91.3 (81.7, 96.0)	89.9 (80.8, 94.8)
8 months	83.1 (69.0, 91.2)	89.9 (79.9, 95.0)	88.6 (79.3, 93.9)
9 months	78.7 (64.0, 87.9)	89.9 (79.9, 95.0)	87.3 (77.7, 93.0)
10 months	72.1 (56.8, 82.7)	88.4 (78.1, 94.0)	86.0 (76.2, 92.0)
12 months	67.4 (51.8, 79.0)	82.4 (71.1, 89.6)	80.8 (70.2, 88.0)
15 months	58.1 (42.4, 71.0)	72.9 (60.5, 82.0)	72.6 (61.1, 81.2)
18 months	58.1 (42.4, 71.0)	66.4 (53.6, 76.5)	67.1 (55.2, 76.4)
21 months	53.2 (37.5, 66.6)	55.0 (41.4, 66.6)	55.5 (42.9, 66.4)
24 months	48.1 (32.7, 62.0)	52.5 (38.7, 64.5)	53.5 (40.8, 64.6)
27 months	42.9 (27.9, 57.1)	52.5 (38.7, 64.5)	45.9 (28.3, 61.8)
30 months	36.9 (22.3, 51.5)	NE (NE, NE)	38.2 (19.2, 57.1)
33 months	33.2 (18.8, 48.3)	NE (NE, NE)	38.2 (19.2, 57.1)
36 months	27.6 (13.3, 44.1)	NE (NE, NE)	38.2 (19.2, 57.1)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

Table 14.2.1.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=70)	All 5* mg/25 mg /200 mg Patients (N=80)
Estimated Probability of DoR, % (95% CI)			
39 months	27.6 (13.3, 44.1)	NE (NE, NE)	38.2 (19.2, 57.1)
42 months	27.6 (13.3, 44.1)	NE (NE, NE)	NE (NE, NE)
45 months	27.6 (13.3, 44.1)	NE (NE, NE)	NE (NE, NE)
48 months	0.0 (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR, CR, VGPR or PR.
DoR = Duration of response: defined as the time from the date of the first documented response (sCR, CR, VGPR or PR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first

Table 14.2.1.2.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=55)	All 5* mg/25 mg /200 mg Patients (N=62)
KM estimation of Duration of Response (sCR or CR)			
n	23	55	62
Number of events, n (%) [a]	11 (47.8%)	18 (32.7%)	20 (32.3%)
Number of censored patients, n (%) [a]	12 (52.2%)	37 (67.3%)	42 (67.7%)
Median (95% CI), (months)	32.2 (18.4, NE)	NR (14.3, NE)	NR (15.3, NE)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR or CR.
DoR = Duration of response is defined for responders (patients with a best overall response of sCR, or CR) and is defined as the time from the date of the first documented response (sCR, or CR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first.

Table 14.2.1.2.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=55)	All 5* mg/25 mg /200 mg Patients (N=62)
Estimated Probability of DoR, % (95% CI)			
2 months	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)	100.0 (100.0, 100.0)
3 months	100.0 (100.0, 100.0)	98.1 (87.4, 99.7)	98.3 (88.8, 99.8)
4 months	95.7 (72.9, 99.4)	98.1 (87.4, 99.7)	98.3 (88.8, 99.8)
6 months	90.9 (68.1, 97.6)	90.2 (78.1, 95.8)	89.6 (78.4, 95.2)
8 months	86.1 (62.7, 95.3)	90.2 (78.1, 95.8)	89.6 (78.4, 95.2)
9 months	86.1 (62.7, 95.3)	88.1 (75.3, 94.5)	87.8 (76.0, 94.0)
10 months	86.1 (62.7, 95.3)	83.8 (70.1, 91.6)	84.0 (71.5, 91.4)
12 months	86.1 (62.7, 95.3)	67.7 (52.1, 79.2)	70.2 (55.9, 80.6)
15 months	86.1 (62.7, 95.3)	64.3 (48.0, 76.7)	67.5 (52.7, 78.6)
18 months	75.6 (50.8, 89.1)	54.3 (35.0, 70.0)	60.4 (43.9, 73.4)
21 months	58.5 (33.5, 76.9)	54.3 (35.0, 70.0)	51.8 (30.4, 69.5)
24 months	51.2 (26.2, 71.5)	54.3 (35.0, 70.0)	51.8 (30.4, 69.5)
27 months	51.2 (26.2, 71.5)	NE (NE, NE)	51.8 (30.4, 69.5)
30 months	51.2 (26.2, 71.5)	NE (NE, NE)	51.8 (30.4, 69.5)
33 months	38.4 (12.8, 64.0)	NE (NE, NE)	NE (NE, NE)
36 months	25.6 (4.9, 54.1)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR or CR.
DoR = Duration of response is defined for responders (patients with a best overall response of sCR, or CR) and is defined as the time from the date of the first documented response (sCR, or CR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first.

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Table 14.2.1.2.2.phc Kaplan-Meier Estimation of Duration of Response per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=55)	All 5* mg/25 mg /200 mg Patients (N=62)
Estimated Probability of DoR, % (95% CI)			
39 months	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Events include progressive disease or deaths. Percentages are based on number of patients with sCR or CR.
DoR = Duration of response is defined for responders (patients with a best overall response of sCR, or CR) and is defined as the time from the date of the first documented response (sCR, or CR) until the date of the first documented progression (PD) or death due to any cause, whichever occurs first.

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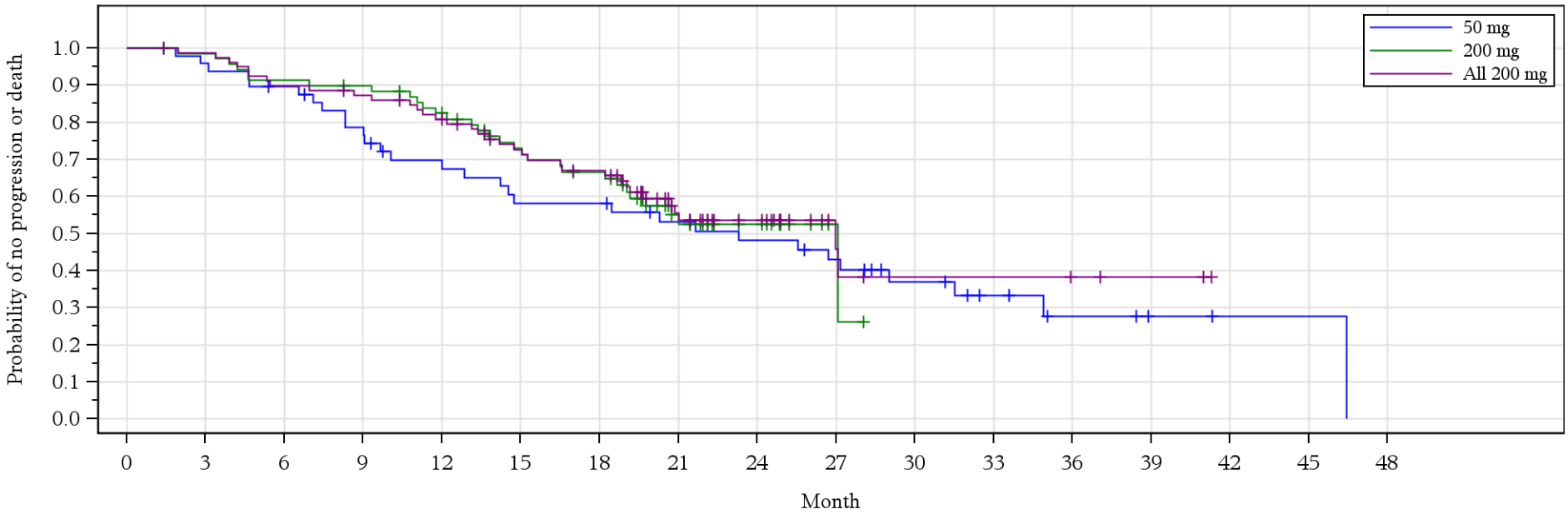
Figure 14.2.1.2.phc Kaplan-Meier Curve of Duration of Response Per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment



Number of Subjects at Risk

50 mg	48	46	42	36	29	25	25	21	19	16	11	7	4	2	1	1	0
200 mg	70	68	63	61	54	45	40	22	12	2	0	0	0	0	0	0	0
All 200 mg	80	78	71	68	61	52	47	28	18	6	4	4	3	2	0	0	0

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
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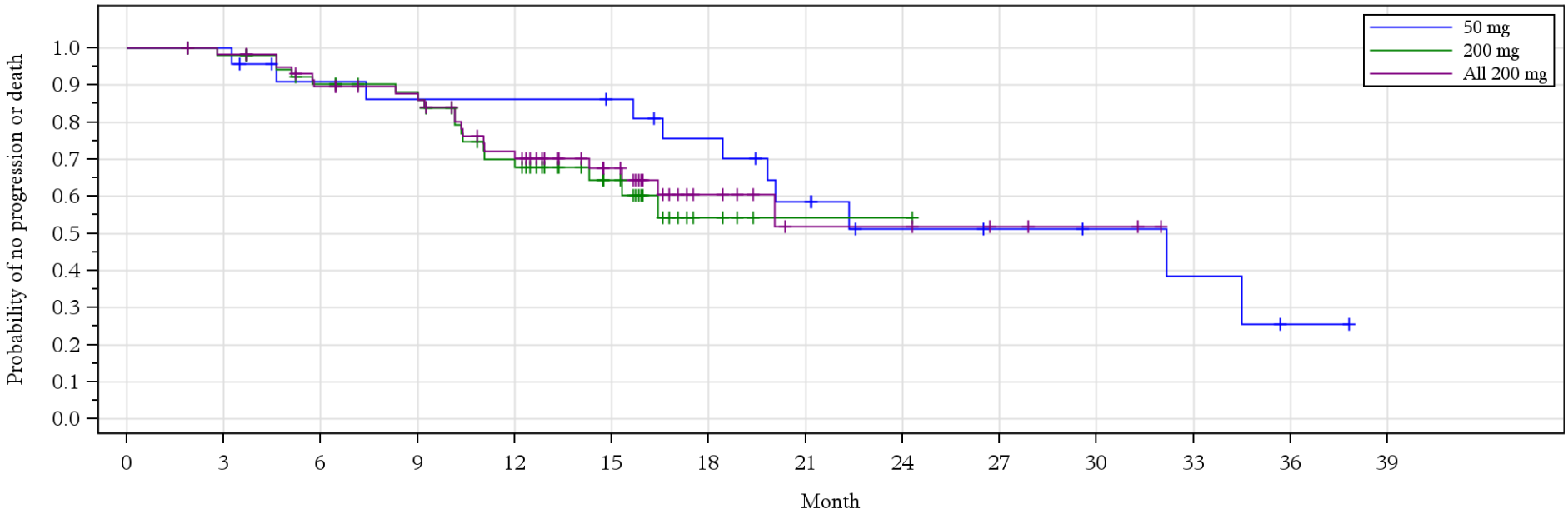
Figure 14.2.1.2.2.phc Kaplan-Meier Curve of Duration of Response Per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment



Number of Subjects at Risk

50 mg	23	23	19	18	18	17	14	10	6	5	4	3	1	0
200 mg	55	52	45	41	29	17	4	1	1	0	0	0	0	0
All 200 mg	62	59	51	47	35	23	10	5	5	3	2	0	0	0

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
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Table 14.2.1.4.phc Observed Time to PR or Better Response Per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of PR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=48)	5* mg/25 mg/200 mg (N=70)	All 5* mg/25 mg /200 mg Patients (N=80)
Observed Time to Response (sCR, CR, VGPR or PR) (months)			
n	48	70	80
Mean (SD)	1.50 (1.062)	1.61 (1.338)	1.60 (1.277)
Median	0.80	0.92	0.95
Q1 : Q3	0.72 : 1.87	0.76 : 1.87	0.76 : 1.89
Min : Max	0.7 : 5.3	0.7 : 6.8	0.7 : 6.8
Observed Time to Response (sCR, CR, VGPR or PR), n (%) [a]			
<2 months	39/48 (81.3%)	55/70 (78.6%)	62/80 (77.5%)
>=2 to <4 months	8/48 (16.7%)	12/70 (17.1%)	15/80 (18.8%)
>=4 to <6 months	1/48 (2.1%)	1/70 (1.4%)	1/80 (1.3%)
>=6 months	0/48	2/70 (2.9%)	2/80 (2.5%)
>=9 months	0/48	0/70	0/80
>=12 months	0/48	0/70	0/80

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Percentages are based on number of patients with sCR, CR, VGPR or PR.

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Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Observed Time to Progression (months)	
n	21
Mean (SD)	7.04 (4.434)
Median	6.24
Q1 : Q3	3.94 : 9.23
Min : Max	0.0 : 14.8
Observed Time to Progression, n (%) [a]	
<2 months	4/58 (6.9%)
>=2 to <4 months	2/58 (3.4%)
>=4 to <6 months	4/58 (6.9%)
>=6 months	11/58 (19.0%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Patients with VGPR at the time of transition	
Observed Time to Progression (months)	
n	11
Mean (SD)	5.93 (5.137)
Median	5.65
Q1 : Q3	0.95 : 11.99
Min : Max	0.0 : 14.8
Observed Time to Progression, n (%) [b]	
<2 months	4/30 (13.3%)
>=2 to <4 months	1/30 (3.3%)
>=4 to <6 months	1/30 (3.3%)
>=6 months	5/30 (16.7%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

Table 14.2.1.5.200mg.ph2 Observed Time to Progression Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Patients with CR or better at the time of transition	
Observed Time to Progression (months)	
n	10
Mean (SD)	8.25 (3.356)
Median	8.67
Q1 : Q3	5.55 : 9.23
Min : Max	3.9 : 13.5
Observed Time to Progression, n (%) [c]	
<2 months	0/28
>=2 to <4 months	1/28 (3.6%)
>=4 to <6 months	3/28 (10.7%)
>=6 months	6/28 (21.4%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Percentages are based on number of patients who switched to Q4W and had sCR, CR, or VGPR based on site investigator assessment at the time of switch
[b] Percentages are based on number of patients with VGPR who switch to Q4W.
[c] Percentages are based on number of patients with CR or sCR who switch to Q4W.

Table 14.2.1.5.1.200mg.ph2 Observed Time to Deeper Response Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Patients with VGPR at the time of transition	30 (51.7%)
Observed Time to CR or better (months)	
n	22
Mean (SD)	3.85 (3.172)
Median	2.91
Q1 : Q3	1.61 : 4.83
Min : Max	0.3 : 12.9
Observed Time to CR or better [a]	
<2 months	6/22 (27.3%)
>=2 to <4 months	8/22 (36.4%)
>=4 to <6 months	6/22 (27.3%)
>=6 months	2/22 (9.1%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Percentages are based on number of patients with VGPR at the time of switch to Q4W.
[b] Percentages are based on number of patients with CR at the time of switch to Q4W.

Table 14.2.1.5.1.200mg.ph2 Observed Time to Deeper Response Per IMWG Criteria - After Switch to Q4W
(Full Analysis Set)
Phase 2 200 mg Patients that Transitioned to Q4W
Per Investigator's Assessment

	5* mg/25 mg/200 mg (N=58)
Patients with CR at the time of transition	4 (6.9%)
Observed Time to sCR (months)	
n	1
Mean (SD)	9.95 (.)
Median	9.95
Q1 : Q3	9.95 : 9.95
Min : Max	10.0 : 10.0
Observed Time to sCR [b]	
<2 months	0/1
>=2 to <4 months	0/1
>=4 to <6 months	0/1
>=6 months	1/1 (100%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
[a] Percentages are based on number of patients with VGPR at the time of switch to Q4W.
[b] Percentages are based on number of patients with CR at the time of switch to Q4W.

2 Ergänzende Analysen zum Endpunkt PFS – weitere Untersuchungen

2.1 Auswertungen zum primären Datenschnitt vom 08.09.2023

Table 14.2.2.1.phc Kaplan-Meier Estimation of PFS per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5* mg/25 mg /200 mg Patients (N=117)
Number of events, n (%)	70 (67.3%)	33 (31.4%)	40 (34.2%)
Progressive Disease, n (%)	61 (58.7%)	30 (28.6%)	36 (30.8%)
Death, n (%)	9 (8.7%)	3 (2.9%)	4 (3.4%)
Number of censored patients, n (%)	34 (32.7%)	72 (68.6%)	77 (65.8%)
Kaplan-Meier Median PFS (95% CI), (months)	7.4 (1.7, 10.9)	NR (13.9, NE)	22.9 (13.9, NE)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023

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Table 14.2.2.1.phc Kaplan-Meier Estimation of PFS per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5* mg/25 mg /200 mg Patients (N=117)
Kaplan-Meier Estimated Probability of PFS, % (95% CI)			
3 months	56.0 (45.4, 65.3)	79.4 (69.8, 86.2)	79.8 (70.9, 86.2)
6 months	51.6 (41.1, 61.1)	75.9 (65.9, 83.3)	75.8 (66.4, 82.8)
9 months	44.8 (34.5, 54.6)	72.3 (62.0, 80.3)	71.6 (61.9, 79.2)
12 months	39.0 (29.0, 48.8)	68.6 (57.4, 77.4)	67.4 (57.0, 75.8)
15 months	36.5 (26.7, 46.4)	55.1 (40.8, 67.3)	57.0 (44.7, 67.6)
18 months	30.3 (21.1, 40.1)	55.1 (40.8, 67.3)	57.0 (44.7, 67.6)
21 months	27.3 (18.3, 37.1)	NE (NE, NE)	57.0 (44.7, 67.6)
24 months	23.7 (14.9, 33.6)	NE (NE, NE)	48.9 (30.4, 65.0)
27 months	23.7 (14.9, 33.6)	NE (NE, NE)	48.9 (30.4, 65.0)
30 months	21.1 (12.3, 31.4)	NE (NE, NE)	32.6 (8.6, 59.9)
33 months	16.9 (7.8, 28.8)	NE (NE, NE)	32.6 (8.6, 59.9)
36 months	16.9 (7.8, 28.8)	NE (NE, NE)	NE (NE, NE)
39 months	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023

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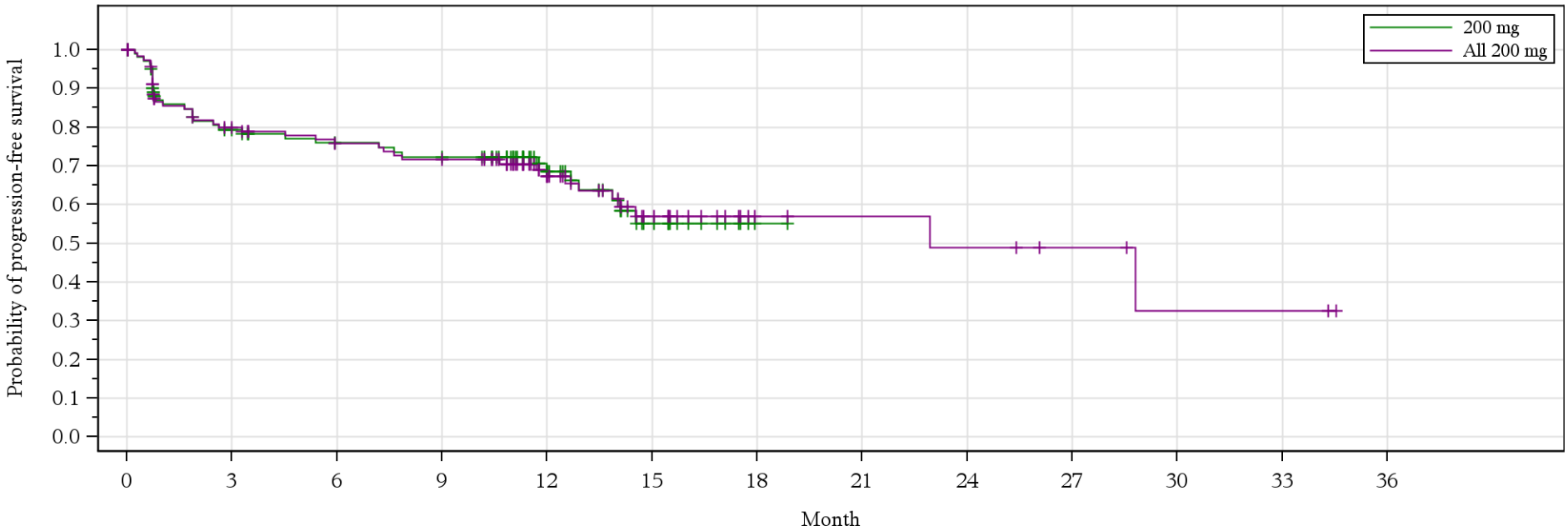
Figure 2.1a Kaplan-Meier Curve of PFS per IMWG Criteria
(Full Analysis Set)
All 200 mg Dose Patients
Per Investigator's Assessment



Number of Subjects at Risk

200 mg	105	71	64	61	34	14	1	0	0	0	0	0	0
All 200 mg	117	81	73	69	41	21	8	7	6	4	2	2	0

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
'/home/aiguo.fu/sasdata/Data/Production/BDM/MA/R5458/R5458-ONC/R5458-ONC-1826/German Dossier/Analysis_MA/Programs/TFL/f_2_1_kmpfs_phc.sas' (aiguo.fu 01APR2025 11:32 SAS Linux 9.4)

2.2 Auswertungen zum EMA-Datenschnitt vom 06.01.2024

Table 14.2.2.1.phc Kaplan-Meier Estimation of PFS per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5* mg/25 mg /200 mg Patients (N=117)
Number of events, n (%)	69 (66.3%)	41 (39.0%)	48 (41.0%)
Progressive Disease, n (%)	60 (57.7%)	38 (36.2%)	44 (37.6%)
Death, n (%)	9 (8.7%)	3 (2.9%)	4 (3.4%)
Number of censored patients, n (%)	35 (33.7%)	64 (61.0%)	69 (59.0%)
Kaplan-Meier Median PFS (95% CI), (months)	7.4 (1.7, 10.9)	19.8 (15.2, NE)	19.8 (15.2, NE)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_2_1_kmpfs_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

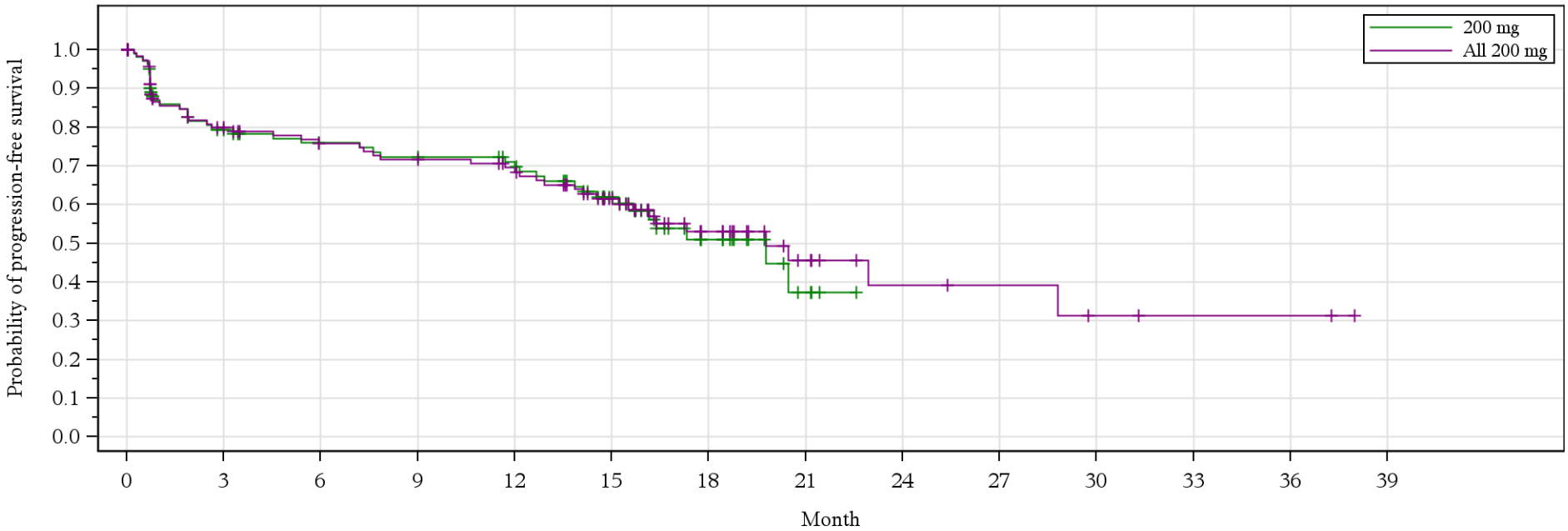
Table 14.2.2.1.phc Kaplan-Meier Estimation of PFS per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5* mg/25 mg /200 mg Patients (N=117)
Kaplan-Meier Estimated Probability of PFS, % (95% CI)			
3 months	56.0 (45.4, 65.3)	79.4 (69.8, 86.2)	79.8 (70.9, 86.2)
6 months	51.6 (41.1, 61.1)	75.9 (65.9, 83.3)	75.8 (66.4, 82.8)
9 months	44.8 (34.5, 54.6)	72.3 (62.0, 80.3)	71.6 (61.9, 79.2)
12 months	39.0 (29.0, 48.8)	69.8 (59.3, 78.2)	68.4 (58.4, 76.4)
15 months	36.5 (26.7, 46.4)	61.9 (50.8, 71.3)	61.5 (51.2, 70.3)
18 months	30.4 (21.2, 40.2)	51.0 (38.2, 62.5)	52.9 (41.5, 63.1)
21 months	27.8 (18.8, 37.5)	37.2 (19.3, 55.2)	45.6 (32.0, 58.2)
24 months	24.8 (16.1, 34.4)	NE (NE, NE)	39.1 (23.0, 54.8)
27 months	24.8 (16.1, 34.4)	NE (NE, NE)	39.1 (23.0, 54.8)
30 months	22.7 (14.1, 32.6)	NE (NE, NE)	31.3 (14.1, 50.2)
33 months	22.7 (14.1, 32.6)	NE (NE, NE)	31.3 (14.1, 50.2)
36 months	22.7 (14.1, 32.6)	NE (NE, NE)	31.3 (14.1, 50.2)
39 months	22.7 (14.1, 32.6)	NE (NE, NE)	NE (NE, NE)
42 months	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_2_1_kmpfs_phc.sas (xi.chen 29FEB2024 14:33 SAS Linux 9.4)

Figure 2.1b Kaplan-Meier Curve of PFS per IMWG Criteria
(Full Analysis Set)
All 200 mg Dose Patients
Per Investigator's Assessment



Number of Subjects at Risk

200 mg	105	71	64	61	56	38	16	4	0	0	0	0	0	0
All 200 mg	117	81	73	69	63	45	23	11	6	5	3	2	2	0

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
'/home/aiguo.fu/sasdata/Data/Production/BDM/MA/R5458/R5458-ONC/R5458-ONC-1826/German Dossier/Analysis_MA/Programs/TFL/f_2_1_kmpfs_phc.sas' (aiguo.fu 01APR2025 11:31 SAS Linux 9.4)

2.3 Auswertungen zum aktuellen Datenschnitt vom 23.07.2024

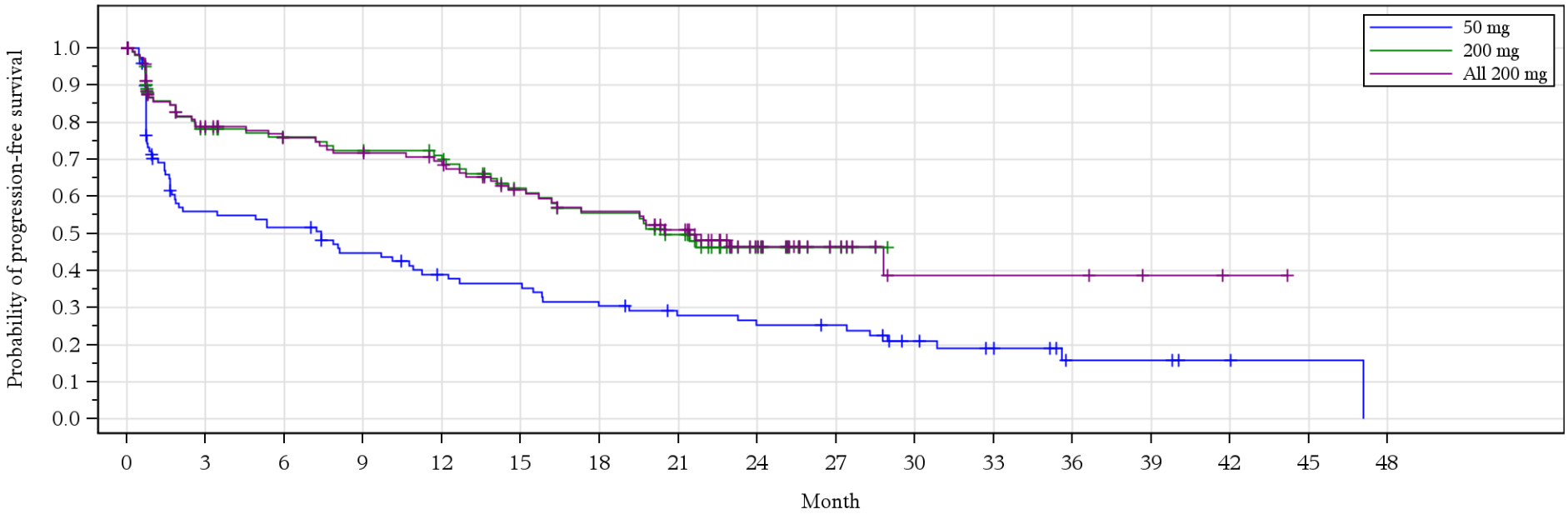
Table 14.2.2.1.phc Kaplan-Meier Estimation of PFS per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5* mg/25 mg /200 mg Patients (N=117)
Number of events, n (%)	74 (71.2%)	45 (42.9%)	52 (44.4%)
Progressive Disease, n (%)	64 (61.5%)	42 (40.0%)	48 (41.0%)
Death, n (%)	10 (9.6%)	3 (2.9%)	4 (3.4%)
Number of censored patients, n (%)	30 (28.8%)	60 (57.1%)	65 (55.6%)
Kaplan-Meier Median PFS (95% CI), (months)	7.4 (1.7, 10.9)	20.5 (15.2, NE)	21.5 (15.7, NE)

