

Mirdametinib (Ezmeckly)

SpringWorks Therapeutics Ireland Limited

*Behandlung von symptomatischen, inoperablen plexiformen
Neurofibromen (PN) bei pädiatrischen und erwachsenen Patienten
mit Neurofibromatose Typ 1 (NF1) ab einem Alter von 2 Jahren*

Anhang 4-G zu Modul 4A

Stand: 30.09.2025

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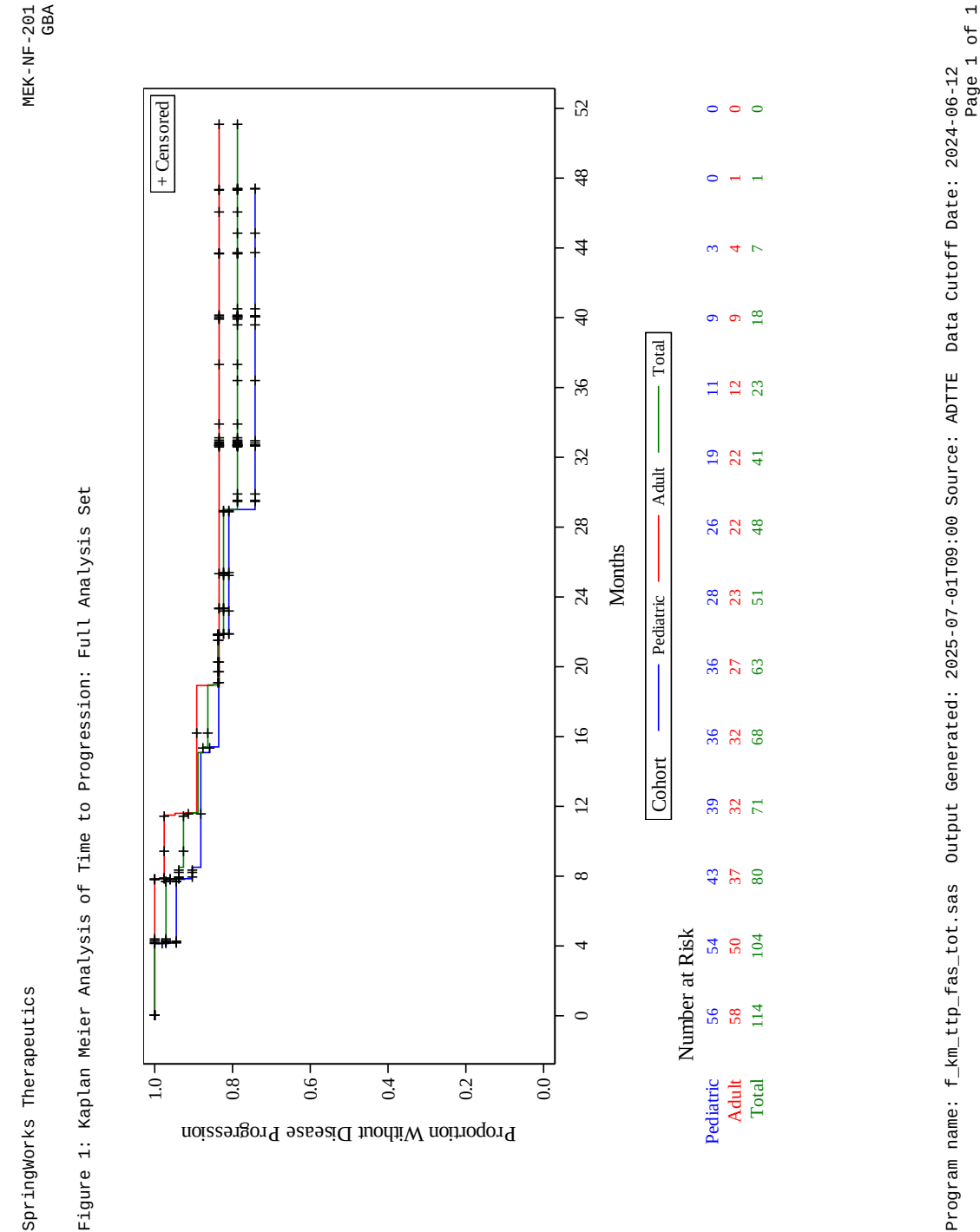
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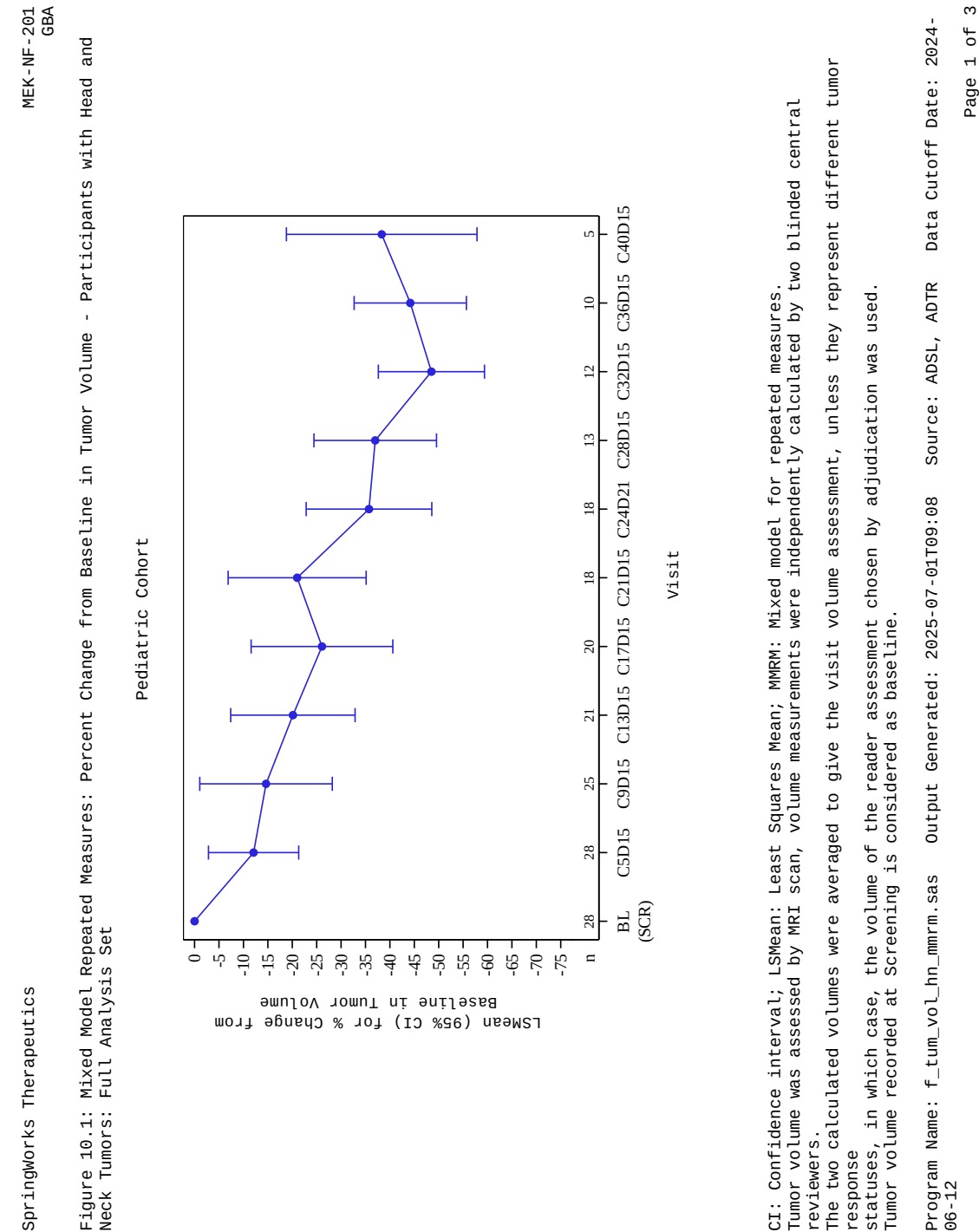
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1 Tumoransprechen

1.1 Figure 1: Kaplan Meier Analysis of Time to Progression: Full Analysis Set