Table 14.2.2.1.phc Kaplan-Meier Estimation of PFS per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=104)	5* mg/25 mg/200 mg (N=105)	All 5* mg/25 mg /200 mg Patients (N=117)
Kaplan-Meier Estimated Probability of PFS, % (95% CI)			
3 months	56.0 (45.4, 65.3)	78.3 (68.6, 85.3)	78.8 (69.9, 85.4)
6 months	51.6 (41.1, 61.1)	75.9 (66.0, 83.3)	75.8 (66.5, 82.8)
9 months	44.8 (34.5, 54.6)	72.4 (62.1, 80.3)	71.6 (61.9, 79.3)
12 months	39.0 (29.0, 48.8)	69.9 (59.4, 78.2)	68.4 (58.5, 76.5)
15 months	36.5 (26.7, 46.4)	62.3 (51.2, 71.5)	61.8 (51.5, 70.5)
18 months	30.4 (21.2, 40.2)	55.5 (44.2, 65.4)	55.9 (45.4, 65.2)
21 months	27.8 (18.9, 37.5)	49.8 (38.5, 60.1)	51.1 (40.5, 60.7)
24 months	25.2 (16.6, 34.8)	46.3 (34.8, 57.0)	46.4 (35.6, 56.5)
27 months	25.2 (16.6, 34.8)	46.3 (34.8, 57.0)	46.4 (35.6, 56.5)
30 months	20.9 (12.8, 30.3)	NE (NE, NE)	38.7 (22.7, 54.4)
33 months	19.0 (11.1, 28.5)	NE (NE, NE)	38.7 (22.7, 54.4)
36 months	15.8 (8.0, 26.1)	NE (NE, NE)	38.7 (22.7, 54.4)
39 months	15.8 (8.0, 26.1)	NE (NE, NE)	38.7 (22.7, 54.4)
42 months	15.8 (8.0, 26.1)	NE (NE, NE)	38.7 (22.7, 54.4)
45 months	15.8 (8.0, 26.1)	NE (NE, NE)	NE (NE, NE)
48 months	0.0 (NE, NE)	NE (NE, NE)	NE (NE, NE)

Figure 14.2.2.1.phc Kaplan-Meier Curve of PFS Per IMWG Criteria
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients
Per Investigator's Assessment



Number of Subjects at Risk

50 mg	104	51	47	39	32	30	25	21	19	18	12	9	4	4	2	1	0
200 mg	105	70	64	61	57	46	40	32	15	5	0	0	0	0	0	0	0
All 200 mg	117	80	73	69	64	53	47	39	21	10	4	4	4	2	1	0	0

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202409_Resubmission/Analysis_CSR/Programs/TFL/f_2_2_1_kmpfs_phc.sas (zhuo.li 27MAR2025 20:34 SAS Linux 9.4)

3 Ergänzende Analysen zum Endpunkt MRD – weitere Untersuchungen

3.1 Auswertungen zum primären Datenschnitt vom 08.09.2023

Table 14.2.1.6.phc Minimum Residual Disease Status - 10-5 Test Threshold
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=45)	All 5* mg/25 mg/200 mg Patients (N=52)
MRD Status by clonoSEQ, n(%)			
Negative	13 (56.5%)	12 (26.7%)	15 (28.8%)
95% CI for Negative [a]	(34.5%, 76.8%)	(14.6%, 41.9%)	(17.1%, 43.1%)
Positive	2 (8.7%)	2 (4.4%)	2 (3.8%)
Indeterminate	0	0	0
Calibration Failure	2 (8.7%)	10 (22.2%)	10 (19.2%)
Missing	6 (26.1%)	21 (46.7%)	25 (48.1%)
MRD Status by Euroflow, n(%)			
Negative	8 (34.8%)	9 (20.0%)	13 (25.0%)
95% CI for Negative [a]	(16.4%, 57.3%)	(9.6%, 34.6%)	(14.0%, 38.9%)
Positive	13 (56.5%)	27 (60.0%)	29 (55.8%)
Missing	2 (8.7%)	9 (20.0%)	10 (19.2%)
MRD Status by clonoSEQ or Euroflow, n(%)			
Negative	16 (69.6%)	15 (33.3%)	20 (38.5%)
95% CI for Negative [a]	(47.1%, 86.8%)	(20.0%, 49.0%)	(25.3%, 53.0%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
Indeterminate results are due to either insufficent cells or sequences profiled to achieve a particular threshold
Missing data is due to missing specimens, poor specimen quality (insufficient, clotted specimens, samples submitted outside stability of test). Calibration failures in clonoSEQ are reported separately from missing data.
[a] Clopper-Pearson exact confidence interval

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310/Analysis_CSR/Programs/TFL/Generated/t_2_1_6_mrdstat_phc.sas (xi.chen 04DEC2023 12:04 SAS Linux 9.4)

Table 14.2.1.6.phc Minimum Residual Disease Status - 10-5 Test Threshold
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=45)	All 5* mg/25 mg/200 mg Patients (N=52)
MRD Status by clonoSEQ or Euroflow, n(%)			
Positive	6 (26.1%)	22 (48.9%)	23 (44.2%)
Indeterminate	0	0	0
Calibration Failure	0	2 (4.4%)	2 (3.8%)
Missing	1 (4.3%)	6 (13.3%)	7 (13.5%)

Data cut-off as of 08Sep2023; Data extract as of 16Oct2023
Indeterminate results are due to either insufficent cells or sequences profiled to achieve a particular threshold
Missing data is due to missing specimens, poor specimen quality (insufficient, clotted specimens, samples submitted outside stability of test). Calibration failures in clonoSEQ are reported separately from missing data.
[a] Clopper-Pearson exact confidence interval

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310/Analysis_CSR/Programs/TFL/Generated/t_2_1_6_mrdstat_phc.sas (xi.chen 04DEC2023 12:04 SAS Linux 9.4)

3.2 Auswertungen zum EMA-Datenschnitt vom 06.01.2024

Table 14.2.1.6.phc Minimum Residual Disease Status - 10-5 Test Threshold
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=51)	All 5* mg/25 mg/200 mg Patients (N=58)
MRD Status by clonoSEQ, n(%)			
Negative	13 (56.5%)	15 (29.4%)	18 (31.0%)
95% CI for Negative [a]	(34.5%, 76.8%)	(17.5%, 43.8%)	(19.5%, 44.5%)
Positive	2 (8.7%)	2 (3.9%)	2 (3.4%)
Indeterminate	0	0	0
Calibration Failure	2 (8.7%)	8 (15.7%)	8 (13.8%)
Missing	6 (26.1%)	26 (51.0%)	30 (51.7%)
MRD Status by Euroflow, n(%)			
Negative	8 (34.8%)	10 (19.6%)	14 (24.1%)
95% CI for Negative [a]	(16.4%, 57.3%)	(9.8%, 33.1%)	(13.9%, 37.2%)
Positive	13 (56.5%)	29 (56.9%)	31 (53.4%)
Missing	2 (8.7%)	12 (23.5%)	13 (22.4%)
MRD Status by clonoSEQ or Euroflow, n(%)			
Negative	16 (69.6%)	18 (35.3%)	23 (39.7%)
95% CI for Negative [a]	(47.1%, 86.8%)	(22.4%, 49.9%)	(27.0%, 53.4%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
Indeterminate results are due to either insufficent cells or sequences profiled to achieve a particular threshold
Missing data is due to missing specimens, poor specimen quality (insufficient, clotted specimens, samples submitted outside stability of test). Calibration failures in clonoSEQ are reported separately from missing data.
[a] Clopper-Pearson exact confidence interval

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_6_mrdstat_phc.sas (frank.senk 21MAR2024 17:14 SAS Linux 9.4)

Table 14.2.1.6.phc Minimum Residual Disease Status - 10-5 Test Threshold
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=51)	All 5* mg/25 mg/200 mg Patients (N=58)
MRD Status by clonoSEQ or Euroflow, n(%)			
Positive	6 (26.1%)	22 (43.1%)	23 (39.7%)
Indeterminate	0	0	0
Calibration Failure	0	2 (3.9%)	2 (3.4%)
Missing	1 (4.3%)	9 (17.6%)	10 (17.2%)

Data cut-off as of 06Jan2024; Data extract as of 19Feb2024
Indeterminate results are due to either insufficent cells or sequences profiled to achieve a particular threshold
Missing data is due to missing specimens, poor specimen quality (insufficient, clotted specimens, samples submitted outside stability of test). Calibration failures in clonoSEQ are reported separately from missing data.
[a] Clopper-Pearson exact confidence interval

/sasdata/Data/Production/BDM/R5458/R5458-ONC/R5458-ONC-1826/Interim_202310_120DSU/Analysis_CSR/Programs/TFL/Generated/t_2_1_6_mrdstat_phc.sas (frank.senk 21MAR2024 17:14 SAS Linux 9.4)

3.3 Auswertungen zum aktuellen Datenschnitt vom 23.07.2024

Table 14.2.1.6.phc Minimum Residual Disease Status - 10-5 Test Threshold
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=55)	All 5* mg/25 mg/200 mg Patients (N=62)
MRD Status by clonoSEQ, n(%)			
Negative	13 (56.5%)	24 (43.6%)	27 (43.5%)
95% CI for Negative [a]	(34.5%, 76.8%)	(30.3%, 57.7%)	(31.0%, 56.7%)
Positive	2 (8.7%)	2 (3.6%)	2 (3.2%)
Indeterminate	0	1 (1.8%)	1 (1.6%)
Calibration Failure	2 (8.7%)	13 (23.6%)	13 (21.0%)
Missing	6 (26.1%)	15 (27.3%)	19 (30.6%)
MRD Status by Euroflow, n(%)			
Negative	8 (34.8%)	11 (20.0%)	15 (24.2%)
95% CI for Negative [a]	(16.4%, 57.3%)	(10.4%, 33.0%)	(14.2%, 36.7%)
Positive	0	0	0
Indeterminate	13 (56.5%)	32 (58.2%)	34 (54.8%)
Missing	2 (8.7%)	12 (21.8%)	13 (21.0%)
MRD Status by clonoSEQ or Euroflow, n(%)			
Negative	16 (69.6%)	26 (47.3%)	31 (50.0%)
95% CI for Negative [a]	(47.1%, 86.8%)	(33.7%, 61.2%)	(37.0%, 63.0%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
Indeterminate results are due to either insufficent cells or sequences profiled to achieve a particular threshold
Missing data is due to missing specimens, poor specimen quality (insufficient, clotted specimens, samples submitted outside stability of test). Calibration failures in clonoSEQ are reported separately from missing data.
[a] Clopper-Pearson exact confidence interval

Table 14.2.1.6.phc Minimum Residual Disease Status - 10-5 Test Threshold
(Full Analysis Set)
Phase 2 and All 200 mg Dose Patients With an Overall Response of CR or Better
Per Investigator's Assessment

	Phase 2		
	5* mg/25 mg/50 mg (N=23)	5* mg/25 mg/200 mg (N=55)	All 5* mg/25 mg/200 mg Patients (N=62)
MRD Status by clonoSEQ or Euroflow, n(%)			
Positive	2 (8.7%)	2 (3.6%)	2 (3.2%)
Indeterminate	4 (17.4%)	16 (29.1%)	17 (27.4%)
Calibration Failure	0	4 (7.3%)	4 (6.5%)
Missing	1 (4.3%)	7 (12.7%)	8 (12.9%)

Data cut-off as of 23Jul2024; Data extract as of 20Sep2024
Indeterminate results are due to either insufficent cells or sequences profiled to achieve a particular threshold
Missing data is due to missing specimens, poor specimen quality (insufficient, clotted specimens, samples submitted outside stability of test). Calibration failures in clonoSEQ are reported separately from missing data.
[a] Clopper-Pearson exact confidence interval

4 Allgemeiner Gesundheitszustand gemäß EQ-5D-3L VAS – weitere Untersuchungen

4.1 Auswertungen zum primären Datenschnitt vom 08.09.2023

TABLE 2.4.3: Mixed model repeated measures analysis: change from Baseline in the EQ-5D VAS

Full analysis set.

Visual Analogue Scale

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	88	62.10 (25.34)	63.34 (23.08)	4.16 (1.92) [0.33; 7.99]
Week 4	76	62.72 (24.10)	60.83 (24.10)	-2.36 (2.06) [-6.46; 1.74]
Week 8	70	60.07 (25.58)	62.66 (22.47)	-0.58 (2.10) [-4.76; 3.61]
Week 12	63	62.59 (25.64)	66.70 (24.72)	0.19 (3.16) [-6.13; 6.50]
Week 16	54	64.61 (25.16)	69.67 (21.74)	3.24 (2.52) [-1.80; 8.27]
Week 20	52	60.94 (24.29)	69.21 (21.83)	4.81 (2.64) [-0.46; 10.08]
Week 24	54	63.87 (25.06)	69.19 (25.59)	3.21 (3.22) [-3.21; 9.63]
Week 28	51	66.90 (23.80)	71.78 (22.84)	5.68 (2.67) [0.35; 11.00]
Week 32	50	64.60 (25.15)	68.24 (27.05)	2.67 (3.28) [-3.87; 9.22]
Week 36	51	62.67 (25.72)	70.78 (24.04)	6.30 (3.22) [-0.14; 12.74]
Week 40	48	63.31 (25.64)	71.77 (22.05)	8.48 (2.73) [3.02; 13.94]
Week 44	43	66.02 (25.04)	72.37 (23.07)	6.91 (2.97) [0.98; 12.85]
Week 48	30	66.60 (25.26)	73.90 (18.85)	9.23 (3.01) [3.17; 15.30]
Week 52	20	65.45 (28.30)	72.50 (24.29)	6.81 (3.94) [-1.20; 14.83]
Week 56	15	64.93 (28.82)	68.53 (27.32)	5.51 (4.55) [-3.82; 14.85]
Week 60	12	68.92 (25.84)	65.50 (32.06)	2.29 (6.13) [-10.31; 14.90]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For VAS score, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:32:11.

TABLE 2.6.1.3: Response status for EQ-5D VAS scores

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	88
Week 4		
Total non-missing	n	76
Worsened	n (%)	16 (21.1%)
Stable	n (%)	50 (65.8%)
Improved	n (%)	10 (13.2%)
Missing	n	12
Week 8		
Total non-missing	n	70
Worsened	n (%)	8 (11.4%)
Stable	n (%)	53 (75.7%)
Improved	n (%)	9 (12.9%)
Missing	n	18
Week 12		
Total non-missing	n	63
Worsened	n (%)	6 (9.5%)
Stable	n (%)	44 (69.8%)
Improved	n (%)	13 (20.6%)
Missing	n	25
Week 16		
Total non-missing	n	54
Worsened	n (%)	10 (18.5%)
Stable	n (%)	31 (57.4%)
Improved	n (%)	13 (24.1%)
Missing	n	34

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:47.

TABLE 2.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	52
Worsened	n (%)	6 (11.5%)
Stable	n (%)	26 (50.0%)
Improved	n (%)	20 (38.5%)
Missing	n	36
Week 24		
Total non-missing	n	54
Worsened	n (%)	7 (13.0%)
Stable	n (%)	30 (55.6%)
Improved	n (%)	17 (31.5%)
Missing	n	34
Week 28		
Total non-missing	n	51
Worsened	n (%)	5 (9.8%)
Stable	n (%)	34 (66.7%)
Improved	n (%)	12 (23.5%)
Missing	n	37
Week 32		
Total non-missing	n	50
Worsened	n (%)	7 (14.0%)
Stable	n (%)	30 (60.0%)
Improved	n (%)	13 (26.0%)
Missing	n	38

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:47.

TABLE 2.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	51
Worsened	n (%)	8 (15.7%)
Stable	n (%)	26 (51.0%)
Improved	n (%)	17 (33.3%)
Missing	n	37
Week 40		
Total non-missing	n	48
Worsened	n (%)	4 (8.3%)
Stable	n (%)	31 (64.6%)
Improved	n (%)	13 (27.1%)
Missing	n	40
Week 44		
Total non-missing	n	43
Worsened	n (%)	7 (16.3%)
Stable	n (%)	21 (48.8%)
Improved	n (%)	15 (34.9%)
Missing	n	45
Week 48		
Total non-missing	n	30
Worsened	n (%)	3 (10.0%)
Stable	n (%)	18 (60.0%)
Improved	n (%)	9 (30.0%)
Missing	n	58

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:47.

TABLE 2.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	20
Worsened	n (%)	2 (10.0%)
Stable	n (%)	12 (60.0%)
Improved	n (%)	6 (30.0%)
Missing	n	68
Week 56		
Total non-missing	n	15
Worsened	n (%)	3 (20.0%)
Stable	n (%)	8 (53.3%)
Improved	n (%)	4 (26.7%)
Missing	n	73
Week 60		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	5 (41.7%)
Improved	n (%)	4 (33.3%)
Missing	n	76
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	5 (62.5%)
Improved	n (%)	2 (25.0%)
Missing	n	80

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:47.

TABLE 2.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	4 (57.1%)
Improved	n (%)	3 (42.9%)
Missing	n	81
Week 72		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	2 (50.0%)
Improved	n (%)	2 (50.0%)
Missing	n	84
Week 76		
Total non-missing	n	4
Worsened	n (%)	1 (25.0%)
Stable	n (%)	2 (50.0%)
Improved	n (%)	1 (25.0%)
Missing	n	84
End Of Treatment Phase / Early Termination		
Total non-missing	n	7
Worsened	n (%)	1 (14.3%)
Stable	n (%)	3 (42.9%)
Improved	n (%)	3 (42.9%)
Missing	n	81

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:47.

TABLE 3.4.3: Mixed model repeated measures analysis: change from Baseline in the EQ-5D VAS

Full analysis set.

Visual Analogue Scale

	FAS (N=117)			
Timepoint	N [a]	Baseline Value: Mean (SD)	Score Value: Mean (SD) [b]	Change from Baseline: LSMean (SE) ,[95% CI] [c]
Overall	99	61.29 (24.86)	62.97 (23.24)	4.23 (1.98) [0.30; 8.17]
Week 4	87	61.72 (23.72)	60.79 (24.09)	-1.02 (1.94) [-4.87; 2.84]
Week 8	75	59.20 (25.71)	62.71 (23.41)	0.27 (2.04) [-3.78; 4.32]
Week 12	68	61.59 (25.67)	65.43 (25.31)	0.43 (3.00) [-5.56; 6.42]
Week 16	60	63.07 (25.36)	68.47 (23.67)	3.09 (2.52) [-1.94; 8.11]
Week 20	57	61.02 (23.45)	69.89 (21.41)	5.59 (2.48) [0.64; 10.53]
Week 24	61	62.36 (25.09)	68.31 (26.46)	3.67 (3.03) [-2.35; 9.70]
Week 28	57	65.21 (24.32)	69.25 (25.83)	4.55 (2.72) [-0.87; 9.98]
Week 32	56	63.30 (25.25)	67.86 (27.63)	3.42 (3.03) [-2.62; 9.45]
Week 36	56	61.64 (25.91)	70.04 (25.08)	6.33 (3.01) [0.35; 12.32]
Week 40	54	62.11 (25.62)	71.22 (23.25)	8.79 (2.53) [3.76; 13.83]
Week 44	50	63.88 (25.22)	72.00 (24.29)	7.85 (2.70) [2.48; 13.22]
Week 48	35	64.40 (25.87)	72.17 (22.03)	8.45 (2.93) [2.59; 14.32]
Week 52	26	62.08 (28.01)	68.81 (25.83)	6.06 (3.51) [-0.98; 13.10]
Week 56	20	61.45 (28.81)	63.40 (28.98)	5.18 (4.33) [-3.55; 13.91]
Week 60	17	64.24 (26.82)	58.88 (34.80)	1.69 (5.43) [-9.34; 12.72]
Week 64	14	59.07 (29.20)	60.57 (34.80)	1.25 (6.04) [-11.10; 13.60]
Week 68	13	60.54 (29.85)	67.38 (32.90)	6.39 (5.38) [-4.70; 17.47]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For VAS score, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:40.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	99
Week 4		
Total non-missing	n	87
Worsened	n (%)	17 (19.5%)
Stable	n (%)	57 (65.5%)
Improved	n (%)	13 (14.9%)
Missing	n	12
Week 8		
Total non-missing	n	75
Worsened	n (%)	8 (10.7%)
Stable	n (%)	56 (74.7%)
Improved	n (%)	11 (14.7%)
Missing	n	24
Week 12		
Total non-missing	n	68
Worsened	n (%)	8 (11.8%)
Stable	n (%)	46 (67.6%)
Improved	n (%)	14 (20.6%)
Missing	n	31
Week 16		
Total non-missing	n	60
Worsened	n (%)	11 (18.3%)
Stable	n (%)	34 (56.7%)
Improved	n (%)	15 (25.0%)
Missing	n	39

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	57
Worsened	n (%)	6 (10.5%)
Stable	n (%)	29 (50.9%)
Improved	n (%)	22 (38.6%)
Missing	n	42
Week 24		
Total non-missing	n	61
Worsened	n (%)	8 (13.1%)
Stable	n (%)	31 (50.8%)
Improved	n (%)	22 (36.1%)
Missing	n	38
Week 28		
Total non-missing	n	57
Worsened	n (%)	7 (12.3%)
Stable	n (%)	37 (64.9%)
Improved	n (%)	13 (22.8%)
Missing	n	42
Week 32		
Total non-missing	n	56
Worsened	n (%)	8 (14.3%)
Stable	n (%)	33 (58.9%)
Improved	n (%)	15 (26.8%)
Missing	n	43

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	56
Worsened	n (%)	9 (16.1%)
Stable	n (%)	28 (50.0%)
Improved	n (%)	19 (33.9%)
Missing	n	43
Week 40		
Total non-missing	n	54
Worsened	n (%)	4 (7.4%)
Stable	n (%)	34 (63.0%)
Improved	n (%)	16 (29.6%)
Missing	n	45
Week 44		
Total non-missing	n	50
Worsened	n (%)	8 (16.0%)
Stable	n (%)	22 (44.0%)
Improved	n (%)	20 (40.0%)
Missing	n	49
Week 48		
Total non-missing	n	35
Worsened	n (%)	4 (11.4%)
Stable	n (%)	20 (57.1%)
Improved	n (%)	11 (31.4%)
Missing	n	64

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	26
Worsened	n (%)	3 (11.5%)
Stable	n (%)	15 (57.7%)
Improved	n (%)	8 (30.8%)
Missing	n	73
Week 56		
Total non-missing	n	20
Worsened	n (%)	5 (25.0%)
Stable	n (%)	9 (45.0%)
Improved	n (%)	6 (30.0%)
Missing	n	79
Week 60		
Total non-missing	n	17
Worsened	n (%)	5 (29.4%)
Stable	n (%)	7 (41.2%)
Improved	n (%)	5 (29.4%)
Missing	n	82
Week 64		
Total non-missing	n	14
Worsened	n (%)	2 (14.3%)
Stable	n (%)	8 (57.1%)
Improved	n (%)	4 (28.6%)
Missing	n	85

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	2 (15.4%)
Stable	n (%)	6 (46.2%)
Improved	n (%)	5 (38.5%)
Missing	n	86
Week 72		
Total non-missing	n	9
Worsened	n (%)	1 (11.1%)
Stable	n (%)	4 (44.4%)
Improved	n (%)	4 (44.4%)
Missing	n	90
Week 76		
Total non-missing	n	10
Worsened	n (%)	3 (30.0%)
Stable	n (%)	6 (60.0%)
Improved	n (%)	1 (10.0%)
Missing	n	89
Week 80		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	0
Missing	n	94

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	3 (50.0%)
Improved	n (%)	1 (16.7%)
Missing	n	93
Week 88		
Total non-missing	n	4
Worsened	n (%)	2 (50.0%)
Stable	n (%)	2 (50.0%)
Improved	n (%)	0
Missing	n	95
Week 92		
Total non-missing	n	4
Worsened	n (%)	2 (50.0%)
Stable	n (%)	1 (25.0%)
Improved	n (%)	1 (25.0%)
Missing	n	95
Week 96		
Total non-missing	n	6
Worsened	n (%)	3 (50.0%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	1 (16.7%)
Missing	n	93

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	3 (60.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	0
Missing	n	94
Week 104		
Total non-missing	n	6
Worsened	n (%)	3 (50.0%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	1 (16.7%)
Missing	n	93
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	97
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	96

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	97
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	3 (100.0%)
Improved	n (%)	0
Missing	n	96
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	97
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

TABLE 3.6.1.3: Response status for EQ-5D VAS scores *[cont'd]*

Full analysis set.

Visual Analogue Scale

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	2 (22.2%)
Stable	n (%)	4 (44.4%)
Improved	n (%)	3 (33.3%)
Missing	n	90

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For VAS score, a negative change from baseline value indicates deterioration.

Deterioration is defined as an increase of 12 or more points with respect to Baseline; improvement is defined as a decrease of 12 or more points with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:05:30.

5 Symptomatik und Lebensqualität gemäß EORTC QLQ-C30 – weitere Untersuchungen

5.1 Auswertungen zum primären Datenschnitt vom 08.09.2023

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30

Full analysis set.

Global health status / QoL

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	63.80 (19.60)	64.97 (16.48)	4.92 (1.23) [2.46; 7.38]
Week 4	77	63.20 (20.56)	59.74 (19.89)	-3.54 (2.09) [-7.70; 0.62]
Week 8	71	63.50 (19.23)	63.26 (16.28)	-1.33 (1.77) [-4.85; 2.19]
Week 12	63	63.49 (20.49)	68.52 (15.87)	3.71 (1.71) [0.30; 7.12]
Week 16	54	64.35 (20.25)	68.21 (16.59)	3.08 (2.19) [-1.30; 7.45]
Week 20	51	60.95 (19.33)	65.85 (16.60)	2.75 (2.30) [-1.86; 7.36]
Week 24	55	63.33 (20.07)	71.36 (17.62)	6.85 (2.08) [2.69; 11.01]
Week 28	54	64.51 (20.68)	72.07 (15.54)	7.04 (1.86) [3.33; 10.75]
Week 32	50	64.17 (20.91)	71.50 (17.74)	6.52 (2.16) [2.19; 10.84]
Week 36	53	63.99 (20.79)	72.01 (16.51)	7.75 (2.07) [3.61; 11.90]
Week 40	46	62.68 (20.54)	68.66 (17.85)	5.01 (2.35) [0.31; 9.72]
Week 44	44	63.45 (21.88)	72.35 (15.95)	8.17 (2.03) [4.09; 12.25]
Week 48	32	64.32 (23.59)	74.74 (14.28)	9.29 (2.10) [5.05; 13.54]
Week 52	22	69.32 (20.80)	75.00 (20.89)	7.46 (3.31) [0.63; 14.29]
Week 56	15	71.11 (19.38)	75.56 (16.20)	4.15 (2.86) [-1.87; 10.18]
Week 60	12	71.53 (20.55)	77.08 (15.13)	6.88 (3.39) [-0.37; 14.12]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Physical Functioning

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	73.04 (22.02)	73.40 (19.46)	2.86 (1.21) [0.45; 5.27]
Week 4	78	73.25 (22.24)	70.07 (20.88)	-3.02 (1.75) [-6.51; 0.47]
Week 8	72	71.94 (22.43)	72.30 (20.70)	-1.62 (2.30) [-6.24; 3.00]
Week 12	63	72.28 (23.01)	74.50 (21.13)	0.79 (1.48) [-2.18; 3.75]
Week 16	55	74.06 (21.46)	75.73 (20.21)	0.79 (1.66) [-2.53; 4.10]
Week 20	53	71.32 (20.94)	77.67 (16.19)	5.01 (1.42) [2.18; 7.84]
Week 24	56	73.10 (21.12)	78.45 (18.86)	4.52 (1.70) [1.13; 7.90]
Week 28	55	74.55 (20.41)	78.40 (17.87)	3.73 (1.42) [0.90; 6.57]
Week 32	52	72.95 (21.06)	78.21 (19.27)	4.63 (1.78) [1.10; 8.17]
Week 36	54	72.10 (21.12)	76.17 (18.58)	3.59 (1.59) [0.43; 6.76]
Week 40	47	73.05 (20.24)	76.60 (21.35)	4.18 (1.97) [0.27; 8.09]
Week 44	45	73.19 (21.76)	77.11 (19.89)	3.41 (2.11) [-0.80; 7.61]
Week 48	32	75.21 (18.64)	82.14 (16.76)	5.83 (1.69) [2.46; 9.19]
Week 52	22	72.42 (24.37)	82.73 (17.42)	8.66 (1.87) [4.92; 12.41]
Week 56	15	76.89 (22.94)	79.56 (22.46)	2.48 (2.82) [-3.26; 8.21]
Week 60	12	83.33 (15.44)	84.44 (17.60)	-0.06 (2.98) [-6.21; 6.08]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Role Functioning

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	68.86 (31.55)	68.81 (26.09)	6.57 (1.47) [3.65; 9.48]
Week 4	78	69.66 (30.71)	64.10 (29.19)	-3.94 (2.28) [-8.43; 0.55]
Week 8	72	67.82 (32.18)	68.75 (24.54)	-0.15 (2.33) [-4.73; 4.44]
Week 12	63	68.52 (32.39)	72.22 (27.76)	1.94 (2.48) [-2.93; 6.82]
Week 16	55	67.88 (32.37)	73.03 (26.35)	4.13 (2.64) [-1.06; 9.31]
Week 20	53	64.15 (31.42)	73.58 (21.79)	6.73 (2.72) [1.39; 12.08]
Week 24	56	66.96 (31.86)	77.98 (22.04)	10.28 (2.71) [4.96; 15.61]
Week 28	55	68.48 (32.02)	78.48 (23.06)	10.27 (2.74) [4.88; 15.66]
Week 32	51	66.01 (32.31)	78.43 (23.87)	11.46 (2.80) [5.95; 16.97]
Week 36	54	66.05 (31.55)	73.46 (27.38)	6.79 (2.78) [1.32; 12.26]
Week 40	47	65.96 (31.46)	73.40 (27.29)	7.34 (2.89) [1.65; 13.02]
Week 44	45	67.04 (33.05)	71.48 (27.44)	4.00 (2.97) [-1.84; 9.84]
Week 48	32	72.40 (29.82)	79.17 (23.57)	9.15 (3.39) [2.50; 15.80]
Week 52	22	63.64 (37.67)	75.76 (27.08)	9.92 (4.02) [2.02; 17.83]
Week 56	15	63.33 (36.84)	68.89 (27.36)	6.09 (4.89) [-3.52; 15.70]
Week 60	12	68.06 (33.68)	81.94 (18.06)	14.52 (5.58) [3.56; 25.47]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Emotional Functioning

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	81.98 (18.40)	83.89 (17.01)	5.05 (1.13) [2.80; 7.31]
Week 4	77	82.07 (18.53)	82.25 (19.79)	0.95 (1.84) [-2.71; 4.61]
Week 8	71	81.14 (18.62)	84.15 (17.43)	2.69 (1.66) [-0.61; 6.00]
Week 12	63	81.00 (19.30)	86.42 (15.83)	4.54 (1.53) [1.47; 7.60]
Week 16	54	81.64 (20.31)	86.27 (17.07)	3.84 (1.77) [0.30; 7.38]
Week 20	51	79.90 (20.36)	86.93 (17.58)	4.98 (2.22) [0.53; 9.43]
Week 24	55	80.15 (19.93)	86.92 (16.40)	4.91 (1.84) [1.24; 8.59]
Week 28	54	80.09 (20.18)	86.78 (14.58)	5.52 (1.39) [2.75; 8.29]
Week 32	50	81.00 (19.20)	86.83 (16.07)	4.96 (1.65) [1.66; 8.25]
Week 36	52	79.33 (19.63)	87.02 (15.52)	6.11 (1.50) [3.12; 9.10]
Week 40	46	82.07 (17.91)	88.95 (13.15)	7.75 (1.39) [4.96; 10.53]
Week 44	44	78.79 (20.37)	85.23 (18.75)	5.11 (2.46) [0.17; 10.06]
Week 48	32	82.29 (16.50)	85.76 (16.24)	3.14 (2.57) [-2.07; 8.35]
Week 52	22	78.79 (20.04)	88.76 (14.71)	6.99 (2.18) [2.51; 11.46]
Week 56	15	78.33 (19.36)	87.78 (16.33)	6.81 (2.56) [1.50; 12.12]
Week 60	12	81.25 (12.87)	90.97 (10.93)	7.53 (2.47) [2.36; 12.70]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Cognitive Functioning

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	82.41 (20.04)	83.22 (17.01)	1.57 (1.21) [-0.83; 3.97]
Week 4	77	81.17 (20.11)	82.25 (19.75)	0.13 (1.71) [-3.28; 3.53]
Week 8	71	83.80 (18.89)	83.80 (17.81)	-0.39 (1.83) [-4.02; 3.25]
Week 12	63	84.92 (18.86)	87.83 (14.73)	2.99 (1.45) [0.10; 5.89]
Week 16	54	83.02 (18.74)	85.49 (16.52)	-0.13 (1.99) [-4.12; 3.86]
Week 20	51	81.70 (18.93)	83.01 (19.29)	-0.27 (2.12) [-4.51; 3.98]
Week 24	55	83.03 (18.56)	84.85 (18.22)	0.45 (2.14) [-3.83; 4.74]
Week 28	54	83.95 (18.30)	87.35 (16.80)	2.89 (1.89) [-0.89; 6.67]
Week 32	50	84.67 (17.12)	86.00 (17.29)	1.00 (2.02) [-3.04; 5.04]
Week 36	53	83.33 (18.20)	85.22 (17.19)	1.36 (1.86) [-2.35; 5.08]
Week 40	46	82.97 (19.08)	87.32 (15.79)	3.64 (1.68) [0.27; 7.00]
Week 44	44	83.71 (19.19)	85.98 (19.00)	1.38 (2.20) [-3.03; 5.80]
Week 48	32	84.38 (20.27)	89.58 (14.51)	3.72 (1.76) [0.18; 7.26]
Week 52	22	84.85 (19.18)	89.39 (14.13)	2.70 (2.03) [-1.46; 6.86]
Week 56	15	87.78 (13.31)	90.00 (13.80)	2.02 (2.91) [-4.17; 8.22]
Week 60	12	87.50 (14.43)	90.28 (11.14)	1.99 (1.88) [-2.04; 6.02]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Social Functioning

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	70.37 (26.30)	74.86 (22.57)	8.69 (1.72) [5.27; 12.11]
Week 4	77	70.78 (27.06)	70.56 (27.69)	1.89 (2.43) [-2.94; 6.73]
Week 8	71	67.37 (27.09)	71.36 (26.30)	2.01 (2.83) [-3.62; 7.65]
Week 12	63	68.25 (27.06)	75.93 (23.14)	5.52 (2.22) [1.09; 9.95]
Week 16	54	68.83 (25.91)	77.16 (22.50)	6.82 (2.62) [1.56; 12.07]
Week 20	51	65.03 (26.30)	74.84 (21.18)	7.93 (2.39) [3.15; 12.70]
Week 24	55	67.88 (26.62)	76.36 (25.19)	7.73 (2.72) [2.30; 13.16]
Week 28	54	67.28 (26.49)	80.56 (22.14)	12.04 (2.20) [7.65; 16.42]
Week 32	50	67.67 (26.60)	83.00 (19.77)	14.01 (1.99) [10.04; 17.97]
Week 36	53	67.61 (26.44)	79.25 (22.86)	10.61 (2.36) [5.90; 15.31]
Week 40	46	67.03 (27.33)	79.71 (23.81)	11.33 (2.39) [6.57; 16.10]
Week 44	44	67.80 (27.70)	76.89 (24.96)	7.05 (2.79) [1.48; 12.62]
Week 48	32	70.31 (21.89)	82.29 (21.97)	7.92 (3.11) [1.63; 14.20]
Week 52	22	66.67 (21.82)	84.85 (19.18)	13.04 (2.73) [7.52; 18.55]
Week 56	15	70.00 (20.12)	84.44 (21.33)	14.24 (2.55) [9.01; 19.48]
Week 60	12	70.83 (18.97)	83.33 (18.80)	8.18 (3.32) [1.34; 15.02]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Fatigue

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	36.02 (25.68)	35.05 (20.53)	-5.66 (1.36) [-8.37; -2.94]
Week 4	78	35.90 (25.76)	40.60 (24.01)	3.94 (2.36) [-0.76; 8.64]
Week 8	72	36.11 (24.72)	37.04 (21.99)	1.79 (2.05) [-2.31; 5.89]
Week 12	63	36.68 (26.30)	33.60 (22.98)	-1.10 (1.84) [-4.77; 2.57]
Week 16	55	35.35 (26.63)	30.51 (20.42)	-3.09 (1.94) [-6.97; 0.79]
Week 20	53	39.41 (26.65)	31.03 (24.40)	-4.89 (2.47) [-9.82; 0.05]
Week 24	56	36.31 (26.25)	28.57 (21.80)	-6.10 (2.32) [-10.74; -1.47]
Week 28	55	35.56 (26.91)	27.58 (21.19)	-6.85 (2.15) [-11.14; -2.56]
Week 32	51	35.51 (26.39)	27.45 (19.92)	-8.33 (1.96) [-12.24; -4.42]
Week 36	54	37.24 (26.62)	29.22 (20.28)	-7.56 (2.05) [-11.65; -3.46]
Week 40	47	36.64 (26.10)	27.42 (20.70)	-9.21 (2.01) [-13.21; -5.20]
Week 44	45	36.05 (27.74)	26.17 (18.37)	-9.15 (1.85) [-12.85; -5.45]
Week 48	32	32.29 (27.56)	25.87 (17.26)	-7.59 (2.03) [-11.69; -3.50]
Week 52	22	35.86 (34.28)	23.48 (19.39)	-10.53 (2.01) [-14.64; -6.43]
Week 56	15	31.11 (29.46)	25.19 (22.80)	-8.10 (3.13) [-14.70; -1.49]
Week 60	12	27.78 (29.78)	23.15 (21.95)	-8.08 (4.74) [-18.59; 2.43]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Nausea / Vomiting

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	6.59 (11.88)	7.18 (11.92)	-1.13 (0.80) [-2.71; 0.44]
Week 4	78	6.62 (11.50)	9.83 (18.50)	3.31 (1.36) [0.64; 5.98]
Week 8	72	5.56 (10.47)	6.25 (12.65)	0.20 (1.40) [-2.55; 2.94]
Week 12	63	5.56 (10.79)	5.56 (13.05)	-0.44 (1.49) [-3.37; 2.49]
Week 16	55	5.15 (11.51)	3.94 (9.05)	-1.37 (1.59) [-4.49; 1.76]
Week 20	53	6.29 (12.33)	5.97 (12.70)	-0.18 (1.63) [-3.38; 3.01]
Week 24	56	5.36 (11.51)	5.06 (9.49)	-0.81 (1.62) [-3.99; 2.36]
Week 28	55	5.45 (11.59)	3.64 (8.30)	-2.13 (1.63) [-5.34; 1.07]
Week 32	51	5.88 (11.94)	3.27 (7.47)	-2.46 (1.67) [-5.75; 0.82]
Week 36	54	6.17 (12.24)	3.70 (10.57)	-2.51 (1.65) [-5.75; 0.74]
Week 40	47	6.38 (12.31)	5.32 (13.51)	-0.46 (1.73) [-3.85; 2.94]
Week 44	45	5.93 (12.39)	5.56 (13.30)	-0.77 (1.78) [-4.26; 2.72]
Week 48	32	5.73 (10.88)	5.21 (11.55)	-1.44 (2.04) [-5.44; 2.57]
Week 52	22	8.33 (13.36)	3.03 (14.21)	-3.41 (2.49) [-8.29; 1.48]
Week 56	15	7.78 (12.39)	5.56 (21.52)	-2.43 (3.01) [-8.35; 3.48]
Week 60	12	9.72 (13.22)	6.94 (19.41)	-2.11 (3.51) [-8.99; 4.78]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Pain

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	39.19 (29.33)	33.13 (25.17)	-10.17 (1.86) [-13.87; -6.46]
Week 4	78	40.38 (29.85)	36.97 (30.47)	-2.99 (2.61) [-8.19; 2.21]
Week 8	72	39.81 (29.68)	31.25 (25.78)	-7.27 (2.36) [-11.96; -2.58]
Week 12	64	41.15 (30.42)	34.64 (27.59)	-3.43 (2.49) [-8.40; 1.54]
Week 16	55	38.18 (29.16)	29.70 (27.53)	-5.01 (3.35) [-11.70; 1.69]
Week 20	53	42.45 (30.41)	22.64 (25.96)	-16.23 (2.49) [-21.21;-11.26]
Week 24	56	39.58 (29.40)	23.81 (22.89)	-13.85 (2.48) [-18.79; -8.91]
Week 28	55	39.39 (29.63)	26.67 (25.38)	-11.08 (2.63) [-16.31; -5.84]
Week 32	52	39.42 (28.78)	27.88 (25.51)	-9.65 (2.76) [-15.15; -4.16]
Week 36	54	40.43 (29.43)	29.63 (25.83)	-9.16 (2.68) [-14.49; -3.82]
Week 40	47	39.01 (29.13)	29.08 (26.11)	-10.30 (2.87) [-16.02; -4.57]
Week 44	45	38.89 (29.73)	27.41 (28.24)	-9.66 (3.33) [-16.32; -3.00]
Week 48	32	37.50 (28.40)	23.96 (25.02)	-12.46 (2.96) [-18.42; -6.50]
Week 52	22	40.91 (31.17)	26.52 (25.54)	-12.72 (3.74) [-20.34; -5.10]
Week 56	15	35.56 (30.12)	26.67 (31.37)	-18.23 (5.49) [-30.05; -6.42]
Week 60	12	29.17 (30.26)	25.00 (25.13)	-10.47 (3.86) [-18.70; -2.24]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Dyspnea

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	17.95 (23.47)	19.72 (21.44)	-0.72 (1.49) [-3.69; 2.25]
Week 4	77	18.18 (23.91)	20.35 (24.87)	3.19 (2.43) [-1.65; 8.03]
Week 8	71	15.49 (22.42)	18.78 (23.05)	5.32 (2.57) [0.19; 10.45]
Week 12	62	13.98 (21.38)	16.13 (19.78)	4.26 (2.31) [-0.35; 8.86]
Week 16	54	14.81 (21.15)	13.58 (21.00)	-0.24 (2.59) [-5.41; 4.92]
Week 20	53	16.98 (22.29)	14.47 (19.07)	0.00 (2.30) [-4.59; 4.60]
Week 24	56	14.88 (21.00)	12.50 (16.28)	-1.51 (1.87) [-5.25; 2.22]
Week 28	55	13.33 (19.88)	10.91 (15.78)	-2.59 (2.05) [-6.69; 1.51]
Week 32	51	15.03 (21.41)	13.73 (19.06)	-0.57 (2.10) [-4.77; 3.64]
Week 36	54	14.81 (21.15)	12.96 (18.79)	-1.33 (2.14) [-5.60; 2.93]
Week 40	47	14.89 (20.63)	14.18 (20.55)	-0.41 (2.64) [-5.71; 4.89]
Week 44	45	14.81 (21.97)	12.59 (19.19)	-1.60 (2.62) [-6.85; 3.65]
Week 48	32	17.71 (23.92)	12.50 (16.40)	-3.27 (2.40) [-8.12; 1.58]
Week 52	21	12.70 (22.30)	7.94 (14.55)	-7.27 (2.87) [-13.21; -1.34]
Week 56	14	11.90 (21.11)	11.90 (16.57)	-4.50 (4.20) [-13.41; 4.41]
Week 60	12	13.89 (22.29)	13.89 (17.16)	-0.24 (4.22) [-9.30; 8.82]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Insomnia

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	26.74 (28.21)	22.73 (22.88)	-5.73 (1.86) [-9.43; -2.03]
Week 4	78	26.07 (27.73)	30.34 (30.95)	4.76 (3.02) [-1.24; 10.77]
Week 8	72	25.93 (26.96)	22.22 (26.24)	-4.26 (2.70) [-9.65; 1.13]
Week 12	63	24.34 (26.91)	18.52 (25.94)	-6.15 (2.89) [-11.91; -0.39]
Week 16	55	24.85 (26.62)	19.39 (24.59)	-4.48 (3.04) [-10.56; 1.60]
Week 20	53	27.04 (27.00)	18.87 (24.03)	-5.31 (2.85) [-11.00; 0.39]
Week 24	56	26.19 (26.75)	16.67 (22.92)	-8.30 (2.60) [-13.49; -3.11]
Week 28	55	24.85 (26.62)	20.00 (26.91)	-5.25 (2.96) [-11.15; 0.66]
Week 32	51	24.84 (26.54)	18.30 (26.09)	-6.75 (3.04) [-12.82; -0.68]
Week 36	54	24.69 (26.05)	18.52 (21.15)	-6.56 (2.59) [-11.74; -1.38]
Week 40	47	25.53 (27.11)	19.15 (22.78)	-6.59 (2.80) [-12.20; -0.98]
Week 44	44	24.24 (26.28)	17.42 (27.36)	-7.06 (3.54) [-14.17; 0.04]
Week 48	32	19.79 (25.20)	11.46 (18.18)	-10.99 (3.05) [-17.16; -4.83]
Week 52	22	22.73 (26.00)	13.64 (19.68)	-7.84 (3.53) [-15.12; -0.56]
Week 56	15	20.00 (24.56)	17.78 (21.33)	-5.88 (5.43) [-17.43; 5.67]
Week 60	12	19.44 (26.43)	16.67 (22.47)	-5.30 (6.35) [-19.33; 8.74]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Appetite loss

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	20.88 (27.51)	16.57 (19.80)	-8.13 (1.22) [-10.57; -5.70]
Week 4	78	20.94 (27.45)	21.79 (25.67)	0.13 (2.56) [-4.96; 5.23]
Week 8	72	19.91 (27.78)	14.35 (20.80)	-4.78 (2.57) [-9.90; 0.35]
Week 12	63	21.16 (28.27)	15.87 (23.84)	-3.82 (2.68) [-9.18; 1.54]
Week 16	55	20.00 (27.67)	9.70 (18.89)	-9.61 (2.36) [-14.33; -4.90]
Week 20	53	23.27 (29.66)	15.72 (21.29)	-5.48 (2.75) [-10.98; 0.02]
Week 24	56	21.43 (29.42)	13.69 (23.59)	-7.32 (2.55) [-12.41; -2.24]
Week 28	55	20.61 (29.04)	10.91 (19.30)	-10.01 (2.28) [-14.55; -5.46]
Week 32	51	20.92 (27.46)	10.46 (19.43)	-10.61 (2.35) [-15.30; -5.92]
Week 36	54	20.37 (27.02)	12.96 (18.79)	-7.55 (2.33) [-12.20; -2.89]
Week 40	47	20.57 (28.28)	14.89 (18.14)	-6.26 (2.02) [-10.30; -2.23]
Week 44	45	22.96 (28.27)	8.89 (14.91)	-11.58 (2.10) [-15.80; -7.36]
Week 48	31	18.28 (24.10)	6.45 (15.91)	-13.25 (2.48) [-18.26; -8.24]
Week 52	22	13.64 (16.77)	10.61 (21.54)	-6.15 (3.78) [-13.89; 1.59]
Week 56	15	13.33 (16.90)	6.67 (18.69)	-10.35 (3.30) [-17.11; -3.58]
Week 60	12	11.11 (16.41)	2.78 (9.62)	-15.37 (1.92) [-19.39;-11.35]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Constipation

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	91	15.38 (21.83)	10.52 (16.74)	-6.36 (1.49) [-9.36; -3.37]
Week 4	78	15.81 (22.62)	10.26 (21.02)	-4.33 (2.43) [-9.18; 0.52]
Week 8	72	13.89 (21.49)	12.04 (21.89)	-2.34 (2.15) [-6.61; 1.94]
Week 12	63	15.34 (22.26)	10.05 (17.59)	-4.96 (1.89) [-8.73; -1.19]
Week 16	55	13.94 (22.85)	9.09 (18.65)	-4.57 (2.08) [-8.72; -0.42]
Week 20	53	14.47 (23.12)	5.66 (12.64)	-8.07 (1.62) [-11.31; -4.83]
Week 24	56	14.88 (22.85)	7.74 (19.06)	-6.40 (2.53) [-11.46; -1.35]
Week 28	55	15.15 (22.97)	7.88 (16.93)	-6.42 (1.99) [-10.40; -2.44]
Week 32	51	15.03 (20.35)	8.50 (16.12)	-6.13 (1.89) [-9.91; -2.34]
Week 36	54	14.20 (20.06)	9.26 (22.82)	-4.94 (2.58) [-10.08; 0.20]
Week 40	47	13.48 (20.45)	7.09 (15.44)	-7.91 (1.84) [-11.59; -4.22]
Week 44	45	14.07 (19.45)	6.67 (15.24)	-6.40 (2.54) [-11.52; -1.29]
Week 48	32	13.54 (18.66)	7.29 (18.42)	-3.73 (2.92) [-9.69; 2.22]
Week 52	22	16.67 (19.92)	4.55 (11.71)	-9.66 (1.74) [-13.19; -6.12]
Week 56	15	15.56 (21.33)	8.89 (19.79)	-8.85 (4.74) [-18.79; 1.08]
Week 60	12	11.11 (21.71)	11.11 (16.41)	-10.76 (9.32) [-32.65; 11.13]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Diarrhea

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	19.63 (27.77)	17.39 (19.04)	-3.52 (1.70) [-6.90; -0.15]
Week 4	77	21.65 (29.00)	18.61 (23.87)	-2.65 (2.51) [-7.65; 2.36]
Week 8	71	18.78 (26.27)	17.84 (23.12)	-2.68 (2.42) [-7.51; 2.16]
Week 12	63	20.63 (28.35)	22.22 (26.10)	1.39 (2.88) [-4.35; 7.13]
Week 16	53	22.01 (29.92)	16.98 (26.65)	-3.33 (2.92) [-9.17; 2.50]
Week 20	51	21.57 (29.68)	18.95 (26.04)	-1.65 (2.82) [-7.27; 3.98]
Week 24	55	22.42 (29.44)	14.55 (22.92)	-6.07 (2.61) [-11.28; -0.86]
Week 28	54	21.60 (29.78)	16.67 (23.12)	-3.45 (2.80) [-9.03; 2.13]
Week 32	50	20.67 (28.48)	16.67 (23.57)	-3.97 (2.59) [-9.15; 1.20]
Week 36	53	20.13 (28.00)	18.87 (23.12)	-1.71 (2.77) [-7.24; 3.83]
Week 40	46	21.01 (28.42)	21.74 (25.55)	1.52 (3.08) [-4.64; 7.68]
Week 44	44	21.97 (29.59)	21.21 (25.00)	0.11 (2.97) [-5.83; 6.05]
Week 48	32	20.83 (30.23)	16.67 (25.40)	-2.58 (3.40) [-9.45; 4.28]
Week 52	22	12.12 (26.32)	7.58 (17.61)	-5.52 (3.83) [-13.39; 2.35]
Week 56	15	8.89 (19.79)	8.89 (15.26)	-10.27 (4.64) [-20.09; -0.45]
Week 60	12	11.11 (21.71)	8.33 (15.08)	-12.01 (4.80) [-22.21; -1.82]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:31:47.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	90
Week 4		
Total non-missing	n	77
Worsened	n (%)	25 (32.5%)
Stable	n (%)	36 (46.8%)
Improved	n (%)	16 (20.8%)
Missing	n	13
Week 8		
Total non-missing	n	71
Worsened	n (%)	20 (28.2%)
Stable	n (%)	28 (39.4%)
Improved	n (%)	23 (32.4%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	11 (17.5%)
Stable	n (%)	26 (41.3%)
Improved	n (%)	26 (41.3%)
Missing	n	27
Week 16		
Total non-missing	n	54
Worsened	n (%)	11 (20.4%)
Stable	n (%)	24 (44.4%)
Improved	n (%)	19 (35.2%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	51
Worsened	n (%)	10 (19.6%)
Stable	n (%)	23 (45.1%)
Improved	n (%)	18 (35.3%)
Missing	n	39
Week 24		
Total non-missing	n	55
Worsened	n (%)	8 (14.5%)
Stable	n (%)	24 (43.6%)
Improved	n (%)	23 (41.8%)
Missing	n	35
Week 28		
Total non-missing	n	54
Worsened	n (%)	8 (14.8%)
Stable	n (%)	26 (48.1%)
Improved	n (%)	20 (37.0%)
Missing	n	36
Week 32		
Total non-missing	n	50
Worsened	n (%)	10 (20.0%)
Stable	n (%)	20 (40.0%)
Improved	n (%)	20 (40.0%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	53
Worsened	n (%)	12 (22.6%)
Stable	n (%)	22 (41.5%)
Improved	n (%)	19 (35.8%)
Missing	n	37
Week 40		
Total non-missing	n	46
Worsened	n (%)	9 (19.6%)
Stable	n (%)	22 (47.8%)
Improved	n (%)	15 (32.6%)
Missing	n	44
Week 44		
Total non-missing	n	44
Worsened	n (%)	8 (18.2%)
Stable	n (%)	17 (38.6%)
Improved	n (%)	19 (43.2%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	7 (21.9%)
Stable	n (%)	10 (31.3%)
Improved	n (%)	15 (46.9%)
Missing	n	58

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	3 (13.6%)
Stable	n (%)	12 (54.5%)
Improved	n (%)	7 (31.8%)
Missing	n	68
Week 56		
Total non-missing	n	15
Worsened	n (%)	2 (13.3%)
Stable	n (%)	9 (60.0%)
Improved	n (%)	4 (26.7%)
Missing	n	75
Week 60		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	6 (50.0%)
Improved	n (%)	4 (33.3%)
Missing	n	78
Week 64		
Total non-missing	n	8
Worsened	n (%)	0
Stable	n (%)	7 (87.5%)
Improved	n (%)	1 (12.5%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	5 (71.4%)
Improved	n (%)	2 (28.6%)
Missing	n	83
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	5 (100.0%)
Improved	n (%)	0
Missing	n	85
Week 76		
Total non-missing	n	4
Worsened	n (%)	1 (25.0%)
Stable	n (%)	3 (75.0%)
Improved	n (%)	0
Missing	n	86
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	5 (55.6%)
Stable	n (%)	2 (22.2%)
Improved	n (%)	2 (22.2%)
Missing	n	81

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	19 (24.4%)
Stable	n (%)	49 (62.8%)
Improved	n (%)	10 (12.8%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	12 (16.7%)
Stable	n (%)	43 (59.7%)
Improved	n (%)	17 (23.6%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	7 (11.1%)
Stable	n (%)	45 (71.4%)
Improved	n (%)	11 (17.5%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	12 (21.8%)
Stable	n (%)	27 (49.1%)
Improved	n (%)	16 (29.1%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	2 (3.8%)
Stable	n (%)	35 (66.0%)
Improved	n (%)	16 (30.2%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	5 (8.9%)
Stable	n (%)	33 (58.9%)
Improved	n (%)	18 (32.1%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	5 (9.1%)
Stable	n (%)	38 (69.1%)
Improved	n (%)	12 (21.8%)
Missing	n	36
Week 32		
Total non-missing	n	52
Worsened	n (%)	6 (11.5%)
Stable	n (%)	31 (59.6%)
Improved	n (%)	15 (28.8%)
Missing	n	39

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	10 (18.5%)
Stable	n (%)	27 (50.0%)
Improved	n (%)	17 (31.5%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	7 (14.9%)
Stable	n (%)	26 (55.3%)
Improved	n (%)	14 (29.8%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	7 (15.6%)
Stable	n (%)	27 (60.0%)
Improved	n (%)	11 (24.4%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	2 (6.3%)
Stable	n (%)	20 (62.5%)
Improved	n (%)	10 (31.3%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	2 (9.1%)
Stable	n (%)	12 (54.5%)
Improved	n (%)	8 (36.4%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	3 (20.0%)
Stable	n (%)	7 (46.7%)
Improved	n (%)	5 (33.3%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	6 (50.0%)
Improved	n (%)	3 (25.0%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	5 (62.5%)
Improved	n (%)	2 (25.0%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	5 (71.4%)
Improved	n (%)	2 (28.6%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	2 (50.0%)
Improved	n (%)	2 (50.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	4 (44.4%)
Stable	n (%)	3 (33.3%)
Improved	n (%)	2 (22.2%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	30 (38.5%)
Stable	n (%)	31 (39.7%)
Improved	n (%)	17 (21.8%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	19 (26.4%)
Stable	n (%)	29 (40.3%)
Improved	n (%)	24 (33.3%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	14 (22.2%)
Stable	n (%)	29 (46.0%)
Improved	n (%)	20 (31.7%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	14 (25.5%)
Stable	n (%)	19 (34.5%)
Improved	n (%)	22 (40.0%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	10 (18.9%)
Stable	n (%)	20 (37.7%)
Improved	n (%)	23 (43.4%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	10 (17.9%)
Stable	n (%)	20 (35.7%)
Improved	n (%)	26 (46.4%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	7 (12.7%)
Stable	n (%)	29 (52.7%)
Improved	n (%)	19 (34.5%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	9 (17.6%)
Stable	n (%)	21 (41.2%)
Improved	n (%)	21 (41.2%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	13 (24.1%)
Stable	n (%)	20 (37.0%)
Improved	n (%)	21 (38.9%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	9 (19.1%)
Stable	n (%)	22 (46.8%)
Improved	n (%)	16 (34.0%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	13 (28.9%)
Stable	n (%)	20 (44.4%)
Improved	n (%)	12 (26.7%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	5 (15.6%)
Stable	n (%)	19 (59.4%)
Improved	n (%)	8 (25.0%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	4 (18.2%)
Stable	n (%)	12 (54.5%)
Improved	n (%)	6 (27.3%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	3 (20.0%)
Stable	n (%)	8 (53.3%)
Improved	n (%)	4 (26.7%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	1 (8.3%)
Stable	n (%)	7 (58.3%)
Improved	n (%)	4 (33.3%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	5 (62.5%)
Improved	n (%)	2 (25.0%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	1 (14.3%)
Stable	n (%)	4 (57.1%)
Improved	n (%)	2 (28.6%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	3 (75.0%)
Improved	n (%)	1 (25.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	4 (44.4%)
Stable	n (%)	3 (33.3%)
Improved	n (%)	2 (22.2%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	90
Week 4		
Total non-missing	n	77
Worsened	n (%)	11 (14.3%)
Stable	n (%)	51 (66.2%)
Improved	n (%)	15 (19.5%)
Missing	n	13
Week 8		
Total non-missing	n	71
Worsened	n (%)	10 (14.1%)
Stable	n (%)	44 (62.0%)
Improved	n (%)	17 (23.9%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	8 (12.7%)
Stable	n (%)	36 (57.1%)
Improved	n (%)	19 (30.2%)
Missing	n	27
Week 16		
Total non-missing	n	54
Worsened	n (%)	5 (9.3%)
Stable	n (%)	36 (66.7%)
Improved	n (%)	13 (24.1%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	51
Worsened	n (%)	4 (7.8%)
Stable	n (%)	32 (62.7%)
Improved	n (%)	15 (29.4%)
Missing	n	39
Week 24		
Total non-missing	n	55
Worsened	n (%)	5 (9.1%)
Stable	n (%)	33 (60.0%)
Improved	n (%)	17 (30.9%)
Missing	n	35
Week 28		
Total non-missing	n	54
Worsened	n (%)	3 (5.6%)
Stable	n (%)	36 (66.7%)
Improved	n (%)	15 (27.8%)
Missing	n	36
Week 32		
Total non-missing	n	50
Worsened	n (%)	5 (10.0%)
Stable	n (%)	32 (64.0%)
Improved	n (%)	13 (26.0%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	52
Worsened	n (%)	3 (5.8%)
Stable	n (%)	31 (59.6%)
Improved	n (%)	18 (34.6%)
Missing	n	38
Week 40		
Total non-missing	n	46
Worsened	n (%)	1 (2.2%)
Stable	n (%)	33 (71.7%)
Improved	n (%)	12 (26.1%)
Missing	n	44
Week 44		
Total non-missing	n	44
Worsened	n (%)	4 (9.1%)
Stable	n (%)	26 (59.1%)
Improved	n (%)	14 (31.8%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	6 (18.8%)
Stable	n (%)	15 (46.9%)
Improved	n (%)	11 (34.4%)
Missing	n	58

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	1 (4.5%)
Stable	n (%)	11 (50.0%)
Improved	n (%)	10 (45.5%)
Missing	n	68
Week 56		
Total non-missing	n	15
Worsened	n (%)	0
Stable	n (%)	9 (60.0%)
Improved	n (%)	6 (40.0%)
Missing	n	75
Week 60		
Total non-missing	n	12
Worsened	n (%)	0
Stable	n (%)	8 (66.7%)
Improved	n (%)	4 (33.3%)
Missing	n	78
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	4 (50.0%)
Improved	n (%)	3 (37.5%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	3 (42.9%)
Improved	n (%)	4 (57.1%)
Missing	n	83
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	85
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	2 (50.0%)
Improved	n (%)	2 (50.0%)
Missing	n	86
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	3 (33.3%)
Stable	n (%)	5 (55.6%)
Improved	n (%)	1 (11.1%)
Missing	n	81

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	90
Week 4		
Total non-missing	n	77
Worsened	n (%)	19 (24.7%)
Stable	n (%)	37 (48.1%)
Improved	n (%)	21 (27.3%)
Missing	n	13
Week 8		
Total non-missing	n	71
Worsened	n (%)	19 (26.8%)
Stable	n (%)	34 (47.9%)
Improved	n (%)	18 (25.4%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	11 (17.5%)
Stable	n (%)	34 (54.0%)
Improved	n (%)	18 (28.6%)
Missing	n	27
Week 16		
Total non-missing	n	54
Worsened	n (%)	10 (18.5%)
Stable	n (%)	31 (57.4%)
Improved	n (%)	13 (24.1%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	51
Worsened	n (%)	11 (21.6%)
Stable	n (%)	26 (51.0%)
Improved	n (%)	14 (27.5%)
Missing	n	39
Week 24		
Total non-missing	n	55
Worsened	n (%)	13 (23.6%)
Stable	n (%)	27 (49.1%)
Improved	n (%)	15 (27.3%)
Missing	n	35
Week 28		
Total non-missing	n	54
Worsened	n (%)	9 (16.7%)
Stable	n (%)	29 (53.7%)
Improved	n (%)	16 (29.6%)
Missing	n	36
Week 32		
Total non-missing	n	50
Worsened	n (%)	14 (28.0%)
Stable	n (%)	19 (38.0%)
Improved	n (%)	17 (34.0%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	53
Worsened	n (%)	13 (24.5%)
Stable	n (%)	25 (47.2%)
Improved	n (%)	15 (28.3%)
Missing	n	37
Week 40		
Total non-missing	n	46
Worsened	n (%)	8 (17.4%)
Stable	n (%)	24 (52.2%)
Improved	n (%)	14 (30.4%)
Missing	n	44
Week 44		
Total non-missing	n	44
Worsened	n (%)	10 (22.7%)
Stable	n (%)	21 (47.7%)
Improved	n (%)	13 (29.5%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	4 (12.5%)
Stable	n (%)	17 (53.1%)
Improved	n (%)	11 (34.4%)
Missing	n	58

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	2 (9.1%)
Stable	n (%)	16 (72.7%)
Improved	n (%)	4 (18.2%)
Missing	n	68
Week 56		
Total non-missing	n	15
Worsened	n (%)	2 (13.3%)
Stable	n (%)	10 (66.7%)
Improved	n (%)	3 (20.0%)
Missing	n	75
Week 60		
Total non-missing	n	12
Worsened	n (%)	1 (8.3%)
Stable	n (%)	8 (66.7%)
Improved	n (%)	3 (25.0%)
Missing	n	78
Week 64		
Total non-missing	n	8
Worsened	n (%)	0
Stable	n (%)	6 (75.0%)
Improved	n (%)	2 (25.0%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	5 (71.4%)
Improved	n (%)	2 (28.6%)
Missing	n	83
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	85
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	4 (100.0%)
Improved	n (%)	0
Missing	n	86
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	3 (33.3%)
Stable	n (%)	4 (44.4%)
Improved	n (%)	2 (22.2%)
Missing	n	81

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	90
Week 4		
Total non-missing	n	77
Worsened	n (%)	24 (31.2%)
Stable	n (%)	29 (37.7%)
Improved	n (%)	24 (31.2%)
Missing	n	13
Week 8		
Total non-missing	n	71
Worsened	n (%)	22 (31.0%)
Stable	n (%)	23 (32.4%)
Improved	n (%)	26 (36.6%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	10 (15.9%)
Stable	n (%)	27 (42.9%)
Improved	n (%)	26 (41.3%)
Missing	n	27
Week 16		
Total non-missing	n	54
Worsened	n (%)	11 (20.4%)
Stable	n (%)	20 (37.0%)
Improved	n (%)	23 (42.6%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	51
Worsened	n (%)	10 (19.6%)
Stable	n (%)	17 (33.3%)
Improved	n (%)	24 (47.1%)
Missing	n	39
Week 24		
Total non-missing	n	55
Worsened	n (%)	11 (20.0%)
Stable	n (%)	20 (36.4%)
Improved	n (%)	24 (43.6%)
Missing	n	35
Week 28		
Total non-missing	n	54
Worsened	n (%)	7 (13.0%)
Stable	n (%)	19 (35.2%)
Improved	n (%)	28 (51.9%)
Missing	n	36
Week 32		
Total non-missing	n	50
Worsened	n (%)	6 (12.0%)
Stable	n (%)	13 (26.0%)
Improved	n (%)	31 (62.0%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	53
Worsened	n (%)	10 (18.9%)
Stable	n (%)	12 (22.6%)
Improved	n (%)	31 (58.5%)
Missing	n	37
Week 40		
Total non-missing	n	46
Worsened	n (%)	7 (15.2%)
Stable	n (%)	15 (32.6%)
Improved	n (%)	24 (52.2%)
Missing	n	44
Week 44		
Total non-missing	n	44
Worsened	n (%)	10 (22.7%)
Stable	n (%)	13 (29.5%)
Improved	n (%)	21 (47.7%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	4 (12.5%)
Stable	n (%)	11 (34.4%)
Improved	n (%)	17 (53.1%)
Missing	n	58

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	3 (13.6%)
Stable	n (%)	5 (22.7%)
Improved	n (%)	14 (63.6%)
Missing	n	68
Week 56		
Total non-missing	n	15
Worsened	n (%)	0
Stable	n (%)	6 (40.0%)
Improved	n (%)	9 (60.0%)
Missing	n	75
Week 60		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	3 (25.0%)
Improved	n (%)	7 (58.3%)
Missing	n	78
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	3 (37.5%)
Improved	n (%)	4 (50.0%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	2 (28.6%)
Improved	n (%)	5 (71.4%)
Missing	n	83
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	85
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	2 (50.0%)
Improved	n (%)	2 (50.0%)
Missing	n	86
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	4 (44.4%)
Stable	n (%)	3 (33.3%)
Improved	n (%)	2 (22.2%)
Missing	n	81

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	36 (46.2%)
Stable	n (%)	20 (25.6%)
Improved	n (%)	22 (28.2%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	29 (40.3%)
Stable	n (%)	21 (29.2%)
Improved	n (%)	22 (30.6%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	19 (30.2%)
Stable	n (%)	18 (28.6%)
Improved	n (%)	26 (41.3%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	16 (29.1%)
Stable	n (%)	15 (27.3%)
Improved	n (%)	24 (43.6%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	16 (30.2%)
Stable	n (%)	13 (24.5%)
Improved	n (%)	24 (45.3%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	14 (25.0%)
Stable	n (%)	18 (32.1%)
Improved	n (%)	24 (42.9%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	15 (27.3%)
Stable	n (%)	17 (30.9%)
Improved	n (%)	23 (41.8%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	12 (23.5%)
Stable	n (%)	15 (29.4%)
Improved	n (%)	24 (47.1%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	10 (18.5%)
Stable	n (%)	22 (40.7%)
Improved	n (%)	22 (40.7%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	10 (21.3%)
Stable	n (%)	13 (27.7%)
Improved	n (%)	24 (51.1%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	11 (24.4%)
Stable	n (%)	11 (24.4%)
Improved	n (%)	23 (51.1%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	8 (25.0%)
Stable	n (%)	12 (37.5%)
Improved	n (%)	12 (37.5%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	5 (22.7%)
Stable	n (%)	5 (22.7%)
Improved	n (%)	12 (54.5%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	4 (26.7%)
Stable	n (%)	4 (26.7%)
Improved	n (%)	7 (46.7%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	4 (33.3%)
Improved	n (%)	5 (41.7%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	0
Stable	n (%)	3 (37.5%)
Improved	n (%)	5 (62.5%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	3 (42.9%)
Improved	n (%)	4 (57.1%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	2 (40.0%)
Improved	n (%)	3 (60.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	2 (50.0%)
Improved	n (%)	2 (50.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	4 (44.4%)
Stable	n (%)	1 (11.1%)
Improved	n (%)	4 (44.4%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	12 (15.4%)
Stable	n (%)	59 (75.6%)
Improved	n (%)	7 (9.0%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	13 (18.1%)
Stable	n (%)	49 (68.1%)
Improved	n (%)	10 (13.9%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	9 (14.3%)
Stable	n (%)	45 (71.4%)
Improved	n (%)	9 (14.3%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	8 (14.5%)
Stable	n (%)	40 (72.7%)
Improved	n (%)	7 (12.7%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	8 (15.1%)
Stable	n (%)	39 (73.6%)
Improved	n (%)	6 (11.3%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	12 (21.4%)
Stable	n (%)	35 (62.5%)
Improved	n (%)	9 (16.1%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	6 (10.9%)
Stable	n (%)	40 (72.7%)
Improved	n (%)	9 (16.4%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	4 (7.8%)
Stable	n (%)	38 (74.5%)
Improved	n (%)	9 (17.6%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	2 (3.7%)
Stable	n (%)	44 (81.5%)
Improved	n (%)	8 (14.8%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	6 (12.8%)
Stable	n (%)	32 (68.1%)
Improved	n (%)	9 (19.1%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	6 (13.3%)
Stable	n (%)	33 (73.3%)
Improved	n (%)	6 (13.3%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	5 (15.6%)
Stable	n (%)	23 (71.9%)
Improved	n (%)	4 (12.5%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	1 (4.5%)
Stable	n (%)	15 (68.2%)
Improved	n (%)	6 (27.3%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	1 (6.7%)
Stable	n (%)	10 (66.7%)
Improved	n (%)	4 (26.7%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	1 (8.3%)
Stable	n (%)	8 (66.7%)
Improved	n (%)	3 (25.0%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	0
Stable	n (%)	5 (62.5%)
Improved	n (%)	3 (37.5%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	4 (57.1%)
Improved	n (%)	3 (42.9%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	3 (75.0%)
Improved	n (%)	1 (25.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	3 (33.3%)
Stable	n (%)	6 (66.7%)
Improved	n (%)	0
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	18 (23.1%)
Stable	n (%)	31 (39.7%)
Improved	n (%)	29 (37.2%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	17 (23.6%)
Stable	n (%)	22 (30.6%)
Improved	n (%)	33 (45.8%)
Missing	n	19
Week 12		
Total non-missing	n	64
Worsened	n (%)	14 (21.9%)
Stable	n (%)	25 (39.1%)
Improved	n (%)	25 (39.1%)
Missing	n	27
Week 16		
Total non-missing	n	55
Worsened	n (%)	11 (20.0%)
Stable	n (%)	20 (36.4%)
Improved	n (%)	24 (43.6%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	3 (5.7%)
Stable	n (%)	18 (34.0%)
Improved	n (%)	32 (60.4%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	8 (14.3%)
Stable	n (%)	16 (28.6%)
Improved	n (%)	32 (57.1%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	10 (18.2%)
Stable	n (%)	19 (34.5%)
Improved	n (%)	26 (47.3%)
Missing	n	36
Week 32		
Total non-missing	n	52
Worsened	n (%)	10 (19.2%)
Stable	n (%)	19 (36.5%)
Improved	n (%)	23 (44.2%)
Missing	n	39

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	12 (22.2%)
Stable	n (%)	12 (22.2%)
Improved	n (%)	30 (55.6%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	13 (27.7%)
Stable	n (%)	12 (25.5%)
Improved	n (%)	22 (46.8%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	7 (15.6%)
Stable	n (%)	14 (31.1%)
Improved	n (%)	24 (53.3%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	3 (9.4%)
Stable	n (%)	12 (37.5%)
Improved	n (%)	17 (53.1%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	2 (9.1%)
Stable	n (%)	7 (31.8%)
Improved	n (%)	13 (59.1%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	2 (13.3%)
Stable	n (%)	7 (46.7%)
Improved	n (%)	6 (40.0%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	6 (50.0%)
Improved	n (%)	4 (33.3%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	5 (62.5%)
Stable	n (%)	1 (12.5%)
Improved	n (%)	2 (25.0%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	1 (14.3%)
Stable	n (%)	4 (57.1%)
Improved	n (%)	2 (28.6%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	1 (25.0%)
Stable	n (%)	2 (50.0%)
Improved	n (%)	1 (25.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	2 (22.2%)
Stable	n (%)	3 (33.3%)
Improved	n (%)	4 (44.4%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	77
Worsened	n (%)	19 (24.7%)
Stable	n (%)	45 (58.4%)
Improved	n (%)	13 (16.9%)
Missing	n	14
Week 8		
Total non-missing	n	71
Worsened	n (%)	17 (23.9%)
Stable	n (%)	44 (62.0%)
Improved	n (%)	10 (14.1%)
Missing	n	20
Week 12		
Total non-missing	n	62
Worsened	n (%)	13 (21.0%)
Stable	n (%)	40 (64.5%)
Improved	n (%)	9 (14.5%)
Missing	n	29
Week 16		
Total non-missing	n	54
Worsened	n (%)	8 (14.8%)
Stable	n (%)	37 (68.5%)
Improved	n (%)	9 (16.7%)
Missing	n	37

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	7 (13.2%)
Stable	n (%)	35 (66.0%)
Improved	n (%)	11 (20.8%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	6 (10.7%)
Stable	n (%)	42 (75.0%)
Improved	n (%)	8 (14.3%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	6 (10.9%)
Stable	n (%)	40 (72.7%)
Improved	n (%)	9 (16.4%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	6 (11.8%)
Stable	n (%)	38 (74.5%)
Improved	n (%)	7 (13.7%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	8 (14.8%)
Stable	n (%)	36 (66.7%)
Improved	n (%)	10 (18.5%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	6 (12.8%)
Stable	n (%)	34 (72.3%)
Improved	n (%)	7 (14.9%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	6 (13.3%)
Stable	n (%)	31 (68.9%)
Improved	n (%)	8 (17.8%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	3 (9.4%)
Stable	n (%)	23 (71.9%)
Improved	n (%)	6 (18.8%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	21
Worsened	n (%)	1 (4.8%)
Stable	n (%)	17 (81.0%)
Improved	n (%)	3 (14.3%)
Missing	n	70
Week 56		
Total non-missing	n	14
Worsened	n (%)	3 (21.4%)
Stable	n (%)	8 (57.1%)
Improved	n (%)	3 (21.4%)
Missing	n	77
Week 60		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	6 (50.0%)
Improved	n (%)	3 (25.0%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	4 (50.0%)
Improved	n (%)	3 (37.5%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	5 (71.4%)
Improved	n (%)	2 (28.6%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	2 (50.0%)
Improved	n (%)	2 (50.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	1 (11.1%)
Stable	n (%)	8 (88.9%)
Improved	n (%)	0
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	21 (26.9%)
Stable	n (%)	41 (52.6%)
Improved	n (%)	16 (20.5%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	13 (18.1%)
Stable	n (%)	40 (55.6%)
Improved	n (%)	19 (26.4%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	10 (15.9%)
Stable	n (%)	36 (57.1%)
Improved	n (%)	17 (27.0%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	9 (16.4%)
Stable	n (%)	31 (56.4%)
Improved	n (%)	15 (27.3%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	10 (18.9%)
Stable	n (%)	25 (47.2%)
Improved	n (%)	18 (34.0%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	8 (14.3%)
Stable	n (%)	30 (53.6%)
Improved	n (%)	18 (32.1%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	10 (18.2%)
Stable	n (%)	29 (52.7%)
Improved	n (%)	16 (29.1%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	9 (17.6%)
Stable	n (%)	27 (52.9%)
Improved	n (%)	15 (29.4%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	7 (13.0%)
Stable	n (%)	32 (59.3%)
Improved	n (%)	15 (27.8%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	8 (17.0%)
Stable	n (%)	26 (55.3%)
Improved	n (%)	13 (27.7%)
Missing	n	44
Week 44		
Total non-missing	n	44
Worsened	n (%)	7 (15.9%)
Stable	n (%)	22 (50.0%)
Improved	n (%)	15 (34.1%)
Missing	n	47
Week 48		
Total non-missing	n	32
Worsened	n (%)	6 (18.8%)
Stable	n (%)	15 (46.9%)
Improved	n (%)	11 (34.4%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	3 (13.6%)
Stable	n (%)	11 (50.0%)
Improved	n (%)	8 (36.4%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	5 (33.3%)
Stable	n (%)	5 (33.3%)
Improved	n (%)	5 (33.3%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	8 (66.7%)
Improved	n (%)	2 (16.7%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	2 (25.0%)
Stable	n (%)	4 (50.0%)
Improved	n (%)	2 (25.0%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	1 (14.3%)
Stable	n (%)	4 (57.1%)
Improved	n (%)	2 (28.6%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	1 (25.0%)
Stable	n (%)	1 (25.0%)
Improved	n (%)	2 (50.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	2 (22.2%)
Stable	n (%)	4 (44.4%)
Improved	n (%)	3 (33.3%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	15 (19.2%)
Stable	n (%)	51 (65.4%)
Improved	n (%)	12 (15.4%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	12 (16.7%)
Stable	n (%)	41 (56.9%)
Improved	n (%)	19 (26.4%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	7 (11.1%)
Stable	n (%)	43 (68.3%)
Improved	n (%)	13 (20.6%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	5 (9.1%)
Stable	n (%)	34 (61.8%)
Improved	n (%)	16 (29.1%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	9 (17.0%)
Stable	n (%)	27 (50.9%)
Improved	n (%)	17 (32.1%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	5 (8.9%)
Stable	n (%)	38 (67.9%)
Improved	n (%)	13 (23.2%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	5 (9.1%)
Stable	n (%)	36 (65.5%)
Improved	n (%)	14 (25.5%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	4 (7.8%)
Stable	n (%)	30 (58.8%)
Improved	n (%)	17 (33.3%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	7 (13.0%)
Stable	n (%)	31 (57.4%)
Improved	n (%)	16 (29.6%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	5 (10.6%)
Stable	n (%)	31 (66.0%)
Improved	n (%)	11 (23.4%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	3 (6.7%)
Stable	n (%)	25 (55.6%)
Improved	n (%)	17 (37.8%)
Missing	n	46
Week 48		
Total non-missing	n	31
Worsened	n (%)	2 (6.5%)
Stable	n (%)	18 (58.1%)
Improved	n (%)	11 (35.5%)
Missing	n	60

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	3 (13.6%)
Stable	n (%)	14 (63.6%)
Improved	n (%)	5 (22.7%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	1 (6.7%)
Stable	n (%)	10 (66.7%)
Improved	n (%)	4 (26.7%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	0
Stable	n (%)	9 (75.0%)
Improved	n (%)	3 (25.0%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	0
Stable	n (%)	6 (75.0%)
Improved	n (%)	2 (25.0%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	5 (71.4%)
Improved	n (%)	2 (28.6%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	3 (75.0%)
Improved	n (%)	1 (25.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	3 (33.3%)
Stable	n (%)	3 (33.3%)
Improved	n (%)	3 (33.3%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	91
Week 4		
Total non-missing	n	78
Worsened	n (%)	8 (10.3%)
Stable	n (%)	50 (64.1%)
Improved	n (%)	20 (25.6%)
Missing	n	13
Week 8		
Total non-missing	n	72
Worsened	n (%)	9 (12.5%)
Stable	n (%)	50 (69.4%)
Improved	n (%)	13 (18.1%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	4 (6.3%)
Stable	n (%)	47 (74.6%)
Improved	n (%)	12 (19.0%)
Missing	n	28
Week 16		
Total non-missing	n	55
Worsened	n (%)	2 (3.6%)
Stable	n (%)	46 (83.6%)
Improved	n (%)	7 (12.7%)
Missing	n	36

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	53
Worsened	n (%)	1 (1.9%)
Stable	n (%)	41 (77.4%)
Improved	n (%)	11 (20.8%)
Missing	n	38
Week 24		
Total non-missing	n	56
Worsened	n (%)	5 (8.9%)
Stable	n (%)	37 (66.1%)
Improved	n (%)	14 (25.0%)
Missing	n	35
Week 28		
Total non-missing	n	55
Worsened	n (%)	4 (7.3%)
Stable	n (%)	38 (69.1%)
Improved	n (%)	13 (23.6%)
Missing	n	36
Week 32		
Total non-missing	n	51
Worsened	n (%)	3 (5.9%)
Stable	n (%)	36 (70.6%)
Improved	n (%)	12 (23.5%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	54
Worsened	n (%)	5 (9.3%)
Stable	n (%)	35 (64.8%)
Improved	n (%)	14 (25.9%)
Missing	n	37
Week 40		
Total non-missing	n	47
Worsened	n (%)	3 (6.4%)
Stable	n (%)	34 (72.3%)
Improved	n (%)	10 (21.3%)
Missing	n	44
Week 44		
Total non-missing	n	45
Worsened	n (%)	4 (8.9%)
Stable	n (%)	27 (60.0%)
Improved	n (%)	14 (31.1%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	2 (6.3%)
Stable	n (%)	22 (68.8%)
Improved	n (%)	8 (25.0%)
Missing	n	59

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	0
Stable	n (%)	14 (63.6%)
Improved	n (%)	8 (36.4%)
Missing	n	69
Week 56		
Total non-missing	n	15
Worsened	n (%)	1 (6.7%)
Stable	n (%)	10 (66.7%)
Improved	n (%)	4 (26.7%)
Missing	n	76
Week 60		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	8 (66.7%)
Improved	n (%)	2 (16.7%)
Missing	n	79
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	5 (62.5%)
Improved	n (%)	2 (25.0%)
Missing	n	83

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	6 (85.7%)
Improved	n (%)	1 (14.3%)
Missing	n	84
Week 72		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	86
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	3 (75.0%)
Improved	n (%)	1 (25.0%)
Missing	n	87
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	2 (22.2%)
Stable	n (%)	6 (66.7%)
Improved	n (%)	1 (11.1%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=105)
Patients with a baseline and at least one post-baseline assessment	n	90
Week 4		
Total non-missing	n	77
Worsened	n (%)	10 (13.0%)
Stable	n (%)	53 (68.8%)
Improved	n (%)	14 (18.2%)
Missing	n	13
Week 8		
Total non-missing	n	71
Worsened	n (%)	13 (18.3%)
Stable	n (%)	44 (62.0%)
Improved	n (%)	14 (19.7%)
Missing	n	19
Week 12		
Total non-missing	n	63
Worsened	n (%)	17 (27.0%)
Stable	n (%)	34 (54.0%)
Improved	n (%)	12 (19.0%)
Missing	n	27
Week 16		
Total non-missing	n	53
Worsened	n (%)	6 (11.3%)
Stable	n (%)	36 (67.9%)
Improved	n (%)	11 (20.8%)
Missing	n	37

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=105)
Week 20		
Total non-missing	n	51
Worsened	n (%)	7 (13.7%)
Stable	n (%)	35 (68.6%)
Improved	n (%)	9 (17.6%)
Missing	n	39
Week 24		
Total non-missing	n	55
Worsened	n (%)	7 (12.7%)
Stable	n (%)	34 (61.8%)
Improved	n (%)	14 (25.5%)
Missing	n	35
Week 28		
Total non-missing	n	54
Worsened	n (%)	10 (18.5%)
Stable	n (%)	31 (57.4%)
Improved	n (%)	13 (24.1%)
Missing	n	36
Week 32		
Total non-missing	n	50
Worsened	n (%)	6 (12.0%)
Stable	n (%)	34 (68.0%)
Improved	n (%)	10 (20.0%)
Missing	n	40

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=105)
Week 36		
Total non-missing	n	53
Worsened	n (%)	11 (20.8%)
Stable	n (%)	30 (56.6%)
Improved	n (%)	12 (22.6%)
Missing	n	37
Week 40		
Total non-missing	n	46
Worsened	n (%)	11 (23.9%)
Stable	n (%)	27 (58.7%)
Improved	n (%)	8 (17.4%)
Missing	n	44
Week 44		
Total non-missing	n	44
Worsened	n (%)	11 (25.0%)
Stable	n (%)	25 (56.8%)
Improved	n (%)	8 (18.2%)
Missing	n	46
Week 48		
Total non-missing	n	32
Worsened	n (%)	5 (15.6%)
Stable	n (%)	21 (65.6%)
Improved	n (%)	6 (18.8%)
Missing	n	58

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=105)
Week 52		
Total non-missing	n	22
Worsened	n (%)	2 (9.1%)
Stable	n (%)	17 (77.3%)
Improved	n (%)	3 (13.6%)
Missing	n	68
Week 56		
Total non-missing	n	15
Worsened	n (%)	2 (13.3%)
Stable	n (%)	11 (73.3%)
Improved	n (%)	2 (13.3%)
Missing	n	75
Week 60		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	7 (58.3%)
Improved	n (%)	3 (25.0%)
Missing	n	78
Week 64		
Total non-missing	n	8
Worsened	n (%)	1 (12.5%)
Stable	n (%)	6 (75.0%)
Improved	n (%)	1 (12.5%)
Missing	n	82

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 2.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=105)
Week 68		
Total non-missing	n	7
Worsened	n (%)	0
Stable	n (%)	5 (71.4%)
Improved	n (%)	2 (28.6%)
Missing	n	83
Week 72		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	1 (20.0%)
Missing	n	85
Week 76		
Total non-missing	n	4
Worsened	n (%)	0
Stable	n (%)	3 (75.0%)
Improved	n (%)	1 (25.0%)
Missing	n	86
End Of Treatment Phase / Early Termination		
Total non-missing	n	9
Worsened	n (%)	1 (11.1%)
Stable	n (%)	5 (55.6%)
Improved	n (%)	3 (33.3%)
Missing	n	81

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:24.

TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30

Full analysis set.

Global health status / QoL

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	102	62.91 (19.68)	65.03 (16.39)	6.09 (1.15) [3.81; 8.37]
Week 4	89	62.27 (20.49)	59.55 (19.61)	-2.87 (1.89) [-6.63; 0.88]
Week 8	77	62.34 (19.76)	62.99 (16.31)	-0.22 (1.67) [-3.54; 3.10]
Week 12	69	62.20 (20.69)	67.87 (15.74)	4.39 (1.72) [0.96; 7.82]
Week 16	61	62.43 (20.84)	67.35 (17.70)	3.75 (2.07) [-0.39; 7.88]
Week 20	58	60.34 (19.45)	66.95 (17.31)	4.60 (2.14) [0.31; 8.88]
Week 24	63	62.04 (20.35)	71.43 (18.07)	8.17 (1.99) [4.19; 12.15]
Week 28	60	63.06 (21.28)	70.97 (16.84)	7.33 (1.85) [3.63; 11.02]
Week 32	56	63.10 (21.13)	71.28 (18.11)	7.36 (2.06) [3.24; 11.48]
Week 36	58	63.22 (21.12)	71.98 (17.08)	8.64 (1.95) [4.75; 12.54]
Week 40	52	61.70 (20.76)	68.43 (18.84)	5.79 (2.25) [1.30; 10.28]
Week 44	51	61.76 (22.12)	73.69 (16.19)	10.68 (2.12) [6.44; 14.92]
Week 48	38	62.72 (23.47)	72.15 (17.47)	7.33 (2.37) [2.55; 12.11]
Week 52	28	66.07 (21.75)	72.92 (20.24)	8.83 (2.57) [3.61; 14.06]
Week 56	20	66.67 (21.80)	71.67 (19.38)	5.57 (2.50) [0.42; 10.72]
Week 60	17	67.65 (21.43)	74.02 (16.89)	8.06 (2.51) [2.82; 13.30]
Week 64	14	63.69 (23.71)	70.83 (23.74)	5.27 (2.42) [0.08; 10.46]
Week 68	13	66.03 (22.94)	73.72 (22.53)	6.04 (2.76) [0.12; 11.96]
Week 72	10	67.50 (23.39)	75.83 (16.87)	9.34 (2.70) [3.37; 15.30]
Week 76	10	66.67 (24.53)	74.17 (18.61)	7.64 (4.48) [-2.44; 17.72]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:10.

TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Physical Functioning

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	72.75 (21.23)	73.40 (18.97)	3.15 (1.13) [0.90; 5.39]
Week 4	90	72.89 (21.31)	69.69 (20.11)	-3.41 (1.67) [-6.73; -0.10]
Week 8	78	71.88 (21.67)	72.72 (20.21)	-0.94 (1.84) [-4.61; 2.74]
Week 12	69	71.88 (22.11)	74.49 (20.35)	1.30 (1.34) [-1.38; 3.97]
Week 16	62	73.44 (20.54)	75.78 (19.39)	1.19 (1.50) [-1.80; 4.17]
Week 20	60	71.78 (19.88)	77.83 (16.00)	4.77 (1.35) [2.08; 7.46]
Week 24	64	73.13 (19.98)	78.33 (18.32)	4.38 (1.53) [1.35; 7.41]
Week 28	61	74.21 (19.57)	78.67 (17.20)	4.26 (1.32) [1.64; 6.89]
Week 32	58	73.22 (20.12)	78.39 (18.66)	4.57 (1.63) [1.33; 7.80]
Week 36	59	72.43 (20.40)	77.40 (18.46)	4.39 (1.54) [1.33; 7.46]
Week 40	53	73.33 (19.26)	77.61 (20.76)	5.00 (1.83) [1.37; 8.63]
Week 44	52	73.21 (20.52)	77.63 (19.10)	3.90 (1.99) [-0.07; 7.86]
Week 48	38	75.26 (17.39)	80.22 (20.80)	2.53 (2.59) [-2.66; 7.71]
Week 52	28	72.86 (21.99)	82.62 (16.36)	8.24 (1.86) [4.49; 11.98]
Week 56	20	75.67 (20.32)	77.33 (20.79)	1.85 (2.32) [-2.85; 6.54]
Week 60	17	81.57 (13.85)	82.75 (17.17)	4.19 (2.59) [-1.07; 9.45]
Week 64	14	80.00 (14.56)	81.43 (18.89)	-0.41 (2.31) [-5.20; 4.39]
Week 68	13	81.54 (13.92)	84.62 (18.54)	2.31 (2.90) [-3.76; 8.39]
Week 72	10	80.00 (11.33)	85.33 (13.98)	6.06 (2.92) [-0.07; 12.18]
Week 76	10	78.00 (12.98)	84.67 (16.35)	5.65 (3.31) [-1.47; 12.76]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Role Functioning

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	68.12 (31.06)	68.48 (25.46)	6.49 (1.52) [3.48; 9.50]
Week 4	90	68.70 (30.27)	63.89 (28.29)	-3.51 (2.18) [-7.79; 0.77]
Week 8	78	67.09 (31.44)	69.23 (23.89)	0.34 (2.27) [-4.13; 4.80]
Week 12	69	67.39 (31.88)	70.05 (27.94)	0.74 (2.42) [-4.01; 5.48]
Week 16	62	66.40 (31.43)	72.85 (25.29)	4.68 (2.54) [-0.32; 9.67]
Week 20	60	64.44 (30.60)	73.33 (21.96)	6.81 (2.61) [1.68; 11.95]
Week 24	64	66.93 (30.79)	77.34 (22.10)	10.11 (2.59) [5.01; 15.21]
Week 28	61	67.49 (31.10)	78.42 (22.22)	10.84 (2.64) [5.64; 16.03]
Week 32	57	65.79 (31.56)	78.36 (23.14)	11.75 (2.71) [6.42; 17.07]
Week 36	59	65.82 (31.17)	74.29 (26.86)	7.86 (2.70) [2.55; 13.17]
Week 40	53	65.72 (30.73)	73.58 (26.84)	7.64 (2.79) [2.16; 13.12]
Week 44	52	66.67 (31.83)	73.72 (26.68)	6.65 (2.84) [1.07; 12.23]
Week 48	38	71.05 (29.17)	76.32 (25.89)	6.36 (3.20) [0.07; 12.65]
Week 52	28	64.88 (34.65)	74.40 (26.64)	9.63 (3.70) [2.36; 16.89]
Week 56	19	63.16 (33.60)	67.54 (25.74)	5.27 (4.45) [-3.47; 14.01]
Week 60	17	68.63 (30.55)	75.49 (22.14)	7.80 (4.83) [-1.69; 17.29]
Week 64	14	67.86 (32.33)	71.43 (27.29)	5.50 (5.34) [-4.99; 15.98]
Week 68	13	70.51 (32.03)	79.49 (22.72)	10.11 (5.70) [-1.09; 21.30]
Week 72	10	65.00 (33.75)	75.00 (25.15)	8.05 (6.29) [-4.30; 20.41]
Week 76	10	71.67 (24.91)	76.67 (23.83)	6.67 (6.57) [-6.24; 19.58]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:10.

TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Emotional Functioning

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	102	82.05 (18.01)	84.62 (16.47)	6.74 (0.93) [4.90; 8.58]
Week 4	89	82.15 (18.06)	83.15 (19.05)	1.46 (1.36) [-1.22; 4.13]
Week 8	77	81.75 (18.23)	84.63 (17.26)	2.52 (1.42) [-0.28; 5.32]
Week 12	69	81.04 (18.65)	86.39 (15.69)	4.60 (1.51) [1.64; 7.57]
Week 16	61	82.10 (19.59)	86.75 (16.90)	4.61 (1.60) [1.47; 7.76]
Week 20	58	80.56 (19.43)	87.50 (16.97)	5.98 (1.65) [2.74; 9.22]
Week 24	63	81.04 (19.10)	87.65 (15.82)	5.98 (1.63) [2.78; 9.18]
Week 28	60	80.93 (19.57)	86.94 (14.46)	5.72 (1.66) [2.46; 8.98]
Week 32	56	81.35 (18.44)	87.05 (15.64)	5.79 (1.70) [2.45; 9.13]
Week 36	57	79.92 (19.06)	87.57 (15.03)	6.95 (1.71) [3.60; 10.30]
Week 40	52	82.32 (17.18)	89.42 (12.90)	8.38 (1.75) [4.93; 11.82]
Week 44	51	79.85 (19.49)	86.76 (17.96)	6.40 (1.79) [2.89; 9.91]
Week 48	38	82.60 (15.63)	86.04 (15.59)	4.46 (2.00) [0.53; 8.39]
Week 52	28	80.26 (18.68)	89.68 (13.75)	7.47 (2.32) [2.92; 12.02]
Week 56	20	80.69 (18.08)	88.33 (16.31)	6.12 (2.73) [0.76; 11.47]
Week 60	17	81.70 (12.11)	90.20 (10.31)	7.50 (3.01) [1.58; 13.41]
Week 64	14	82.54 (14.31)	91.67 (12.23)	9.36 (3.35) [2.79; 15.93]
Week 68	13	82.48 (14.89)	93.59 (9.10)	10.19 (3.55) [3.22; 17.16]
Week 72	10	78.89 (14.59)	94.17 (10.43)	12.86 (3.95) [5.10; 20.63]
Week 76	10	82.22 (15.28)	95.00 (8.96)	11.65 (4.04) [3.71; 19.59]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:10.

TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Cognitive Functioning

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	102	81.70 (19.27)	83.62 (16.40)	5.46 (1.02) [3.45; 7.47]
Week 4	89	80.52 (19.17)	82.40 (19.19)	0.99 (1.50) [-1.96; 3.94]
Week 8	77	82.90 (18.53)	84.63 (17.47)	1.79 (1.57) [-1.29; 4.87]
Week 12	69	84.06 (18.40)	87.68 (14.48)	4.82 (1.67) [1.54; 8.09]
Week 16	61	81.69 (18.18)	84.70 (16.19)	1.64 (1.76) [-1.82; 5.10]
Week 20	58	80.75 (18.15)	83.05 (18.34)	1.64 (1.82) [-1.94; 5.21]
Week 24	63	81.75 (17.89)	84.92 (17.38)	2.49 (1.79) [-1.03; 6.01]
Week 28	60	82.78 (17.88)	87.78 (16.20)	5.21 (1.83) [1.63; 8.80]
Week 32	56	83.33 (16.82)	86.61 (16.94)	3.79 (1.87) [0.11; 7.47]
Week 36	58	82.47 (17.78)	85.34 (16.83)	3.13 (1.87) [-0.53; 6.80]
Week 40	52	81.73 (18.45)	86.86 (15.25)	5.04 (1.93) [1.26; 8.83]
Week 44	51	82.03 (18.51)	86.93 (18.05)	4.22 (1.96) [0.36; 8.07]
Week 48	38	82.46 (19.35)	89.47 (14.20)	5.70 (2.19) [1.39; 10.01]
Week 52	28	82.14 (18.10)	89.88 (13.10)	6.22 (2.55) [1.22; 11.22]
Week 56	20	84.17 (13.76)	88.33 (14.41)	5.23 (3.02) [-0.71; 11.17]
Week 60	17	83.33 (14.43)	90.20 (11.87)	8.04 (3.32) [1.51; 14.56]
Week 64	14	80.95 (14.41)	91.67 (12.66)	8.25 (3.68) [1.02; 15.48]
Week 68	13	82.05 (14.37)	92.31 (11.00)	9.77 (3.90) [2.12; 17.42]
Week 72	10	81.67 (14.59)	95.00 (8.05)	14.10 (4.32) [5.61; 22.59]
Week 76	10	81.67 (14.59)	93.33 (11.65)	11.69 (4.46) [2.94; 20.44]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:10.

TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Social Functioning

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	102	69.44 (26.13)	74.51 (21.97)	8.65 (1.72) [5.24; 12.07]
Week 4	89	69.66 (26.78)	70.41 (27.38)	2.18 (2.32) [-2.42; 6.78]
Week 8	77	67.10 (26.90)	72.51 (26.18)	2.99 (2.79) [-2.58; 8.55]
Week 12	69	67.63 (27.40)	75.36 (22.97)	5.84 (2.24) [1.38; 10.31]
Week 16	61	67.76 (25.98)	77.87 (21.88)	8.04 (2.49) [3.07; 13.01]
Week 20	58	65.52 (26.28)	74.43 (20.52)	7.70 (2.19) [3.34; 12.06]
Week 24	63	67.99 (26.32)	76.19 (24.45)	7.91 (2.49) [2.94; 12.87]
Week 28	60	67.22 (26.57)	79.72 (21.72)	11.17 (2.14) [6.90; 15.43]
Week 32	56	67.56 (26.67)	82.14 (19.29)	13.42 (1.89) [9.66; 17.17]
Week 36	58	67.24 (26.67)	79.02 (22.20)	10.43 (2.23) [5.98; 14.87]
Week 40	52	66.99 (27.31)	78.21 (23.92)	10.05 (2.42) [5.24; 14.86]
Week 44	51	67.65 (27.37)	76.47 (25.42)	7.25 (2.76) [1.75; 12.74]
Week 48	38	69.74 (22.88)	79.39 (25.24)	6.39 (3.03) [0.32; 12.46]
Week 52	28	67.26 (22.90)	80.36 (20.31)	11.48 (2.49) [6.47; 16.48]
Week 56	20	70.00 (22.69)	79.17 (26.97)	11.38 (3.13) [5.03; 17.73]
Week 60	17	70.59 (22.46)	78.43 (21.05)	10.35 (2.94) [4.38; 16.33]
Week 64	14	67.86 (23.99)	71.43 (30.96)	5.43 (4.88) [-4.68; 15.55]
Week 68	13	70.51 (22.72)	78.21 (22.96)	8.62 (3.66) [1.10; 16.14]
Week 72	10	70.00 (25.82)	78.33 (19.33)	12.14 (3.70) [4.41; 19.87]
Week 76	10	71.67 (24.91)	78.33 (19.33)	11.62 (3.60) [4.06; 19.18]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Fatigue

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	36.46 (24.52)	34.59 (19.75)	-7.58 (1.20) [-9.95; -5.20]
Week 4	90	36.42 (24.42)	40.00 (22.95)	3.52 (1.70) [0.18; 6.85]
Week 8	78	36.32 (24.00)	36.75 (21.51)	1.03 (1.77) [-2.45; 4.51]
Week 12	69	37.36 (25.49)	34.06 (22.63)	-1.59 (1.88) [-5.29; 2.11]
Week 16	62	36.02 (25.50)	29.93 (19.57)	-5.34 (1.98) [-9.24; -1.45]
Week 20	60	39.26 (25.43)	30.56 (24.35)	-6.64 (2.04) [-10.65; -2.63]
Week 24	64	36.46 (24.92)	28.30 (21.86)	-7.48 (2.02) [-11.46; -3.50]
Week 28	61	36.25 (25.81)	27.60 (20.29)	-8.10 (2.06) [-12.15; -4.04]
Week 32	57	36.06 (25.31)	27.10 (19.92)	-9.92 (2.11) [-14.07; -5.77]
Week 36	59	37.66 (25.77)	29.00 (20.11)	-8.29 (2.11) [-12.44; -4.15]
Week 40	53	37.11 (24.94)	27.04 (20.15)	-9.91 (2.17) [-14.18; -5.63]
Week 44	52	36.54 (26.16)	25.43 (17.37)	-10.38 (2.21) [-14.73; -6.03]
Week 48	38	33.63 (25.90)	26.75 (17.03)	-7.71 (2.49) [-12.59; -2.82]
Week 52	28	36.11 (30.63)	24.01 (18.58)	-10.61 (2.88) [-16.26; -4.95]
Week 56	20	33.33 (26.00)	26.11 (22.30)	-8.08 (3.41) [-14.78; -1.38]
Week 60	17	30.72 (25.92)	25.49 (20.32)	-5.98 (3.82) [-13.49; 1.52]
Week 64	14	33.33 (27.91)	25.40 (21.54)	-5.98 (4.20) [-14.22; 2.26]
Week 68	13	30.77 (27.27)	18.80 (21.46)	-12.07 (4.50) [-20.91; -3.24]
Week 72	10	35.56 (28.59)	17.78 (17.53)	-17.18 (4.92) [-26.84; -7.53]
Week 76	10	28.89 (17.53)	18.89 (17.41)	-13.24 (5.38) [-23.81; -2.67]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Nausea / Vomiting

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	7.61 (12.52)	7.37 (11.89)	-2.75 (0.91) [-4.56; -0.93]
Week 4	90	7.78 (12.29)	9.26 (17.69)	1.18 (1.94) [-2.68; 5.05]
Week 8	78	7.05 (11.87)	6.84 (13.00)	-0.68 (1.51) [-3.69; 2.33]
Week 12	69	7.00 (11.92)	7.00 (14.41)	-0.30 (1.52) [-3.32; 2.73]
Week 16	62	7.26 (13.02)	4.30 (9.51)	-2.97 (1.26) [-5.48; -0.46]
Week 20	60	8.33 (13.55)	5.83 (12.59)	-2.26 (1.59) [-5.43; 0.92]
Week 24	64	7.29 (12.90)	4.95 (9.70)	-2.59 (1.22) [-5.01; -0.17]
Week 28	61	6.83 (12.68)	3.83 (8.82)	-3.62 (1.20) [-6.03; -1.22]
Week 32	57	7.60 (13.01)	4.09 (9.06)	-3.27 (1.25) [-5.78; -0.77]
Week 36	59	7.34 (12.86)	3.67 (10.30)	-3.95 (1.15) [-6.24; -1.66]
Week 40	53	8.18 (13.33)	5.97 (13.90)	-1.99 (1.89) [-5.76; 1.79]
Week 44	52	7.69 (13.39)	5.45 (13.09)	-2.48 (1.71) [-5.91; 0.95]
Week 48	38	8.33 (12.70)	5.26 (11.69)	-3.47 (1.35) [-6.17; -0.76]
Week 52	28	10.12 (13.86)	4.76 (14.95)	-3.61 (2.09) [-7.82; 0.61]
Week 56	20	10.00 (13.68)	6.67 (19.79)	-3.63 (2.76) [-9.25; 1.99]
Week 60	17	12.75 (13.86)	7.84 (17.79)	-2.68 (2.25) [-7.26; 1.90]
Week 64	14	13.10 (13.36)	3.57 (9.65)	-5.59 (2.03) [-9.82; -1.36]
Week 68	13	12.82 (13.87)	3.85 (9.99)	-4.97 (2.19) [-9.53; -0.41]
Week 72	10	15.00 (14.59)	5.00 (11.25)	-3.04 (2.25) [-7.82; 1.75]
Week 76	10	11.67 (13.72)	6.67 (21.08)	-2.28 (3.93) [-10.57; 6.01]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Pain

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	40.29 (29.20)	33.14 (24.07)	-10.15 (1.76) [-13.66; -6.65]
Week 4	90	41.48 (29.59)	36.67 (29.16)	-4.27 (2.38) [-9.00; 0.45]
Week 8	78	41.45 (29.64)	31.62 (24.99)	-7.92 (2.26) [-12.41; -3.43]
Week 12	70	42.62 (30.91)	34.29 (27.64)	-4.62 (2.47) [-9.54; 0.30]
Week 16	62	41.13 (29.53)	30.11 (26.63)	-6.36 (3.01) [-12.35; -0.37]
Week 20	60	42.78 (30.43)	23.06 (25.69)	-16.32 (2.38) [-21.05;-11.59]
Week 24	64	40.63 (29.53)	24.48 (21.82)	-13.88 (2.22) [-18.29; -9.46]
Week 28	61	40.71 (30.05)	26.78 (24.59)	-11.96 (2.48) [-16.90; -7.02]
Week 32	58	39.94 (29.28)	27.87 (24.66)	-10.33 (2.56) [-15.42; -5.23]
Week 36	59	40.68 (30.05)	29.66 (24.97)	-9.41 (2.47) [-14.32; -4.50]
Week 40	53	39.62 (29.64)	28.62 (25.40)	-11.40 (2.72) [-16.82; -5.98]
Week 44	52	40.06 (30.12)	27.56 (26.79)	-10.39 (3.07) [-16.51; -4.27]
Week 48	38	38.60 (29.28)	26.75 (25.57)	-10.46 (2.76) [-16.00; -4.92]
Week 52	28	40.48 (29.89)	26.19 (23.76)	-14.66 (3.77) [-22.30; -7.02]
Week 56	20	37.50 (29.06)	30.83 (28.75)	-13.05 (4.35) [-22.11; -3.99]
Week 60	17	30.39 (28.40)	31.37 (24.21)	-7.18 (4.07) [-15.71; 1.36]
Week 64	14	32.14 (30.29)	36.90 (28.63)	-0.74 (5.17) [-11.89; 10.41]
Week 68	13	29.49 (29.78)	24.36 (19.97)	-13.05 (3.74) [-21.24; -4.86]
Week 72	10	31.67 (28.81)	28.33 (17.66)	-12.19 (4.24) [-22.01; -2.38]
Week 76	10	30.00 (25.82)	23.33 (17.92)	-14.74 (4.92) [-25.85; -3.64]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Dyspnea

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	18.45 (22.74)	19.30 (20.72)	-2.69 (1.26) [-5.17; -0.20]
Week 4	89	18.73 (23.00)	20.97 (24.30)	3.34 (1.90) [-0.38; 7.07]
Week 8	77	15.58 (22.02)	18.18 (22.65)	3.67 (1.98) [-0.22; 7.56]
Week 12	68	14.71 (21.07)	17.16 (19.52)	3.39 (2.11) [-0.76; 7.53]
Week 16	61	15.30 (20.70)	13.66 (20.53)	-1.50 (2.22) [-5.86; 2.86]
Week 20	60	17.22 (21.69)	14.44 (18.78)	-1.66 (2.26) [-6.10; 2.77]
Week 24	64	15.10 (20.51)	12.50 (16.27)	-2.99 (2.24) [-7.39; 1.41]
Week 28	61	14.21 (19.68)	12.02 (16.14)	-3.49 (2.29) [-7.98; 1.01]
Week 32	57	15.79 (20.99)	13.45 (18.75)	-2.77 (2.34) [-7.36; 1.83]
Week 36	59	15.25 (20.83)	11.86 (18.32)	-4.13 (2.33) [-8.70; 0.45]
Week 40	53	15.72 (20.26)	14.47 (21.19)	-1.87 (2.41) [-6.60; 2.86]
Week 44	52	15.38 (21.35)	12.18 (18.70)	-3.64 (2.45) [-8.46; 1.18]
Week 48	38	18.42 (22.86)	12.28 (16.30)	-5.06 (2.78) [-10.52; 0.40]
Week 52	27	14.81 (21.35)	8.64 (14.89)	-7.08 (3.28) [-13.52; -0.65]
Week 56	19	15.79 (20.39)	12.28 (16.52)	-5.84 (3.89) [-13.49; 1.80]
Week 60	17	17.65 (20.81)	13.73 (16.91)	-3.54 (4.22) [-11.83; 4.75]
Week 64	14	19.05 (21.54)	7.14 (14.19)	-7.05 (4.68) [-16.24; 2.14]
Week 68	13	15.38 (17.30)	12.82 (28.99)	-2.67 (4.92) [-12.34; 7.00]
Week 72	10	20.00 (17.21)	10.00 (16.10)	-2.04 (5.55) [-12.95; 8.86]
Week 76	10	20.00 (17.21)	10.00 (16.10)	-6.11 (5.73) [-17.37; 5.14]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Insomnia

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	28.16 (28.68)	22.67 (22.18)	-8.80 (1.57) [-11.90; -5.70]
Week 4	90	27.78 (28.38)	30.74 (30.90)	3.51 (2.39) [-1.19; 8.20]
Week 8	78	27.78 (28.13)	23.50 (26.38)	-4.99 (2.51) [-9.93; -0.06]
Week 12	69	27.05 (28.17)	19.81 (25.77)	-7.56 (2.68) [-12.82; -2.31]
Week 16	62	27.42 (28.00)	19.35 (23.80)	-7.94 (2.82) [-13.47; -2.41]
Week 20	60	29.44 (28.19)	17.78 (23.34)	-8.50 (2.89) [-14.17; -2.83]
Week 24	64	29.17 (28.17)	18.23 (22.95)	-9.16 (2.86) [-14.77; -3.55]
Week 28	61	27.32 (28.22)	19.13 (26.15)	-8.71 (2.91) [-14.42; -2.99]
Week 32	57	26.90 (27.77)	17.54 (25.28)	-9.60 (2.98) [-15.46; -3.74]
Week 36	59	26.55 (27.53)	18.08 (20.83)	-8.93 (2.97) [-14.76; -3.09]
Week 40	53	27.67 (28.30)	19.50 (22.10)	-7.65 (3.07) [-13.69; -1.62]
Week 44	51	27.45 (28.05)	17.65 (26.12)	-8.59 (3.15) [-14.77; -2.41]
Week 48	38	23.68 (27.84)	15.79 (24.18)	-9.10 (3.56) [-16.09; -2.11]
Week 52	28	26.19 (26.23)	15.48 (19.21)	-10.35 (4.13) [-18.45; -2.25]
Week 56	20	25.00 (26.21)	20.00 (19.94)	-7.67 (4.88) [-17.26; 1.92]
Week 60	17	23.53 (25.72)	17.65 (20.81)	-8.03 (5.40) [-18.63; 2.58]
Week 64	14	23.81 (27.51)	16.67 (21.68)	-8.32 (5.97) [-20.05; 3.41]
Week 68	13	25.64 (27.74)	10.26 (16.01)	-15.29 (6.29) [-27.65; -2.94]
Week 72	10	26.67 (26.29)	6.67 (14.05)	-20.96 (6.98) [-34.66; -7.25]
Week 76	10	33.33 (27.22)	20.00 (23.31)	-9.32 (7.31) [-23.66; 5.03]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:10.

TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Appetite loss

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	20.71 (26.86)	16.54 (19.19)	-9.46 (1.21) [-11.86; -7.07]
Week 4	90	20.74 (26.71)	20.74 (25.27)	0.09 (1.92) [-3.68; 3.87]
Week 8	78	19.66 (27.62)	14.96 (21.25)	-3.42 (2.03) [-7.40; 0.57]
Week 12	69	21.26 (27.99)	17.39 (25.31)	-2.20 (2.16) [-6.45; 2.05]
Week 16	62	19.89 (27.30)	10.22 (18.69)	-9.12 (2.28) [-13.59; -4.65]
Week 20	60	22.22 (29.22)	15.00 (20.74)	-5.86 (2.33) [-10.43; -1.28]
Week 24	64	20.31 (28.86)	13.54 (23.55)	-6.71 (2.29) [-11.20; -2.21]
Week 28	61	20.22 (28.73)	10.38 (18.80)	-10.03 (2.34) [-14.61; -5.44]
Week 32	57	20.47 (27.28)	10.53 (19.06)	-9.98 (2.40) [-14.70; -5.27]
Week 36	59	19.77 (27.07)	11.86 (18.32)	-7.87 (2.38) [-12.55; -3.19]
Week 40	53	20.13 (28.00)	13.84 (17.82)	-7.13 (2.47) [-11.99; -2.27]
Week 44	52	21.79 (27.92)	8.33 (14.57)	-11.70 (2.52) [-16.65; -6.74]
Week 48	37	18.02 (24.34)	6.31 (15.39)	-12.34 (2.91) [-18.04; -6.63]
Week 52	28	14.29 (19.09)	10.71 (20.39)	-6.40 (3.47) [-13.21; 0.41]
Week 56	20	15.00 (20.16)	6.67 (17.44)	-10.70 (4.08) [-18.70; -2.70]
Week 60	17	13.73 (20.61)	3.92 (11.07)	-15.15 (4.53) [-24.04; -6.26]
Week 64	14	14.29 (21.54)	4.76 (12.10)	-13.01 (4.97) [-22.76; -3.25]
Week 68	13	12.82 (21.68)	2.56 (9.25)	-16.32 (5.30) [-26.72; -5.91]
Week 72	10	16.67 (23.57)	3.33 (10.54)	-16.17 (5.73) [-27.43; -4.91]
Week 76	10	13.33 (23.31)	3.33 (10.54)	-15.79 (5.97) [-27.52; -4.07]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Constipation

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	103	14.56 (21.73)	9.87 (16.27)	-6.51 (1.04) [-8.56; -4.46]
Week 4	90	14.81 (22.41)	10.00 (20.27)	-4.17 (1.67) [-7.44; -0.89]
Week 8	78	14.10 (21.83)	11.54 (21.37)	-2.85 (1.76) [-6.30; 0.60]
Week 12	69	14.98 (22.53)	10.14 (18.35)	-4.92 (1.87) [-8.60; -1.24]
Week 16	62	13.98 (23.02)	8.60 (18.04)	-5.32 (1.97) [-9.19; -1.45]
Week 20	60	13.89 (23.20)	5.56 (12.53)	-8.28 (2.01) [-12.24; -4.33]
Week 24	64	14.58 (22.91)	7.81 (18.54)	-6.68 (1.99) [-10.58; -2.78]
Week 28	61	15.30 (23.23)	8.20 (16.84)	-6.27 (2.03) [-10.25; -2.29]
Week 32	57	14.62 (20.91)	9.36 (17.54)	-5.73 (2.08) [-9.82; -1.64]
Week 36	59	12.99 (19.59)	8.47 (21.97)	-4.97 (2.07) [-9.04; -0.91]
Week 40	53	13.21 (21.02)	7.55 (16.85)	-7.15 (2.15) [-11.37; -2.93]
Week 44	52	14.10 (20.18)	7.05 (16.62)	-6.68 (2.18) [-10.96; -2.40]
Week 48	38	13.16 (19.82)	7.02 (17.60)	-6.33 (2.49) [-11.22; -1.45]
Week 52	28	16.67 (21.28)	4.76 (11.88)	-9.25 (2.91) [-14.97; -3.53]
Week 56	20	16.67 (22.94)	8.33 (18.34)	-7.52 (3.44) [-14.27; -0.76]
Week 60	17	11.76 (23.40)	9.80 (15.66)	-5.98 (3.78) [-13.39; 1.44]
Week 64	14	14.29 (25.20)	7.14 (14.19)	-5.54 (4.16) [-13.70; 2.62]
Week 68	13	15.38 (25.88)	7.69 (14.62)	-6.46 (4.38) [-15.06; 2.14]
Week 72	10	16.67 (28.33)	6.67 (14.05)	-9.45 (4.90) [-19.08; 0.18]
Week 76	10	13.33 (23.31)	3.33 (10.54)	-10.16 (5.01) [-19.99; -0.33]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.4.1: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-C30 *[cont'd]*

Full analysis set.

Diarrhea

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	102	19.28 (27.92)	16.51 (18.49)	-4.59 (1.44) [-7.43; -1.75]
Week 4	89	20.97 (29.03)	17.98 (23.60)	-1.93 (2.12) [-6.08; 2.23]
Week 8	77	17.32 (25.71)	16.88 (22.70)	-1.95 (2.22) [-6.30; 2.41]
Week 12	69	18.84 (27.70)	20.77 (25.63)	2.31 (2.35) [-2.31; 6.92]
Week 16	60	19.44 (28.98)	15.56 (25.65)	-2.46 (2.50) [-7.37; 2.45]
Week 20	58	20.11 (29.25)	17.82 (25.14)	-1.42 (2.57) [-6.47; 3.62]
Week 24	63	20.63 (28.98)	13.76 (22.11)	-5.37 (2.53) [-10.34; -0.40]
Week 28	60	19.44 (28.98)	15.00 (22.49)	-3.96 (2.57) [-9.02; 1.10]
Week 32	56	19.64 (28.27)	15.48 (22.89)	-3.67 (2.64) [-8.86; 1.52]
Week 36	58	19.54 (27.95)	17.24 (22.72)	-2.22 (2.63) [-7.39; 2.94]
Week 40	52	19.87 (28.21)	19.87 (24.93)	1.35 (2.72) [-4.00; 6.69]
Week 44	51	20.26 (29.12)	18.95 (24.27)	0.28 (2.77) [-5.17; 5.72]
Week 48	38	19.30 (29.64)	14.04 (24.05)	-3.13 (3.10) [-9.22; 2.97]
Week 52	28	11.90 (26.00)	8.33 (17.27)	-4.75 (3.70) [-12.01; 2.51]
Week 56	20	6.67 (17.44)	6.67 (13.68)	-10.10 (4.93) [-19.77; -0.43]
Week 60	17	11.76 (23.40)	9.80 (19.60)	-9.79 (4.93) [-19.48; -0.10]
Week 64	14	11.90 (24.83)	9.52 (15.63)	-7.79 (5.41) [-18.41; 2.83]
Week 68	13	12.82 (25.60)	7.69 (14.62)	-8.56 (5.66) [-19.69; 2.56]
Week 72	10	13.33 (28.11)	6.67 (14.05)	-10.90 (6.24) [-23.16; 1.35]
Week 76	10	13.33 (28.11)	3.33 (10.54)	-13.10 (6.41) [-25.69; -0.52]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	102
Week 4		
Total non-missing	n	89
Worsened	n (%)	28 (31.5%)
Stable	n (%)	42 (47.2%)
Improved	n (%)	19 (21.3%)
Missing	n	13
Week 8		
Total non-missing	n	77
Worsened	n (%)	21 (27.3%)
Stable	n (%)	30 (39.0%)
Improved	n (%)	26 (33.8%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	11 (15.9%)
Stable	n (%)	29 (42.0%)
Improved	n (%)	29 (42.0%)
Missing	n	33
Week 16		
Total non-missing	n	61
Worsened	n (%)	12 (19.7%)
Stable	n (%)	27 (44.3%)
Improved	n (%)	22 (36.1%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	58
Worsened	n (%)	10 (17.2%)
Stable	n (%)	26 (44.8%)
Improved	n (%)	22 (37.9%)
Missing	n	44
Week 24		
Total non-missing	n	63
Worsened	n (%)	8 (12.7%)
Stable	n (%)	28 (44.4%)
Improved	n (%)	27 (42.9%)
Missing	n	39
Week 28		
Total non-missing	n	60
Worsened	n (%)	9 (15.0%)
Stable	n (%)	29 (48.3%)
Improved	n (%)	22 (36.7%)
Missing	n	42
Week 32		
Total non-missing	n	56
Worsened	n (%)	10 (17.9%)
Stable	n (%)	24 (42.9%)
Improved	n (%)	22 (39.3%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	58
Worsened	n (%)	12 (20.7%)
Stable	n (%)	25 (43.1%)
Improved	n (%)	21 (36.2%)
Missing	n	44
Week 40		
Total non-missing	n	52
Worsened	n (%)	9 (17.3%)
Stable	n (%)	26 (50.0%)
Improved	n (%)	17 (32.7%)
Missing	n	50
Week 44		
Total non-missing	n	51
Worsened	n (%)	8 (15.7%)
Stable	n (%)	19 (37.3%)
Improved	n (%)	24 (47.1%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	8 (21.1%)
Stable	n (%)	12 (31.6%)
Improved	n (%)	18 (47.4%)
Missing	n	64

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	3 (10.7%)
Stable	n (%)	15 (53.6%)
Improved	n (%)	10 (35.7%)
Missing	n	74
Week 56		
Total non-missing	n	20
Worsened	n (%)	2 (10.0%)
Stable	n (%)	12 (60.0%)
Improved	n (%)	6 (30.0%)
Missing	n	82
Week 60		
Total non-missing	n	17
Worsened	n (%)	2 (11.8%)
Stable	n (%)	9 (52.9%)
Improved	n (%)	6 (35.3%)
Missing	n	85
Week 64		
Total non-missing	n	14
Worsened	n (%)	0
Stable	n (%)	11 (78.6%)
Improved	n (%)	3 (21.4%)
Missing	n	88

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	8 (61.5%)
Improved	n (%)	4 (30.8%)
Missing	n	89
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	7 (70.0%)
Improved	n (%)	3 (30.0%)
Missing	n	92
Week 76		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	6 (60.0%)
Improved	n (%)	3 (30.0%)
Missing	n	92
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	2 (33.3%)
Improved	n (%)	4 (66.7%)
Missing	n	96
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	2 (33.3%)
Improved	n (%)	4 (66.7%)
Missing	n	96

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	3 (60.0%)
Missing	n	97
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	96
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	100
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	99

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	100
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	99
Week 124		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	101

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Global health status / QoL

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	7 (58.3%)
Stable	n (%)	2 (16.7%)
Improved	n (%)	3 (25.0%)
Missing	n	90

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	24 (26.7%)
Stable	n (%)	52 (57.8%)
Improved	n (%)	14 (15.6%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	13 (16.7%)
Stable	n (%)	46 (59.0%)
Improved	n (%)	19 (24.4%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	8 (11.6%)
Stable	n (%)	47 (68.1%)
Improved	n (%)	14 (20.3%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	13 (21.0%)
Stable	n (%)	30 (48.4%)
Improved	n (%)	19 (30.6%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	3 (5.0%)
Stable	n (%)	39 (65.0%)
Improved	n (%)	18 (30.0%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	6 (9.4%)
Stable	n (%)	39 (60.9%)
Improved	n (%)	19 (29.7%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	5 (8.2%)
Stable	n (%)	41 (67.2%)
Improved	n (%)	15 (24.6%)
Missing	n	42
Week 32		
Total non-missing	n	58
Worsened	n (%)	6 (10.3%)
Stable	n (%)	35 (60.3%)
Improved	n (%)	17 (29.3%)
Missing	n	45

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	10 (16.9%)
Stable	n (%)	28 (47.5%)
Improved	n (%)	21 (35.6%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	7 (13.2%)
Stable	n (%)	29 (54.7%)
Improved	n (%)	17 (32.1%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	8 (15.4%)
Stable	n (%)	29 (55.8%)
Improved	n (%)	15 (28.8%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	3 (7.9%)
Stable	n (%)	24 (63.2%)
Improved	n (%)	11 (28.9%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	2 (7.1%)
Stable	n (%)	15 (53.6%)
Improved	n (%)	11 (39.3%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	4 (20.0%)
Stable	n (%)	11 (55.0%)
Improved	n (%)	5 (25.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	3 (17.6%)
Stable	n (%)	10 (58.8%)
Improved	n (%)	4 (23.5%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	2 (14.3%)
Stable	n (%)	9 (64.3%)
Improved	n (%)	3 (21.4%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	9 (69.2%)
Improved	n (%)	3 (23.1%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	6 (60.0%)
Improved	n (%)	3 (30.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	6 (60.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	4 (66.7%)
Improved	n (%)	1 (16.7%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	5 (100.0%)
Improved	n (%)	0
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	4 (66.7%)
Improved	n (%)	1 (16.7%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	5 (83.3%)
Improved	n (%)	1 (16.7%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Physical Functioning

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	6 (50.0%)
Stable	n (%)	3 (25.0%)
Improved	n (%)	3 (25.0%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	33 (36.7%)
Stable	n (%)	36 (40.0%)
Improved	n (%)	21 (23.3%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	20 (25.6%)
Stable	n (%)	31 (39.7%)
Improved	n (%)	27 (34.6%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	17 (24.6%)
Stable	n (%)	31 (44.9%)
Improved	n (%)	21 (30.4%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	16 (25.8%)
Stable	n (%)	20 (32.3%)
Improved	n (%)	26 (41.9%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	12 (20.0%)
Stable	n (%)	22 (36.7%)
Improved	n (%)	26 (43.3%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	13 (20.3%)
Stable	n (%)	22 (34.4%)
Improved	n (%)	29 (45.3%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	8 (13.1%)
Stable	n (%)	30 (49.2%)
Improved	n (%)	23 (37.7%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	10 (17.5%)
Stable	n (%)	24 (42.1%)
Improved	n (%)	23 (40.4%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	14 (23.7%)
Stable	n (%)	20 (33.9%)
Improved	n (%)	25 (42.4%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	11 (20.8%)
Stable	n (%)	23 (43.4%)
Improved	n (%)	19 (35.8%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	14 (26.9%)
Stable	n (%)	22 (42.3%)
Improved	n (%)	16 (30.8%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	8 (21.1%)
Stable	n (%)	21 (55.3%)
Improved	n (%)	9 (23.7%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	5 (17.9%)
Stable	n (%)	15 (53.6%)
Improved	n (%)	8 (28.6%)
Missing	n	75
Week 56		
Total non-missing	n	19
Worsened	n (%)	4 (21.1%)
Stable	n (%)	10 (52.6%)
Improved	n (%)	5 (26.3%)
Missing	n	84
Week 60		
Total non-missing	n	17
Worsened	n (%)	3 (17.6%)
Stable	n (%)	9 (52.9%)
Improved	n (%)	5 (29.4%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	4 (28.6%)
Stable	n (%)	7 (50.0%)
Improved	n (%)	3 (21.4%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	3 (23.1%)
Stable	n (%)	7 (53.8%)
Improved	n (%)	3 (23.1%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	2 (20.0%)
Stable	n (%)	4 (40.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	2 (20.0%)
Stable	n (%)	5 (50.0%)
Improved	n (%)	3 (30.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	3 (50.0%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	3 (60.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	2 (33.3%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	3 (100.0%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	1 (33.3%)
Stable	n (%)	0
Improved	n (%)	2 (66.7%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Role Functioning

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	7 (58.3%)
Stable	n (%)	3 (25.0%)
Improved	n (%)	2 (16.7%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	102
Week 4		
Total non-missing	n	89
Worsened	n (%)	11 (12.4%)
Stable	n (%)	61 (68.5%)
Improved	n (%)	17 (19.1%)
Missing	n	13
Week 8		
Total non-missing	n	77
Worsened	n (%)	10 (13.0%)
Stable	n (%)	50 (64.9%)
Improved	n (%)	17 (22.1%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	8 (11.6%)
Stable	n (%)	41 (59.4%)
Improved	n (%)	20 (29.0%)
Missing	n	33
Week 16		
Total non-missing	n	61
Worsened	n (%)	5 (8.2%)
Stable	n (%)	42 (68.9%)
Improved	n (%)	14 (23.0%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	58
Worsened	n (%)	4 (6.9%)
Stable	n (%)	37 (63.8%)
Improved	n (%)	17 (29.3%)
Missing	n	44
Week 24		
Total non-missing	n	63
Worsened	n (%)	5 (7.9%)
Stable	n (%)	40 (63.5%)
Improved	n (%)	18 (28.6%)
Missing	n	39
Week 28		
Total non-missing	n	60
Worsened	n (%)	3 (5.0%)
Stable	n (%)	42 (70.0%)
Improved	n (%)	15 (25.0%)
Missing	n	42
Week 32		
Total non-missing	n	56
Worsened	n (%)	5 (8.9%)
Stable	n (%)	37 (66.1%)
Improved	n (%)	14 (25.0%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	57
Worsened	n (%)	3 (5.3%)
Stable	n (%)	35 (61.4%)
Improved	n (%)	19 (33.3%)
Missing	n	45
Week 40		
Total non-missing	n	52
Worsened	n (%)	1 (1.9%)
Stable	n (%)	37 (71.2%)
Improved	n (%)	14 (26.9%)
Missing	n	50
Week 44		
Total non-missing	n	51
Worsened	n (%)	4 (7.8%)
Stable	n (%)	30 (58.8%)
Improved	n (%)	17 (33.3%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	6 (15.8%)
Stable	n (%)	21 (55.3%)
Improved	n (%)	11 (28.9%)
Missing	n	64

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	1 (3.6%)
Stable	n (%)	14 (50.0%)
Improved	n (%)	13 (46.4%)
Missing	n	74
Week 56		
Total non-missing	n	20
Worsened	n (%)	1 (5.0%)
Stable	n (%)	11 (55.0%)
Improved	n (%)	8 (40.0%)
Missing	n	82
Week 60		
Total non-missing	n	17
Worsened	n (%)	0
Stable	n (%)	12 (70.6%)
Improved	n (%)	5 (29.4%)
Missing	n	85
Week 64		
Total non-missing	n	14
Worsened	n (%)	2 (14.3%)
Stable	n (%)	6 (42.9%)
Improved	n (%)	6 (42.9%)
Missing	n	88

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	0
Stable	n (%)	7 (53.8%)
Improved	n (%)	6 (46.2%)
Missing	n	89
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	4 (40.0%)
Improved	n (%)	6 (60.0%)
Missing	n	92
Week 76		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	6 (60.0%)
Improved	n (%)	4 (40.0%)
Missing	n	92
Week 80		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	96
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	2 (40.0%)
Improved	n (%)	3 (60.0%)
Missing	n	97
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	2 (40.0%)
Improved	n (%)	3 (60.0%)
Missing	n	97
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	96

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	4 (66.7%)
Improved	n (%)	2 (33.3%)
Missing	n	96
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	100
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	99

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	1 (50.0%)
Stable	n (%)	1 (50.0%)
Improved	n (%)	0
Missing	n	100
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	3 (100.0%)
Improved	n (%)	0
Missing	n	99
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	100
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	101

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Emotional Functioning

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	8 (66.7%)
Improved	n (%)	1 (8.3%)
Missing	n	90

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	102
Week 4		
Total non-missing	n	89
Worsened	n (%)	22 (24.7%)
Stable	n (%)	41 (46.1%)
Improved	n (%)	26 (29.2%)
Missing	n	13
Week 8		
Total non-missing	n	77
Worsened	n (%)	19 (24.7%)
Stable	n (%)	35 (45.5%)
Improved	n (%)	23 (29.9%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	11 (15.9%)
Stable	n (%)	37 (53.6%)
Improved	n (%)	21 (30.4%)
Missing	n	33
Week 16		
Total non-missing	n	61
Worsened	n (%)	11 (18.0%)
Stable	n (%)	34 (55.7%)
Improved	n (%)	16 (26.2%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	58
Worsened	n (%)	11 (19.0%)
Stable	n (%)	30 (51.7%)
Improved	n (%)	17 (29.3%)
Missing	n	44
Week 24		
Total non-missing	n	63
Worsened	n (%)	14 (22.2%)
Stable	n (%)	28 (44.4%)
Improved	n (%)	21 (33.3%)
Missing	n	39
Week 28		
Total non-missing	n	60
Worsened	n (%)	9 (15.0%)
Stable	n (%)	30 (50.0%)
Improved	n (%)	21 (35.0%)
Missing	n	42
Week 32		
Total non-missing	n	56
Worsened	n (%)	14 (25.0%)
Stable	n (%)	20 (35.7%)
Improved	n (%)	22 (39.3%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	58
Worsened	n (%)	14 (24.1%)
Stable	n (%)	26 (44.8%)
Improved	n (%)	18 (31.0%)
Missing	n	44
Week 40		
Total non-missing	n	52
Worsened	n (%)	8 (15.4%)
Stable	n (%)	27 (51.9%)
Improved	n (%)	17 (32.7%)
Missing	n	50
Week 44		
Total non-missing	n	51
Worsened	n (%)	10 (19.6%)
Stable	n (%)	22 (43.1%)
Improved	n (%)	19 (37.3%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	4 (10.5%)
Stable	n (%)	20 (52.6%)
Improved	n (%)	14 (36.8%)
Missing	n	64

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	2 (7.1%)
Stable	n (%)	17 (60.7%)
Improved	n (%)	9 (32.1%)
Missing	n	74
Week 56		
Total non-missing	n	20
Worsened	n (%)	3 (15.0%)
Stable	n (%)	12 (60.0%)
Improved	n (%)	5 (25.0%)
Missing	n	82
Week 60		
Total non-missing	n	17
Worsened	n (%)	1 (5.9%)
Stable	n (%)	10 (58.8%)
Improved	n (%)	6 (35.3%)
Missing	n	85
Week 64		
Total non-missing	n	14
Worsened	n (%)	0
Stable	n (%)	8 (57.1%)
Improved	n (%)	6 (42.9%)
Missing	n	88

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	0
Stable	n (%)	8 (61.5%)
Improved	n (%)	5 (38.5%)
Missing	n	89
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	5 (50.0%)
Improved	n (%)	5 (50.0%)
Missing	n	92
Week 76		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	6 (60.0%)
Improved	n (%)	4 (40.0%)
Missing	n	92
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	5 (100.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	4 (66.7%)
Missing	n	96
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	2 (40.0%)
Improved	n (%)	3 (60.0%)
Missing	n	97
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	1 (20.0%)
Improved	n (%)	4 (80.0%)
Missing	n	97
Week 96		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	4 (66.7%)
Missing	n	96

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97
Week 104		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	4 (66.7%)
Missing	n	96
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	100
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	3 (100.0%)
Missing	n	99

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	100
Week 120		
Total non-missing	n	3
Worsened	n (%)	1 (33.3%)
Stable	n (%)	1 (33.3%)
Improved	n (%)	1 (33.3%)
Missing	n	99
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	100
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	101

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Cognitive Functioning

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	5 (41.7%)
Stable	n (%)	5 (41.7%)
Improved	n (%)	2 (16.7%)
Missing	n	90

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	102
Week 4		
Total non-missing	n	89
Worsened	n (%)	27 (30.3%)
Stable	n (%)	32 (36.0%)
Improved	n (%)	30 (33.7%)
Missing	n	13
Week 8		
Total non-missing	n	77
Worsened	n (%)	23 (29.9%)
Stable	n (%)	23 (29.9%)
Improved	n (%)	31 (40.3%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	13 (18.8%)
Stable	n (%)	28 (40.6%)
Improved	n (%)	28 (40.6%)
Missing	n	33
Week 16		
Total non-missing	n	61
Worsened	n (%)	12 (19.7%)
Stable	n (%)	21 (34.4%)
Improved	n (%)	28 (45.9%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	58
Worsened	n (%)	13 (22.4%)
Stable	n (%)	19 (32.8%)
Improved	n (%)	26 (44.8%)
Missing	n	44
Week 24		
Total non-missing	n	63
Worsened	n (%)	13 (20.6%)
Stable	n (%)	22 (34.9%)
Improved	n (%)	28 (44.4%)
Missing	n	39
Week 28		
Total non-missing	n	60
Worsened	n (%)	9 (15.0%)
Stable	n (%)	21 (35.0%)
Improved	n (%)	30 (50.0%)
Missing	n	42
Week 32		
Total non-missing	n	56
Worsened	n (%)	8 (14.3%)
Stable	n (%)	15 (26.8%)
Improved	n (%)	33 (58.9%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	58
Worsened	n (%)	11 (19.0%)
Stable	n (%)	14 (24.1%)
Improved	n (%)	33 (56.9%)
Missing	n	44
Week 40		
Total non-missing	n	52
Worsened	n (%)	9 (17.3%)
Stable	n (%)	17 (32.7%)
Improved	n (%)	26 (50.0%)
Missing	n	50
Week 44		
Total non-missing	n	51
Worsened	n (%)	12 (23.5%)
Stable	n (%)	13 (25.5%)
Improved	n (%)	26 (51.0%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	7 (18.4%)
Stable	n (%)	12 (31.6%)
Improved	n (%)	19 (50.0%)
Missing	n	64

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	5 (17.9%)
Stable	n (%)	8 (28.6%)
Improved	n (%)	15 (53.6%)
Missing	n	74
Week 56		
Total non-missing	n	20
Worsened	n (%)	3 (15.0%)
Stable	n (%)	6 (30.0%)
Improved	n (%)	11 (55.0%)
Missing	n	82
Week 60		
Total non-missing	n	17
Worsened	n (%)	4 (23.5%)
Stable	n (%)	4 (23.5%)
Improved	n (%)	9 (52.9%)
Missing	n	85
Week 64		
Total non-missing	n	14
Worsened	n (%)	4 (28.6%)
Stable	n (%)	4 (28.6%)
Improved	n (%)	6 (42.9%)
Missing	n	88

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	3 (23.1%)
Stable	n (%)	3 (23.1%)
Improved	n (%)	7 (53.8%)
Missing	n	89
Week 72		
Total non-missing	n	10
Worsened	n (%)	2 (20.0%)
Stable	n (%)	4 (40.0%)
Improved	n (%)	4 (40.0%)
Missing	n	92
Week 76		
Total non-missing	n	10
Worsened	n (%)	2 (20.0%)
Stable	n (%)	4 (40.0%)
Improved	n (%)	4 (40.0%)
Missing	n	92
Week 80		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	0
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	3 (50.0%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	2 (33.3%)
Missing	n	96
Week 88		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97
Week 92		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	1 (20.0%)
Missing	n	97
Week 96		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	2 (33.3%)
Missing	n	96

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	2 (40.0%)
Missing	n	97
Week 104		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	3 (50.0%)
Improved	n (%)	1 (16.7%)
Missing	n	96
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	100
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	99

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	100
Week 120		
Total non-missing	n	3
Worsened	n (%)	1 (33.3%)
Stable	n (%)	0
Improved	n (%)	2 (66.7%)
Missing	n	99
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	100
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	101

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Social Functioning

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	6 (50.0%)
Stable	n (%)	4 (33.3%)
Improved	n (%)	2 (16.7%)
Missing	n	90

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	40 (44.4%)
Stable	n (%)	25 (27.8%)
Improved	n (%)	25 (27.8%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	30 (38.5%)
Stable	n (%)	23 (29.5%)
Improved	n (%)	25 (32.1%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	21 (30.4%)
Stable	n (%)	19 (27.5%)
Improved	n (%)	29 (42.0%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	16 (25.8%)
Stable	n (%)	18 (29.0%)
Improved	n (%)	28 (45.2%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	17 (28.3%)
Stable	n (%)	16 (26.7%)
Improved	n (%)	27 (45.0%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	15 (23.4%)
Stable	n (%)	22 (34.4%)
Improved	n (%)	27 (42.2%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	15 (24.6%)
Stable	n (%)	20 (32.8%)
Improved	n (%)	26 (42.6%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	12 (21.1%)
Stable	n (%)	19 (33.3%)
Improved	n (%)	26 (45.6%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	10 (16.9%)
Stable	n (%)	24 (40.7%)
Improved	n (%)	25 (42.4%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	11 (20.8%)
Stable	n (%)	14 (26.4%)
Improved	n (%)	28 (52.8%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	11 (21.2%)
Stable	n (%)	13 (25.0%)
Improved	n (%)	28 (53.8%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	8 (21.1%)
Stable	n (%)	15 (39.5%)
Improved	n (%)	15 (39.5%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	5 (17.9%)
Stable	n (%)	8 (28.6%)
Improved	n (%)	15 (53.6%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	5 (25.0%)
Stable	n (%)	5 (25.0%)
Improved	n (%)	10 (50.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	3 (17.6%)
Stable	n (%)	7 (41.2%)
Improved	n (%)	7 (41.2%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	2 (14.3%)
Stable	n (%)	5 (35.7%)
Improved	n (%)	7 (50.0%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	5 (38.5%)
Improved	n (%)	7 (53.8%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	3 (30.0%)
Improved	n (%)	7 (70.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	4 (40.0%)
Improved	n (%)	5 (50.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	2 (40.0%)
Improved	n (%)	3 (60.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	2 (33.3%)
Improved	n (%)	4 (66.7%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	1 (20.0%)
Improved	n (%)	3 (60.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	2 (40.0%)
Improved	n (%)	3 (60.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	4 (66.7%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	3 (100.0%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	3 (100.0%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Fatigue

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	7 (58.3%)
Stable	n (%)	1 (8.3%)
Improved	n (%)	4 (33.3%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	13 (14.4%)
Stable	n (%)	63 (70.0%)
Improved	n (%)	14 (15.6%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	13 (16.7%)
Stable	n (%)	52 (66.7%)
Improved	n (%)	13 (16.7%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	11 (15.9%)
Stable	n (%)	47 (68.1%)
Improved	n (%)	11 (15.9%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	8 (12.9%)
Stable	n (%)	42 (67.7%)
Improved	n (%)	12 (19.4%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	8 (13.3%)
Stable	n (%)	41 (68.3%)
Improved	n (%)	11 (18.3%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	12 (18.8%)
Stable	n (%)	38 (59.4%)
Improved	n (%)	14 (21.9%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	6 (9.8%)
Stable	n (%)	43 (70.5%)
Improved	n (%)	12 (19.7%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	5 (8.8%)
Stable	n (%)	39 (68.4%)
Improved	n (%)	13 (22.8%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	2 (3.4%)
Stable	n (%)	46 (78.0%)
Improved	n (%)	11 (18.6%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	7 (13.2%)
Stable	n (%)	33 (62.3%)
Improved	n (%)	13 (24.5%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	6 (11.5%)
Stable	n (%)	36 (69.2%)
Improved	n (%)	10 (19.2%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	5 (13.2%)
Stable	n (%)	25 (65.8%)
Improved	n (%)	8 (21.1%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	2 (7.1%)
Stable	n (%)	17 (60.7%)
Improved	n (%)	9 (32.1%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	2 (10.0%)
Stable	n (%)	12 (60.0%)
Improved	n (%)	6 (30.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	1 (5.9%)
Stable	n (%)	11 (64.7%)
Improved	n (%)	5 (29.4%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	0
Stable	n (%)	8 (57.1%)
Improved	n (%)	6 (42.9%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	6 (46.2%)
Improved	n (%)	6 (46.2%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	6 (60.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	5 (50.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	4 (66.7%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

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Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Nausea / Vomiting

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	7 (58.3%)
Improved	n (%)	2 (16.7%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	19 (21.1%)
Stable	n (%)	37 (41.1%)
Improved	n (%)	34 (37.8%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	18 (23.1%)
Stable	n (%)	23 (29.5%)
Improved	n (%)	37 (47.4%)
Missing	n	25
Week 12		
Total non-missing	n	70
Worsened	n (%)	15 (21.4%)
Stable	n (%)	26 (37.1%)
Improved	n (%)	29 (41.4%)
Missing	n	33
Week 16		
Total non-missing	n	62
Worsened	n (%)	11 (17.7%)
Stable	n (%)	22 (35.5%)
Improved	n (%)	29 (46.8%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	3 (5.0%)
Stable	n (%)	23 (38.3%)
Improved	n (%)	34 (56.7%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	9 (14.1%)
Stable	n (%)	18 (28.1%)
Improved	n (%)	37 (57.8%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	11 (18.0%)
Stable	n (%)	21 (34.4%)
Improved	n (%)	29 (47.5%)
Missing	n	42
Week 32		
Total non-missing	n	58
Worsened	n (%)	11 (19.0%)
Stable	n (%)	22 (37.9%)
Improved	n (%)	25 (43.1%)
Missing	n	45

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	13 (22.0%)
Stable	n (%)	14 (23.7%)
Improved	n (%)	32 (54.2%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	14 (26.4%)
Stable	n (%)	13 (24.5%)
Improved	n (%)	26 (49.1%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	8 (15.4%)
Stable	n (%)	17 (32.7%)
Improved	n (%)	27 (51.9%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	5 (13.2%)
Stable	n (%)	15 (39.5%)
Improved	n (%)	18 (47.4%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	3 (10.7%)
Stable	n (%)	8 (28.6%)
Improved	n (%)	17 (60.7%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	3 (15.0%)
Stable	n (%)	10 (50.0%)
Improved	n (%)	7 (35.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	4 (23.5%)
Stable	n (%)	9 (52.9%)
Improved	n (%)	4 (23.5%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	7 (50.0%)
Stable	n (%)	4 (28.6%)
Improved	n (%)	3 (21.4%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	3 (23.1%)
Stable	n (%)	5 (38.5%)
Improved	n (%)	5 (38.5%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	3 (30.0%)
Stable	n (%)	2 (20.0%)
Improved	n (%)	5 (50.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	2 (20.0%)
Stable	n (%)	4 (40.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	0
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	2 (40.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	2 (33.3%)
Improved	n (%)	2 (33.3%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	2 (33.3%)
Stable	n (%)	1 (16.7%)
Improved	n (%)	3 (50.0%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	1 (50.0%)
Stable	n (%)	0
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Pain

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	3 (25.0%)
Improved	n (%)	6 (50.0%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	89
Worsened	n (%)	21 (23.6%)
Stable	n (%)	54 (60.7%)
Improved	n (%)	14 (15.7%)
Missing	n	14
Week 8		
Total non-missing	n	77
Worsened	n (%)	17 (22.1%)
Stable	n (%)	49 (63.6%)
Improved	n (%)	11 (14.3%)
Missing	n	26
Week 12		
Total non-missing	n	68
Worsened	n (%)	14 (20.6%)
Stable	n (%)	45 (66.2%)
Improved	n (%)	9 (13.2%)
Missing	n	35
Week 16		
Total non-missing	n	61
Worsened	n (%)	8 (13.1%)
Stable	n (%)	43 (70.5%)
Improved	n (%)	10 (16.4%)
Missing	n	42

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	7 (11.7%)
Stable	n (%)	41 (68.3%)
Improved	n (%)	12 (20.0%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	6 (9.4%)
Stable	n (%)	49 (76.6%)
Improved	n (%)	9 (14.1%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	6 (9.8%)
Stable	n (%)	46 (75.4%)
Improved	n (%)	9 (14.8%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	6 (10.5%)
Stable	n (%)	42 (73.7%)
Improved	n (%)	9 (15.8%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	8 (13.6%)
Stable	n (%)	38 (64.4%)
Improved	n (%)	13 (22.0%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	7 (13.2%)
Stable	n (%)	37 (69.8%)
Improved	n (%)	9 (17.0%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	6 (11.5%)
Stable	n (%)	36 (69.2%)
Improved	n (%)	10 (19.2%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	3 (7.9%)
Stable	n (%)	27 (71.1%)
Improved	n (%)	8 (21.1%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	27
Worsened	n (%)	1 (3.7%)
Stable	n (%)	21 (77.8%)
Improved	n (%)	5 (18.5%)
Missing	n	76
Week 56		
Total non-missing	n	19
Worsened	n (%)	3 (15.8%)
Stable	n (%)	11 (57.9%)
Improved	n (%)	5 (26.3%)
Missing	n	84
Week 60		
Total non-missing	n	17
Worsened	n (%)	3 (17.6%)
Stable	n (%)	9 (52.9%)
Improved	n (%)	5 (29.4%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	1 (7.1%)
Stable	n (%)	8 (57.1%)
Improved	n (%)	5 (35.7%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	8 (61.5%)
Improved	n (%)	4 (30.8%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	5 (50.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	5 (50.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	4 (66.7%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	4 (66.7%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	2 (100.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	1 (33.3%)
Stable	n (%)	1 (33.3%)
Improved	n (%)	1 (33.3%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	1 (33.3%)
Improved	n (%)	2 (66.7%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	0
Improved	n (%)	1 (100.0%)
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Dyspnea

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	1 (8.3%)
Stable	n (%)	10 (83.3%)
Improved	n (%)	1 (8.3%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	24 (26.7%)
Stable	n (%)	47 (52.2%)
Improved	n (%)	19 (21.1%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	14 (17.9%)
Stable	n (%)	42 (53.8%)
Improved	n (%)	22 (28.2%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	11 (15.9%)
Stable	n (%)	38 (55.1%)
Improved	n (%)	20 (29.0%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	9 (14.5%)
Stable	n (%)	35 (56.5%)
Improved	n (%)	18 (29.0%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	10 (16.7%)
Stable	n (%)	27 (45.0%)
Improved	n (%)	23 (38.3%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	9 (14.1%)
Stable	n (%)	33 (51.6%)
Improved	n (%)	22 (34.4%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	10 (16.4%)
Stable	n (%)	31 (50.8%)
Improved	n (%)	20 (32.8%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	9 (15.8%)
Stable	n (%)	29 (50.9%)
Improved	n (%)	19 (33.3%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	7 (11.9%)
Stable	n (%)	34 (57.6%)
Improved	n (%)	18 (30.5%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	8 (15.1%)
Stable	n (%)	30 (56.6%)
Improved	n (%)	15 (28.3%)
Missing	n	50
Week 44		
Total non-missing	n	51
Worsened	n (%)	8 (15.7%)
Stable	n (%)	24 (47.1%)
Improved	n (%)	19 (37.3%)
Missing	n	52
Week 48		
Total non-missing	n	38
Worsened	n (%)	8 (21.1%)
Stable	n (%)	17 (44.7%)
Improved	n (%)	13 (34.2%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	3 (10.7%)
Stable	n (%)	15 (53.6%)
Improved	n (%)	10 (35.7%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	5 (25.0%)
Stable	n (%)	8 (40.0%)
Improved	n (%)	7 (35.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	2 (11.8%)
Stable	n (%)	11 (64.7%)
Improved	n (%)	4 (23.5%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	2 (14.3%)
Stable	n (%)	8 (57.1%)
Improved	n (%)	4 (28.6%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	7 (53.8%)
Improved	n (%)	5 (38.5%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	5 (50.0%)
Improved	n (%)	5 (50.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	5 (50.0%)
Improved	n (%)	4 (40.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	2 (40.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	3 (50.0%)
Improved	n (%)	3 (50.0%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	1 (50.0%)
Stable	n (%)	0
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Insomnia

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	4 (33.3%)
Stable	n (%)	4 (33.3%)
Improved	n (%)	4 (33.3%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	16 (17.8%)
Stable	n (%)	60 (66.7%)
Improved	n (%)	14 (15.6%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	14 (17.9%)
Stable	n (%)	44 (56.4%)
Improved	n (%)	20 (25.6%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	9 (13.0%)
Stable	n (%)	45 (65.2%)
Improved	n (%)	15 (21.7%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	5 (8.1%)
Stable	n (%)	40 (64.5%)
Improved	n (%)	17 (27.4%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	9 (15.0%)
Stable	n (%)	33 (55.0%)
Improved	n (%)	18 (30.0%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	5 (7.8%)
Stable	n (%)	46 (71.9%)
Improved	n (%)	13 (20.3%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	5 (8.2%)
Stable	n (%)	41 (67.2%)
Improved	n (%)	15 (24.6%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	5 (8.8%)
Stable	n (%)	34 (59.6%)
Improved	n (%)	18 (31.6%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	7 (11.9%)
Stable	n (%)	35 (59.3%)
Improved	n (%)	17 (28.8%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	5 (9.4%)
Stable	n (%)	36 (67.9%)
Improved	n (%)	12 (22.6%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	3 (5.8%)
Stable	n (%)	31 (59.6%)
Improved	n (%)	18 (34.6%)
Missing	n	51
Week 48		
Total non-missing	n	37
Worsened	n (%)	2 (5.4%)
Stable	n (%)	23 (62.2%)
Improved	n (%)	12 (32.4%)
Missing	n	66

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	4 (14.3%)
Stable	n (%)	18 (64.3%)
Improved	n (%)	6 (21.4%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	1 (5.0%)
Stable	n (%)	14 (70.0%)
Improved	n (%)	5 (25.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	0
Stable	n (%)	13 (76.5%)
Improved	n (%)	4 (23.5%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	0
Stable	n (%)	11 (78.6%)
Improved	n (%)	3 (21.4%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	0
Stable	n (%)	10 (76.9%)
Improved	n (%)	3 (23.1%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	7 (70.0%)
Improved	n (%)	3 (30.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	8 (80.0%)
Improved	n (%)	2 (20.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	5 (100.0%)
Improved	n (%)	0
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	5 (83.3%)
Improved	n (%)	1 (16.7%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	5 (100.0%)
Improved	n (%)	0
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	4 (66.7%)
Improved	n (%)	1 (16.7%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	5 (83.3%)
Improved	n (%)	1 (16.7%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	1 (50.0%)
Stable	n (%)	1 (50.0%)
Improved	n (%)	0
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Appetite loss

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	5 (41.7%)
Improved	n (%)	4 (33.3%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	103
Week 4		
Total non-missing	n	90
Worsened	n (%)	9 (10.0%)
Stable	n (%)	60 (66.7%)
Improved	n (%)	21 (23.3%)
Missing	n	13
Week 8		
Total non-missing	n	78
Worsened	n (%)	9 (11.5%)
Stable	n (%)	54 (69.2%)
Improved	n (%)	15 (19.2%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	4 (5.8%)
Stable	n (%)	53 (76.8%)
Improved	n (%)	12 (17.4%)
Missing	n	34
Week 16		
Total non-missing	n	62
Worsened	n (%)	2 (3.2%)
Stable	n (%)	51 (82.3%)
Improved	n (%)	9 (14.5%)
Missing	n	41

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	60
Worsened	n (%)	1 (1.7%)
Stable	n (%)	47 (78.3%)
Improved	n (%)	12 (20.0%)
Missing	n	43
Week 24		
Total non-missing	n	64
Worsened	n (%)	6 (9.4%)
Stable	n (%)	42 (65.6%)
Improved	n (%)	16 (25.0%)
Missing	n	39
Week 28		
Total non-missing	n	61
Worsened	n (%)	5 (8.2%)
Stable	n (%)	41 (67.2%)
Improved	n (%)	15 (24.6%)
Missing	n	42
Week 32		
Total non-missing	n	57
Worsened	n (%)	4 (7.0%)
Stable	n (%)	41 (71.9%)
Improved	n (%)	12 (21.1%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	59
Worsened	n (%)	5 (8.5%)
Stable	n (%)	40 (67.8%)
Improved	n (%)	14 (23.7%)
Missing	n	44
Week 40		
Total non-missing	n	53
Worsened	n (%)	3 (5.7%)
Stable	n (%)	40 (75.5%)
Improved	n (%)	10 (18.9%)
Missing	n	50
Week 44		
Total non-missing	n	52
Worsened	n (%)	4 (7.7%)
Stable	n (%)	33 (63.5%)
Improved	n (%)	15 (28.8%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	2 (5.3%)
Stable	n (%)	27 (71.1%)
Improved	n (%)	9 (23.7%)
Missing	n	65

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	0
Stable	n (%)	18 (64.3%)
Improved	n (%)	10 (35.7%)
Missing	n	75
Week 56		
Total non-missing	n	20
Worsened	n (%)	1 (5.0%)
Stable	n (%)	13 (65.0%)
Improved	n (%)	6 (30.0%)
Missing	n	83
Week 60		
Total non-missing	n	17
Worsened	n (%)	2 (11.8%)
Stable	n (%)	12 (70.6%)
Improved	n (%)	3 (17.6%)
Missing	n	86
Week 64		
Total non-missing	n	14
Worsened	n (%)	1 (7.1%)
Stable	n (%)	9 (64.3%)
Improved	n (%)	4 (28.6%)
Missing	n	89

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	0
Stable	n (%)	10 (76.9%)
Improved	n (%)	3 (23.1%)
Missing	n	90
Week 72		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	7 (70.0%)
Improved	n (%)	3 (30.0%)
Missing	n	93
Week 76		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	7 (70.0%)
Improved	n (%)	3 (30.0%)
Missing	n	93
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	4 (66.7%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 92		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	3 (60.0%)
Improved	n (%)	2 (40.0%)
Missing	n	98
Week 96		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	5 (83.3%)
Improved	n (%)	1 (16.7%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	1 (20.0%)
Missing	n	98
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	4 (66.7%)
Improved	n (%)	2 (33.3%)
Missing	n	97
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	101
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	2 (66.7%)
Improved	n (%)	1 (33.3%)
Missing	n	100
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	1 (50.0%)
Improved	n (%)	1 (50.0%)
Missing	n	101
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	102

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Constipation

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	2 (16.7%)
Stable	n (%)	9 (75.0%)
Improved	n (%)	1 (8.3%)
Missing	n	91

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Patients with a baseline and at least one post-baseline assessment	n	102
Week 4		
Total non-missing	n	89
Worsened	n (%)	11 (12.4%)
Stable	n (%)	62 (69.7%)
Improved	n (%)	16 (18.0%)
Missing	n	13
Week 8		
Total non-missing	n	77
Worsened	n (%)	14 (18.2%)
Stable	n (%)	49 (63.6%)
Improved	n (%)	14 (18.2%)
Missing	n	25
Week 12		
Total non-missing	n	69
Worsened	n (%)	18 (26.1%)
Stable	n (%)	39 (56.5%)
Improved	n (%)	12 (17.4%)
Missing	n	33
Week 16		
Total non-missing	n	60
Worsened	n (%)	7 (11.7%)
Stable	n (%)	42 (70.0%)
Improved	n (%)	11 (18.3%)
Missing	n	42

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 20		
Total non-missing	n	58
Worsened	n (%)	8 (13.8%)
Stable	n (%)	40 (69.0%)
Improved	n (%)	10 (17.2%)
Missing	n	44
Week 24		
Total non-missing	n	63
Worsened	n (%)	8 (12.7%)
Stable	n (%)	40 (63.5%)
Improved	n (%)	15 (23.8%)
Missing	n	39
Week 28		
Total non-missing	n	60
Worsened	n (%)	10 (16.7%)
Stable	n (%)	37 (61.7%)
Improved	n (%)	13 (21.7%)
Missing	n	42
Week 32		
Total non-missing	n	56
Worsened	n (%)	6 (10.7%)
Stable	n (%)	39 (69.6%)
Improved	n (%)	11 (19.6%)
Missing	n	46

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 36		
Total non-missing	n	58
Worsened	n (%)	11 (19.0%)
Stable	n (%)	34 (58.6%)
Improved	n (%)	13 (22.4%)
Missing	n	44
Week 40		
Total non-missing	n	52
Worsened	n (%)	11 (21.2%)
Stable	n (%)	32 (61.5%)
Improved	n (%)	9 (17.3%)
Missing	n	50
Week 44		
Total non-missing	n	51
Worsened	n (%)	11 (21.6%)
Stable	n (%)	31 (60.8%)
Improved	n (%)	9 (17.6%)
Missing	n	51
Week 48		
Total non-missing	n	38
Worsened	n (%)	5 (13.2%)
Stable	n (%)	26 (68.4%)
Improved	n (%)	7 (18.4%)
Missing	n	64

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 52		
Total non-missing	n	28
Worsened	n (%)	3 (10.7%)
Stable	n (%)	21 (75.0%)
Improved	n (%)	4 (14.3%)
Missing	n	74
Week 56		
Total non-missing	n	20
Worsened	n (%)	2 (10.0%)
Stable	n (%)	16 (80.0%)
Improved	n (%)	2 (10.0%)
Missing	n	82
Week 60		
Total non-missing	n	17
Worsened	n (%)	3 (17.6%)
Stable	n (%)	10 (58.8%)
Improved	n (%)	4 (23.5%)
Missing	n	85
Week 64		
Total non-missing	n	14
Worsened	n (%)	1 (7.1%)
Stable	n (%)	11 (78.6%)
Improved	n (%)	2 (14.3%)
Missing	n	88

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 68		
Total non-missing	n	13
Worsened	n (%)	1 (7.7%)
Stable	n (%)	9 (69.2%)
Improved	n (%)	3 (23.1%)
Missing	n	89
Week 72		
Total non-missing	n	10
Worsened	n (%)	1 (10.0%)
Stable	n (%)	7 (70.0%)
Improved	n (%)	2 (20.0%)
Missing	n	92
Week 76		
Total non-missing	n	10
Worsened	n (%)	0
Stable	n (%)	8 (80.0%)
Improved	n (%)	2 (20.0%)
Missing	n	92
Week 80		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	97

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 84		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	5 (83.3%)
Improved	n (%)	1 (16.7%)
Missing	n	96
Week 88		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	97
Week 92		
Total non-missing	n	5
Worsened	n (%)	1 (20.0%)
Stable	n (%)	3 (60.0%)
Improved	n (%)	1 (20.0%)
Missing	n	97
Week 96		
Total non-missing	n	6
Worsened	n (%)	1 (16.7%)
Stable	n (%)	4 (66.7%)
Improved	n (%)	1 (16.7%)
Missing	n	96

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 100		
Total non-missing	n	5
Worsened	n (%)	0
Stable	n (%)	4 (80.0%)
Improved	n (%)	1 (20.0%)
Missing	n	97
Week 104		
Total non-missing	n	6
Worsened	n (%)	0
Stable	n (%)	5 (83.3%)
Improved	n (%)	1 (16.7%)
Missing	n	96
Week 108		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	100
Week 112		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	3 (100.0%)
Improved	n (%)	0
Missing	n	99

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

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TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
Week 116		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	100
Week 120		
Total non-missing	n	3
Worsened	n (%)	0
Stable	n (%)	3 (100.0%)
Improved	n (%)	0
Missing	n	99
Week 124		
Total non-missing	n	2
Worsened	n (%)	0
Stable	n (%)	2 (100.0%)
Improved	n (%)	0
Missing	n	100
Week 128		
Total non-missing	n	1
Worsened	n (%)	0
Stable	n (%)	1 (100.0%)
Improved	n (%)	0
Missing	n	101

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

TABLE 3.6.1.1: Response status for EORTC QLQ-C30 scores *[cont'd]*

Full analysis set.

Diarrhea

Timepoint/Category	Statistic	FAS (N=117)
End Of Treatment Phase / Early Termination		
Total non-missing	n	12
Worsened	n (%)	3 (25.0%)
Stable	n (%)	6 (50.0%)
Improved	n (%)	3 (25.0%)
Missing	n	90

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

For the symptom scales, a positive change from baseline value indicates worsening of symptoms. For functional scales and Global health status/QoL score a negative change from baseline value indicates deterioration in functioning/HRQoL. For functional scales the following was used: deterioration is defined as a decrease of 10 or more points with respect to Baseline; improvement is defined as an increase of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

For symptom scales the following was used: deterioration is defined as an increase of 10 or more points with respect to Baseline; improvement is defined as a decrease of 10 or more points with respect to Baseline; any change from Baseline between (-10, 10) points is considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment. Percentages are calculated using the number of patients in FAS expected to complete the patient-reported outcome assessment at the specific visit (i.e. Total non-missing).

EORTC QLQ-C30: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; FAS: Full analysis set.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:04:50.

6 Myelomspezifische Symptomatik und Lebensqualität gemäß EORTC QLQ- MY20 – weitere Untersuchungen

6.1 Auswertungen zum primären Datenschnitt vom 08.09.2023

TABLE 2.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20

Full analysis set.

Disease Symptoms

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	29.91 (21.93)	26.00 (21.40)	-5.77 (1.46) [-8.67; -2.87]
Week 4	77	30.63 (22.28)	26.46 (23.41)	-3.83 (1.65) [-7.12; -0.54]
Week 8	72	29.68 (22.51)	24.68 (22.99)	-2.65 (2.05) [-6.74; 1.44]
Week 12	63	29.24 (21.67)	24.04 (22.01)	-1.36 (2.12) [-5.59; 2.87]
Week 16	54	27.37 (20.84)	21.32 (17.81)	-3.18 (2.06) [-7.31; 0.94]
Week 20	52	29.06 (20.95)	19.55 (20.24)	-6.92 (2.04) [-10.98; -2.85]
Week 24	55	28.08 (20.33)	17.90 (15.69)	-8.26 (1.69) [-11.64; -4.88]
Week 28	54	27.67 (20.52)	20.37 (19.60)	-5.37 (2.09) [-9.54; -1.20]
Week 32	51	28.87 (20.34)	17.91 (17.97)	-7.86 (1.96) [-11.77; -3.96]
Week 36	53	29.56 (20.49)	21.80 (19.24)	-5.42 (2.13) [-9.66; -1.17]
Week 40	47	26.95 (18.86)	20.57 (18.68)	-6.09 (2.13) [-10.34; -1.84]
Week 44	44	26.64 (18.97)	19.82 (20.11)	-5.93 (2.77) [-11.48; -0.38]
Week 48	31	25.45 (17.32)	15.77 (15.46)	-9.49 (2.25) [-14.01; -4.98]
Week 52	21	28.84 (21.35)	19.31 (21.70)	-8.02 (3.34) [-14.80; -1.24]
Week 56	15	25.19 (19.11)	21.70 (20.20)	-6.30 (2.53) [-11.46; -1.14]
Week 60	12	20.83 (17.75)	17.59 (15.50)	-5.89 (2.23) [-10.57; -1.20]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:32:04.

TABLE 2.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20 *[cont'd]*

Full analysis set.

Side Effects of Treatment

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	90	17.40 (13.90)	16.20 (11.83)	-3.20 (0.92) [-5.04; -1.37]
Week 4	78	17.72 (14.30)	18.43 (13.70)	0.61 (1.34) [-2.05; 3.27]
Week 8	72	17.01 (13.99)	15.68 (12.37)	-1.54 (1.24) [-4.00; 0.93]
Week 12	63	17.63 (14.80)	15.07 (12.80)	-1.49 (1.28) [-4.04; 1.07]
Week 16	54	17.50 (15.35)	14.06 (10.34)	-2.67 (1.08) [-4.83; -0.51]
Week 20	52	17.98 (14.41)	13.46 (13.63)	-3.66 (1.43) [-6.52; -0.81]
Week 24	54	17.97 (15.59)	12.83 (13.50)	-4.01 (1.52) [-7.04; -0.98]
Week 28	54	18.04 (15.48)	14.01 (14.00)	-2.72 (1.51) [-5.73; 0.29]
Week 32	51	18.59 (15.60)	13.30 (11.90)	-3.83 (1.26) [-6.34; -1.33]
Week 36	53	18.59 (15.36)	13.40 (10.33)	-4.21 (1.06) [-6.31; -2.10]
Week 40	47	18.99 (15.89)	15.37 (12.59)	-2.19 (1.44) [-5.06; 0.69]
Week 44	44	19.20 (16.12)	13.76 (10.55)	-2.83 (1.54) [-5.91; 0.26]
Week 48	31	16.85 (14.51)	10.26 (8.08)	-5.79 (1.26) [-8.33; -3.25]
Week 52	21	14.92 (13.80)	10.95 (9.62)	-5.13 (1.53) [-8.23; -2.02]
Week 56	15	13.16 (8.68)	10.94 (9.32)	-4.53 (1.55) [-7.68; -1.38]
Week 60	12	12.13 (8.17)	10.62 (9.96)	-4.06 (2.02) [-8.18; 0.06]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:32:04.

TABLE 2.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20 *[cont'd]*

Full analysis set.

Body Image

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	89	75.66 (28.32)	79.76 (22.88)	6.95 (1.11) [4.75; 9.14]
Week 4	77	75.32 (29.32)	77.06 (27.18)	1.73 (1.99) [-2.19; 5.65]
Week 8	71	74.18 (28.28)	77.93 (24.52)	3.08 (2.06) [-0.97; 7.13]
Week 12	61	74.32 (29.44)	79.78 (26.72)	4.72 (2.22) [0.36; 9.08]
Week 16	53	76.10 (28.02)	84.91 (21.25)	9.46 (2.37) [4.81; 14.12]
Week 20	51	72.55 (28.83)	81.05 (24.27)	7.31 (2.44) [2.53; 12.09]
Week 24	54	75.93 (27.79)	79.63 (28.53)	4.04 (2.39) [-0.66; 8.74]
Week 28	53	74.84 (28.42)	82.39 (21.29)	7.19 (2.42) [2.44; 11.93]
Week 32	50	76.00 (27.80)	87.33 (20.08)	11.12 (2.47) [6.26; 15.98]
Week 36	51	75.16 (28.16)	84.97 (21.41)	9.08 (2.46) [4.24; 13.92]
Week 40	46	76.09 (28.69)	85.51 (20.67)	10.21 (2.56) [5.18; 15.23]
Week 44	43	75.19 (28.26)	79.84 (26.37)	4.12 (2.65) [-1.10; 9.33]
Week 48	31	78.49 (25.16)	82.80 (20.85)	6.23 (3.08) [0.17; 12.28]
Week 52	21	79.37 (24.67)	85.71 (19.92)	8.56 (3.77) [1.15; 15.96]
Week 56	14	83.33 (21.68)	88.10 (16.57)	8.80 (4.83) [-0.68; 18.28]
Week 60	12	80.56 (22.29)	86.11 (17.16)	8.59 (5.17) [-1.57; 18.75]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:32:04.

TABLE 2.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20 *[cont'd]*

Full analysis set.

Future Perspective

	FAS (N=105)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	89	61.05 (24.34)	69.76 (20.47)	11.81 (1.09) [9.65; 13.98]
Week 4	77	60.61 (25.21)	63.78 (24.94)	3.41 (1.73) [0.01; 6.82]
Week 8	71	59.31 (25.33)	66.59 (23.54)	6.61 (1.78) [3.12; 10.11]
Week 12	61	59.74 (25.75)	69.95 (21.79)	9.11 (1.90) [5.37; 12.85]
Week 16	53	61.01 (25.47)	72.22 (20.32)	11.31 (2.03) [7.32; 15.30]
Week 20	51	59.48 (25.90)	73.97 (21.10)	14.39 (2.09) [10.29; 18.50]
Week 24	54	60.29 (25.04)	74.07 (19.06)	13.53 (2.08) [9.44; 17.62]
Week 28	53	58.70 (24.79)	70.23 (17.54)	10.55 (2.10) [6.41; 14.69]
Week 32	50	61.11 (25.42)	76.00 (18.01)	15.48 (2.15) [11.26; 19.70]
Week 36	51	60.57 (25.07)	75.60 (18.46)	14.62 (2.15) [10.40; 18.84]
Week 40	46	60.63 (24.65)	75.36 (20.81)	15.14 (2.21) [10.78; 19.49]
Week 44	43	60.21 (27.13)	72.87 (24.28)	13.09 (2.29) [8.59; 17.60]
Week 48	31	62.72 (25.75)	74.19 (18.90)	12.88 (2.60) [7.77; 18.00]
Week 52	21	58.73 (26.79)	73.02 (21.25)	10.80 (3.13) [4.66; 16.95]
Week 56	14	61.90 (22.94)	78.57 (18.73)	13.42 (3.84) [5.88; 20.95]
Week 60	12	58.33 (21.78)	74.07 (22.89)	12.84 (4.29) [4.42; 21.26]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:32:04.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores

Full analysis set.

Disease Symptoms

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	15	16.86 (4.14) [8.74; 24.97]
	Stable	52	57.40 (5.53) [46.56; 68.24]
	Improved	23	25.74 (4.83) [16.28; 35.21]
Week 8	Worsened	16	18.24 (4.55) [9.32; 27.17]
	Stable	56	62.09 (5.57) [51.16; 73.02]
	Improved	18	19.67 (4.44) [10.97; 28.36]
Week 12	Worsened	21	23.48 (5.09) [13.49; 33.46]
	Stable	56	61.96 (5.75) [50.67; 73.24]
	Improved	13	14.57 (4.05) [6.62; 22.52]
Week 16	Worsened	17	18.52 (4.97) [8.77; 28.28]
	Stable	49	54.67 (6.00) [42.89; 66.44]
	Improved	24	26.81 (5.27) [16.47; 37.15]
Week 20	Worsened	13	14.53 (4.55) [5.60; 23.46]
	Stable	49	54.80 (6.12) [42.80; 66.80]
	Improved	28	30.67 (5.47) [19.95; 41.39]
Week 24	Worsened	12	13.77 (4.29) [5.34; 22.19]
	Stable	52	57.92 (5.97) [46.21; 69.64]
	Improved	25	28.31 (5.56) [17.41; 39.21]
Week 28	Worsened	16	18.01 (5.02) [8.16; 27.87]
	Stable	49	54.87 (6.14) [42.81; 66.92]
	Improved	24	27.12 (5.48) [16.37; 37.87]
Week 32	Worsened	15	16.94 (4.95) [7.22; 26.66]
	Stable	52	57.26 (6.19) [45.11; 69.40]
	Improved	23	25.80 (5.39) [15.22; 36.38]
Week 36	Worsened	14	16.07 (4.97) [6.31; 25.82]
	Stable	53	58.52 (6.18) [46.40; 70.65]
	Improved	23	25.41 (5.38) [14.86; 35.96]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Disease Symptoms

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	16	17.29 (5.13) [7.22; 27.36]
	Stable	51	56.58 (6.50) [43.83; 69.33]
	Improved	24	26.13 (5.86) [14.62; 37.64]
Week 44	Worsened	18	20.50 (5.72) [9.26; 31.74]
	Stable	41	45.56 (6.31) [33.17; 57.94]
	Improved	31	33.94 (6.25) [21.68; 46.21]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Side Effects of Treatment

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	19	20.71 (4.55) [11.79; 29.63]
	Stable	49	54.11 (5.58) [43.18; 65.04]
	Improved	23	25.18 (4.83) [15.71; 34.64]
Week 8	Worsened	12	12.99 (3.99) [5.17; 20.81]
	Stable	49	54.46 (5.67) [43.33; 65.58]
	Improved	29	32.56 (5.20) [22.37; 42.75]
Week 12	Worsened	17	18.40 (4.75) [9.09; 27.71]
	Stable	45	50.54 (5.92) [38.93; 62.16]
	Improved	28	31.06 (5.30) [20.66; 41.45]
Week 16	Worsened	12	12.90 (4.51) [4.05; 21.75]
	Stable	51	56.27 (6.16) [44.18; 68.36]
	Improved	28	30.83 (5.35) [20.35; 41.32]
Week 20	Worsened	12	13.39 (4.63) [4.29; 22.49]
	Stable	46	51.23 (6.36) [38.76; 63.71]
	Improved	32	35.38 (6.09) [23.44; 47.32]
Week 24	Worsened	12	13.13 (4.68) [3.93; 22.33]
	Stable	44	49.41 (6.28) [37.08; 61.74]
	Improved	34	37.46 (6.22) [25.25; 49.66]
Week 28	Worsened	18	20.47 (5.38) [9.90; 31.03]
	Stable	40	44.14 (6.35) [31.69; 56.60]
	Improved	32	35.39 (5.90) [23.82; 46.96]
Week 32	Worsened	12	13.66 (4.44) [4.94; 22.37]
	Stable	47	51.80 (6.07) [39.88; 63.72]
	Improved	31	34.54 (5.70) [23.37; 45.72]
Week 36	Worsened	8	9.34 (3.73) [2.01; 16.67]
	Stable	50	56.07 (6.00) [44.29; 67.84]
	Improved	31	34.59 (5.72) [23.38; 45.80]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Side Effects of Treatment

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	14	15.19 (5.05) [5.26; 25.12]
	Stable	49	53.97 (6.57) [41.07; 66.86]
	Improved	28	30.84 (5.85) [19.37; 42.31]
Week 44	Worsened	18	19.56 (5.72) [8.32; 30.79]
	Stable	41	45.47 (6.74) [32.24; 58.70]
	Improved	31	34.98 (6.02) [23.17; 46.78]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Body Image

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	10	11.76 (3.49) [4.92; 18.61]
	Stable	65	72.65 (4.89) [63.06; 82.24]
	Improved	14	15.58 (3.97) [7.81; 23.36]
Week 8	Worsened	9	10.16 (3.38) [3.54; 16.78]
	Stable	64	71.58 (5.08) [61.63; 81.54]
	Improved	16	18.26 (4.27) [9.90; 26.62]
Week 12	Worsened	8	8.64 (3.33) [2.11; 15.17]
	Stable	64	72.25 (5.28) [61.90; 82.59]
	Improved	17	19.11 (4.40) [10.50; 27.73]
Week 16	Worsened	3	2.85 (2.01) [-1.09; 6.80]
	Stable	66	73.99 (5.12) [63.94; 84.03]
	Improved	21	23.16 (4.82) [13.71; 32.60]
Week 20	Worsened	6	6.19 (2.94) [0.42; 11.96]
	Stable	66	74.08 (5.19) [63.89; 84.26]
	Improved	18	19.73 (4.51) [10.90; 28.56]
Week 24	Worsened	6	6.26 (2.99) [0.40; 12.12]
	Stable	73	81.89 (4.60) [72.87; 90.90]
	Improved	11	11.85 (3.68) [4.65; 19.06]
Week 28	Worsened	8	9.30 (3.50) [2.44; 16.17]
	Stable	61	68.39 (5.57) [57.47; 79.32]
	Improved	20	22.30 (4.75) [13.00; 31.61]
Week 32	Worsened	3	3.60 (2.38) [-1.07; 8.26]
	Stable	64	71.39 (5.37) [60.87; 81.92]
	Improved	22	25.01 (4.97) [15.27; 34.76]
Week 36	Worsened	6	6.56 (3.22) [0.25; 12.88]
	Stable	62	69.53 (5.59) [58.57; 80.49]
	Improved	21	23.91 (4.92) [14.26; 33.56]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Body Image

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	3	3.37 (2.26) [-1.05; 7.80]
	Stable	67	74.76 (5.39) [64.20; 85.33]
	Improved	19	21.87 (5.14) [11.78; 31.95]
Week 44	Worsened	9	10.00 (4.04) [2.06; 17.94]
	Stable	65	72.49 (6.26) [60.19; 84.79]
	Improved	16	17.51 (4.85) [7.98; 27.03]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Future Perspective

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	18	19.66 (4.46) [10.92; 28.40]
	Stable	34	38.61 (5.54) [27.74; 49.48]
	Improved	37	41.73 (5.48) [30.99; 52.48]
Week 8	Worsened	16	18.30 (4.44) [9.60; 27.00]
	Stable	29	33.12 (5.37) [22.60; 43.65]
	Improved	43	48.57 (5.67) [37.46; 59.68]
Week 12	Worsened	13	14.44 (4.34) [5.93; 22.95]
	Stable	37	41.10 (5.86) [29.61; 52.59]
	Improved	40	44.46 (5.82) [33.05; 55.87]
Week 16	Worsened	10	11.30 (4.07) [3.32; 19.29]
	Stable	33	36.75 (5.90) [25.18; 48.32]
	Improved	46	51.94 (6.06) [40.06; 63.83]
Week 20	Worsened	11	12.34 (4.37) [3.75; 20.92]
	Stable	27	29.89 (5.95) [18.22; 41.56]
	Improved	51	57.78 (6.40) [45.22; 70.33]
Week 24	Worsened	8	8.58 (3.88) [0.96; 16.21]
	Stable	28	31.20 (5.92) [19.59; 42.81]
	Improved	54	60.21 (6.22) [48.02; 72.41]
Week 28	Worsened	12	13.02 (4.29) [4.60; 21.44]
	Stable	31	34.62 (6.12) [22.60; 46.63]
	Improved	47	52.36 (6.06) [40.48; 64.24]
Week 32	Worsened	12	13.00 (4.30) [4.57; 21.43]
	Stable	25	28.42 (5.88) [16.87; 39.96]
	Improved	52	58.58 (6.37) [46.08; 71.08]
Week 36	Worsened	5	5.82 (2.99) [-0.05; 11.69]
	Stable	31	34.90 (6.00) [23.13; 46.67]
	Improved	53	59.28 (6.31) [46.90; 71.66]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

TABLE 2.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Future Perspective

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	10	11.73 (4.41) [3.06; 20.40]
	Stable	26	29.18 (5.99) [17.43; 40.93]
	Improved	53	59.09 (6.36) [46.61; 71.57]
Week 44	Worsened	11	12.88 (4.84) [3.36; 22.40]
	Stable	27	30.30 (5.84) [18.84; 41.76]
	Improved	51	56.82 (6.57) [43.93; 69.71]

Note(s): Ph2 200 mg: Patients in Phase 2 that received 200 mg dose. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:07:32.

Table 3.3.2.3: Summary for the change from Baseline in the EQ-5D-3L items

Full analysis set.

Mobility

Timepoint	Category	Statistic	FAS (N=117)
Week 4	Total non-missing	N	88
	Deterioration 2 points	N (%)	0
	Deterioration 1 point	N (%)	12 (13.6%)
	Stable	N (%)	69 (78.4%)
	Improvement 1 point	N (%)	7 (8.0%)
	Improvement 2 points	N (%)	0
	Missing	N	29
Week 8	Total non-missing	N	74
	Deterioration 2 points	N (%)	0
	Deterioration 1 point	N (%)	16 (21.6%)
	Stable	N (%)	49 (66.2%)
	Improvement 1 point	N (%)	9 (12.2%)
	Improvement 2 points	N (%)	0
	Missing	N	43
Week 12	Total non-missing	N	66
	Deterioration 2 points	N (%)	0
	Deterioration 1 point	N (%)	10 (15.2%)
	Stable	N (%)	51 (77.3%)
	Improvement 1 point	N (%)	5 (7.6%)
	Improvement 2 points	N (%)	0
	Missing	N	51
Week 16	Total non-missing	N	59
	Deterioration 2 points	N (%)	0
	Deterioration 1 point	N (%)	5 (8.5%)
	Stable	N (%)	52 (88.1%)
	Improvement 1 point	N (%)	2 (3.4%)
	Improvement 2 points	N (%)	0
	Missing	N	58

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2.

Percentages do not include the missing category.

EQ-5D-3L: EuroQoL 5 Dimensions 3 Levels; FAS: Full analysis set.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:03:29.

TABLE 3.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20

Full analysis set.

Disease Symptoms

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	100	30.37 (21.64)	25.73 (20.64)	-6.25 (1.45) [-9.13; -3.36]
Week 4	87	31.07 (21.90)	25.86 (22.83)	-4.76 (1.60) [-7.94; -1.58]
Week 8	77	29.91 (22.05)	24.16 (22.40)	-3.49 (1.93) [-7.33; 0.34]
Week 12	69	30.00 (21.85)	24.35 (21.78)	-2.15 (2.08) [-6.29; 2.00]
Week 16	61	28.87 (20.83)	21.69 (17.69)	-3.88 (1.87) [-7.61; -0.15]
Week 20	57	29.63 (20.72)	19.88 (19.97)	-7.55 (1.91) [-11.34; -3.76]
Week 24	62	28.49 (19.98)	18.03 (15.40)	-8.67 (1.62) [-11.90; -5.44]
Week 28	60	28.43 (20.20)	19.91 (19.06)	-6.64 (1.98) [-10.58; -2.71]
Week 32	56	29.46 (20.15)	18.59 (17.62)	-8.06 (1.84) [-11.71; -4.40]
Week 36	57	29.73 (20.29)	22.03 (18.63)	-5.52 (1.99) [-9.48; -1.56]
Week 40	52	27.78 (18.86)	20.41 (18.20)	-7.04 (2.07) [-11.17; -2.91]
Week 44	50	27.67 (18.80)	19.93 (19.11)	-6.53 (2.52) [-11.56; -1.50]
Week 48	36	26.85 (17.64)	19.14 (17.34)	-6.55 (2.38) [-11.32; -1.78]
Week 52	26	29.49 (20.35)	20.73 (21.06)	-8.57 (2.73) [-14.06; -3.08]
Week 56	20	26.94 (18.49)	24.61 (21.31)	-3.42 (3.33) [-10.26; 3.43]
Week 60	16	23.61 (18.31)	20.49 (15.14)	-5.70 (1.63) [-9.09; -2.32]
Week 64	13	24.36 (16.75)	21.97 (19.27)	-4.71 (4.66) [-15.48; 6.06]
Week 68	12	22.69 (16.32)	15.74 (12.04)	-12.97 (3.76) [-20.88; -5.05]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:34.

TABLE 3.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20 *[cont'd]*

Full analysis set.

Side Effects of Treatment

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	100	17.52 (13.57)	16.13 (11.61)	-4.04 (0.79) [-5.61; -2.48]
Week 4	88	17.83 (13.88)	18.44 (13.40)	0.50 (1.06) [-1.59; 2.59]
Week 8	77	16.81 (13.59)	15.36 (12.18)	-1.71 (1.10) [-3.87; 0.44]
Week 12	69	18.07 (14.57)	15.79 (12.64)	-1.44 (1.15) [-3.70; 0.83]
Week 16	61	17.86 (14.94)	14.47 (10.81)	-2.79 (1.22) [-5.19; -0.40]
Week 20	57	18.07 (14.08)	13.76 (13.67)	-4.15 (1.26) [-6.64; -1.67]
Week 24	61	17.98 (14.95)	13.10 (13.44)	-4.65 (1.27) [-7.14; -2.15]
Week 28	60	18.10 (14.97)	13.97 (13.75)	-3.65 (1.29) [-6.18; -1.12]
Week 32	56	18.63 (15.18)	13.24 (11.87)	-4.70 (1.32) [-7.28; -2.11]
Week 36	57	18.31 (14.91)	13.05 (10.23)	-5.03 (1.32) [-7.63; -2.42]
Week 40	52	19.00 (15.42)	15.17 (12.33)	-3.29 (1.36) [-5.96; -0.63]
Week 44	50	19.13 (15.45)	13.25 (10.56)	-4.33 (1.39) [-7.07; -1.60]
Week 48	36	17.15 (13.99)	10.35 (8.14)	-6.53 (1.54) [-9.55; -3.51]
Week 52	26	16.07 (13.14)	11.83 (9.84)	-5.28 (1.79) [-8.80; -1.76]
Week 56	20	15.09 (9.30)	11.57 (9.80)	-5.74 (2.11) [-9.89; -1.59]
Week 60	16	14.58 (9.54)	12.15 (10.94)	-4.91 (2.42) [-9.66; -0.16]
Week 64	13	14.96 (10.52)	9.32 (8.73)	-6.41 (2.69) [-11.68; -1.13]
Week 68	12	13.98 (10.36)	9.54 (9.62)	-4.64 (2.94) [-10.41; 1.13]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:34.

TABLE 3.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20 *[cont'd]*

Full analysis set.

Body Image

	FAS (N=117)			
Timepoint	N [a]	Baseline Value: Mean (SD)	Score Value: Mean (SD) [b]	Change from Baseline: LSMean (SE) ,[95% CI] [c]
Overall	99	74.75 (28.61)	80.58 (22.54)	8.59 (1.32) [5.98; 11.20]
Week 4	87	74.33 (29.51)	78.93 (26.47)	4.32 (2.08) [0.24; 8.41]
Week 8	77	74.03 (28.93)	78.35 (24.64)	4.29 (2.16) [0.04; 8.54]
Week 12	67	74.13 (28.91)	80.10 (25.99)	5.73 (2.31) [1.19; 10.28]
Week 16	60	75.00 (29.19)	85.00 (21.63)	10.28 (2.44) [5.48; 15.08]
Week 20	56	73.21 (28.01)	81.55 (24.55)	8.51 (2.53) [3.53; 13.48]
Week 24	61	75.41 (28.48)	79.78 (28.07)	4.73 (2.49) [-0.17; 9.63]
Week 28	59	74.01 (29.08)	83.05 (21.77)	8.17 (2.53) [3.19; 13.14]
Week 32	55	76.36 (26.97)	86.67 (20.89)	10.86 (2.60) [5.74; 15.97]
Week 36	55	75.76 (27.56)	84.85 (22.05)	9.34 (2.62) [4.20; 14.48]
Week 40	51	76.47 (27.72)	85.62 (20.28)	11.00 (2.68) [5.73; 16.27]
Week 44	49	74.15 (29.08)	82.31 (25.55)	7.20 (2.75) [1.81; 12.60]
Week 48	36	78.70 (24.11)	83.33 (21.82)	7.34 (3.12) [1.21; 13.48]
Week 52	26	75.64 (27.58)	85.90 (21.44)	10.05 (3.64) [2.91; 17.20]
Week 56	19	77.19 (27.34)	87.72 (19.91)	11.04 (4.28) [2.62; 19.45]
Week 60	16	79.17 (20.64)	85.42 (17.08)	11.40 (4.78) [2.02; 20.78]
Week 64	13	71.79 (29.96)	84.62 (25.88)	8.27 (5.25) [-2.05; 18.59]
Week 68	12	75.00 (28.87)	91.67 (15.08)	13.51 (5.56) [2.58; 24.44]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a first-order autoregressive covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:34.

TABLE 3.4.2: Mixed model repeated measures analysis: change from Baseline in the EORTC QLQ-MY20 *[cont'd]*

Full analysis set.

Future Perspective

	FAS (N=117)			
Timepoint	**N [a]**	**Baseline Value: Mean (SD)**	**Score Value: Mean (SD) [b]**	**Change from Baseline: LSMean (SE) ,[95% CI] [c]**
Overall	99	61.95 (24.18)	70.31 (20.80)	10.90 (1.44) [8.03; 13.77]
Week 4	87	61.69 (24.95)	65.26 (25.41)	3.59 (1.57) [0.46; 6.72]
Week 8	77	60.61 (25.21)	68.04 (23.33)	6.08 (1.83) [2.42; 9.74]
Week 12	67	60.86 (25.61)	70.48 (21.76)	8.20 (1.85) [4.52; 11.88]
Week 16	60	62.22 (25.07)	73.98 (19.95)	11.05 (1.92) [7.20; 14.90]
Week 20	56	60.91 (25.69)	74.70 (20.54)	13.70 (2.19) [9.33; 18.08]
Week 24	61	62.11 (24.71)	74.86 (19.02)	12.56 (1.63) [9.31; 15.81]
Week 28	58	59.96 (24.62)	71.84 (18.05)	10.43 (1.63) [7.17; 13.68]
Week 32	55	62.42 (25.16)	76.16 (18.69)	14.39 (2.09) [10.22; 18.56]
Week 36	55	61.62 (25.01)	75.96 (18.24)	14.06 (1.54) [10.98; 17.14]
Week 40	51	62.09 (24.46)	75.49 (20.49)	14.30 (2.16) [9.99; 18.62]
Week 44	49	61.90 (26.45)	73.13 (23.33)	12.36 (2.31) [7.75; 16.97]
Week 48	36	64.51 (25.17)	73.46 (19.75)	11.49 (2.45) [6.58; 16.40]
Week 52	26	60.68 (24.99)	74.15 (20.78)	10.06 (2.55) [4.78; 15.34]
Week 56	19	63.74 (20.90)	76.61 (21.56)	9.63 (3.26) [2.99; 16.27]
Week 60	16	61.11 (20.69)	72.22 (22.59)	12.92 (3.06) [6.75; 19.09]
Week 64	13	58.97 (22.40)	72.22 (17.86)	11.56 (2.67) [5.69; 17.43]
Week 68	12	61.11 (21.97)	77.78 (19.53)	8.86 (6.81) [-7.19; 24.92]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2

For Disease Symptoms and Side Effects of Treatment scales, a positive change from baseline value indicates worsening of symptoms. For Body Image and Future Perspective scales, a negative change from baseline value indicates deterioration.

[a] N is the number of patients with a baseline and a post-baseline score at corresponding timepoint. For Overall, N is the number of patients with a baseline and at least one post-baseline score contributing to the model.

[b] For Overall, the Score Values are calculated by averaging across patients overall mean across all visits.

[c] Estimates are based on a mixed model repeated measures treating time categorical: Change=Timepoint + Baseline PRO score + Timepoint*Baseline PRO score.

The model assumed a heterogeneous Toeplitz covariance among the within subject repeated measurements.

CI: Confidence interval; EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; LS: Least-squares; NE: Not estimated; SD: Standard deviation; SE: Standard error.

Source: ADPRO. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:33:34.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores

Full analysis set.

Disease Symptoms

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	15	15.02 (3.71) [7.74; 22.30]
	Stable	59	58.59 (5.15) [48.49; 68.69]
	Improved	26	26.39 (4.56) [17.44; 35.34]
Week 8	Worsened	18	18.26 (4.35) [9.73; 26.79]
	Stable	59	59.32 (5.34) [48.85; 69.79]
	Improved	22	22.42 (4.49) [13.61; 31.23]
Week 12	Worsened	23	23.46 (4.86) [13.93; 32.99]
	Stable	60	59.84 (5.57) [48.91; 70.77]
	Improved	17	16.70 (4.21) [8.45; 24.95]
Week 16	Worsened	19	18.86 (4.76) [9.53; 28.19]
	Stable	54	53.82 (5.84) [42.35; 65.29]
	Improved	27	27.32 (4.99) [17.53; 37.11]
Week 20	Worsened	14	13.52 (4.03) [5.62; 21.42]
	Stable	56	55.78 (5.95) [44.11; 67.45]
	Improved	31	30.70 (5.27) [20.37; 41.03]
Week 24	Worsened	14	13.70 (4.17) [5.51; 21.89]
	Stable	56	56.02 (5.75) [44.73; 67.31]
	Improved	30	30.28 (5.26) [19.96; 40.60]
Week 28	Worsened	18	17.79 (4.75) [8.46; 27.12]
	Stable	53	52.92 (6.08) [40.98; 64.86]
	Improved	29	29.29 (5.24) [19.01; 39.57]
Week 32	Worsened	16	16.23 (4.55) [7.29; 25.17]
	Stable	57	57.33 (6.10) [45.36; 69.30]
	Improved	26	26.44 (5.15) [16.34; 36.54]
Week 36	Worsened	16	16.18 (4.61) [7.13; 25.23]
	Stable	58	57.59 (6.18) [45.45; 69.73]
	Improved	26	26.23 (5.30) [15.83; 36.63]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Disease Symptoms

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	17	16.92 (4.58) [7.93; 25.91]
	Stable	55	55.39 (5.97) [43.68; 67.10]
	Improved	28	27.69 (5.16) [17.57; 37.81]
Week 44	Worsened	20	19.59 (5.19) [9.39; 29.79]
	Stable	45	45.42 (6.13) [33.39; 57.45]
	Improved	35	34.99 (5.83) [23.54; 46.44]
Week 48	Worsened	17	17.36 (5.95) [5.65; 29.07]
	Stable	52	51.55 (6.65) [38.50; 64.60]
	Improved	31	31.09 (6.56) [18.19; 43.99]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Side Effects of Treatment

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	20	19.99 (4.20) [11.75; 28.23]
	Stable	54	54.26 (5.27) [43.94; 64.58]
	Improved	26	25.75 (4.57) [16.78; 34.72]
Week 8	Worsened	12	12.49 (3.88) [4.88; 20.10]
	Stable	55	54.70 (5.45) [44.02; 65.38]
	Improved	33	32.81 (5.06) [22.88; 42.74]
Week 12	Worsened	17	17.11 (4.37) [8.54; 25.68]
	Stable	52	51.83 (5.70) [40.65; 63.01]
	Improved	31	31.06 (5.05) [21.15; 40.97]
Week 16	Worsened	14	14.49 (4.25) [6.15; 22.83]
	Stable	55	55.03 (5.81) [43.64; 66.42]
	Improved	30	30.48 (5.07) [20.54; 40.42]
Week 20	Worsened	15	14.50 (4.57) [5.53; 23.47]
	Stable	50	49.94 (5.80) [38.56; 61.32]
	Improved	36	35.56 (5.24) [25.28; 45.84]
Week 24	Worsened	14	13.91 (4.57) [4.94; 22.88]
	Stable	49	48.75 (5.91) [37.16; 60.34]
	Improved	37	37.34 (5.74) [26.08; 48.60]
Week 28	Worsened	19	19.10 (4.99) [9.31; 28.89]
	Stable	45	44.71 (5.95) [33.04; 56.38]
	Improved	36	36.19 (5.60) [25.20; 47.18]
Week 32	Worsened	13	13.01 (4.33) [4.50; 21.52]
	Stable	49	49.07 (5.93) [37.44; 60.70]
	Improved	38	37.92 (5.64) [26.86; 48.98]
Week 36	Worsened	9	9.12 (3.60) [2.05; 16.19]
	Stable	53	53.25 (5.74) [41.98; 64.52]
	Improved	38	37.63 (5.49) [26.85; 48.41]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Side Effects of Treatment

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	14	14.29 (4.49) [5.48; 23.10]
	Stable	53	52.63 (6.40) [40.07; 65.19]
	Improved	33	33.08 (5.64) [22.02; 44.14]
Week 44	Worsened	17	16.52 (5.37) [5.97; 27.07]
	Stable	44	43.76 (6.45) [31.09; 56.43]
	Improved	40	39.72 (5.92) [28.10; 51.34]
Week 48	Worsened	14	13.85 (4.99) [4.04; 23.66]
	Stable	44	43.68 (6.20) [31.50; 55.86]
	Improved	42	42.47 (5.93) [30.83; 54.11]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Body Image

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	11	10.73 (3.20) [4.46; 16.99]
	Stable	70	70.28 (4.71) [61.04; 79.52]
	Improved	19	18.99 (4.03) [11.09; 26.89]
Week 8	Worsened	12	11.65 (3.44) [4.91; 18.39]
	Stable	67	67.67 (5.12) [57.64; 77.70]
	Improved	20	20.69 (4.35) [12.16; 29.21]
Week 12	Worsened	9	9.24 (3.24) [2.89; 15.60]
	Stable	69	69.78 (5.09) [59.80; 79.75]
	Improved	21	20.98 (4.36) [12.42; 29.54]
Week 16	Worsened	4	4.29 (2.22) [-0.07; 8.65]
	Stable	71	71.56 (4.97) [61.82; 81.29]
	Improved	24	24.15 (4.70) [14.93; 33.37]
Week 20	Worsened	7	7.30 (2.96) [1.50; 13.10]
	Stable	70	70.23 (5.04) [60.36; 80.10]
	Improved	22	22.46 (4.45) [13.75; 31.18]
Week 24	Worsened	9	9.00 (3.22) [2.68; 15.32]
	Stable	75	76.09 (4.78) [66.71; 85.47]
	Improved	15	14.91 (3.92) [7.22; 22.60]
Week 28	Worsened	10	9.69 (3.37) [3.08; 16.29]
	Stable	65	65.97 (5.23) [55.71; 76.23]
	Improved	24	24.34 (4.63) [15.28; 33.41]
Week 32	Worsened	7	6.60 (2.86) [0.99; 12.20]
	Stable	65	65.66 (5.36) [55.14; 76.17]
	Improved	27	27.75 (4.89) [18.16; 37.34]
Week 36	Worsened	8	7.83 (3.33) [1.29; 14.37]
	Stable	66	66.77 (5.47) [56.03; 77.50]
	Improved	25	25.40 (4.74) [16.12; 34.69]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Body Image

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	4	4.17 (2.49) [-0.71; 9.06]
	Stable	73	73.52 (5.15) [63.42; 83.61]
	Improved	22	22.31 (4.81) [12.88; 31.74]
Week 44	Worsened	10	9.80 (4.28) [1.37; 18.22]
	Stable	68	68.42 (6.11) [56.43; 80.42]
	Improved	22	21.78 (4.83) [12.29; 31.26]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Future Perspective

Timepoint	Category	N	p (SE) [95% CI]
Week 4	Worsened	20	19.95 (4.18) [11.76; 28.14]
	Stable	36	36.15 (5.09) [26.18; 46.13]
	Improved	43	43.90 (5.17) [33.77; 54.03]
Week 8	Worsened	18	17.77 (4.25) [9.44; 26.10]
	Stable	34	34.38 (5.24) [24.11; 44.66]
	Improved	47	47.85 (5.37) [37.32; 58.38]
Week 12	Worsened	14	14.42 (4.07) [6.45; 22.40]
	Stable	40	40.86 (5.60) [29.88; 51.84]
	Improved	44	44.72 (5.62) [33.70; 55.74]
Week 16	Worsened	11	10.86 (3.89) [3.23; 18.49]
	Stable	35	35.51 (5.66) [24.39; 46.62]
	Improved	53	53.64 (5.80) [42.26; 65.02]
Week 20	Worsened	11	10.99 (3.89) [3.35; 18.63]
	Stable	32	32.11 (5.80) [20.73; 43.49]
	Improved	56	56.90 (5.93) [45.26; 68.54]
Week 24	Worsened	9	9.05 (3.42) [2.34; 15.76]
	Stable	32	32.04 (5.43) [21.39; 42.69]
	Improved	58	58.91 (5.61) [47.91; 69.90]
Week 28	Worsened	12	12.56 (3.81) [5.08; 20.03]
	Stable	35	35.07 (5.68) [23.93; 46.21]
	Improved	52	52.37 (5.62) [41.35; 63.40]
Week 32	Worsened	14	14.11 (4.09) [6.09; 22.13]
	Stable	28	27.97 (5.45) [17.28; 38.66]
	Improved	57	57.92 (5.88) [46.39; 69.45]
Week 36	Worsened	7	6.65 (2.89) [0.97; 12.32]
	Stable	35	35.26 (5.69) [24.11; 46.42]
	Improved	58	58.09 (5.86) [46.60; 69.58]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.

TABLE 3.6.2.2: Response status with imputation under missing at random for EORTC QLQ-MY20 scores *[cont'd]*

Full analysis set.

Future Perspective

Timepoint	Category	N	p (SE) [95% CI]
Week 40	Worsened	12	11.78 (4.14) [3.64; 19.92]
	Stable	30	30.01 (5.39) [19.43; 40.59]
	Improved	58	58.21 (5.67) [47.09; 69.34]
Week 44	Worsened	13	12.95 (4.28) [4.56; 21.34]
	Stable	32	32.67 (5.80) [21.28; 44.06]
	Improved	54	54.38 (6.39) [41.83; 66.94]
Week 48	Worsened	20	20.35 (5.41) [9.72; 30.99]
	Stable	32	32.28 (6.17) [20.16; 44.41]
	Improved	47	47.36 (6.61) [34.38; 60.35]

Note(s): All 200 mg: Patients that received 200 mg dose in Phase 1 and Phase 2. NC: Not calculated..

For each scale the following was used: deterioration is defined as an increase of 11 or more points for disease symptom scale, and an increase of 9 or more points for side effects of treatment with respect to Baseline; improvement is defined as a decrease of 16 or more points for disease symptom scale, and an decrease of 6 or more points for side effects of treatment with respect to Baseline; any other change values from Baseline are considered as Stable.

For other scales the following was used: deterioration is defined as a decrease of 11 points or more for future perspective, and decrease of 33 points or more for body image scale with respect to Baseline; improvement is defined as an increase of 11 points or more for future perspective, and increase of 33 points or more for body image scale with respect to Baseline; any other change values from Baseline are considered as Stable.

Analysis includes only patients with a baseline and at least one post-baseline assessment.

EORTC QLQ-MY20: European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Multiple Myeloma module 20; FAS: Full analysis set; SE: Standard error; p: proportion.

p corresponds to the estimated proportion given by the combination of imputation results.

Source: AXQS. Extract date: 08 Sep 2023.

Program: [\03. Biostatistics\02.Analysis\02.Production\Tables\Table_Shells.sas] Generated: 7 December 2023 at 16:08:44.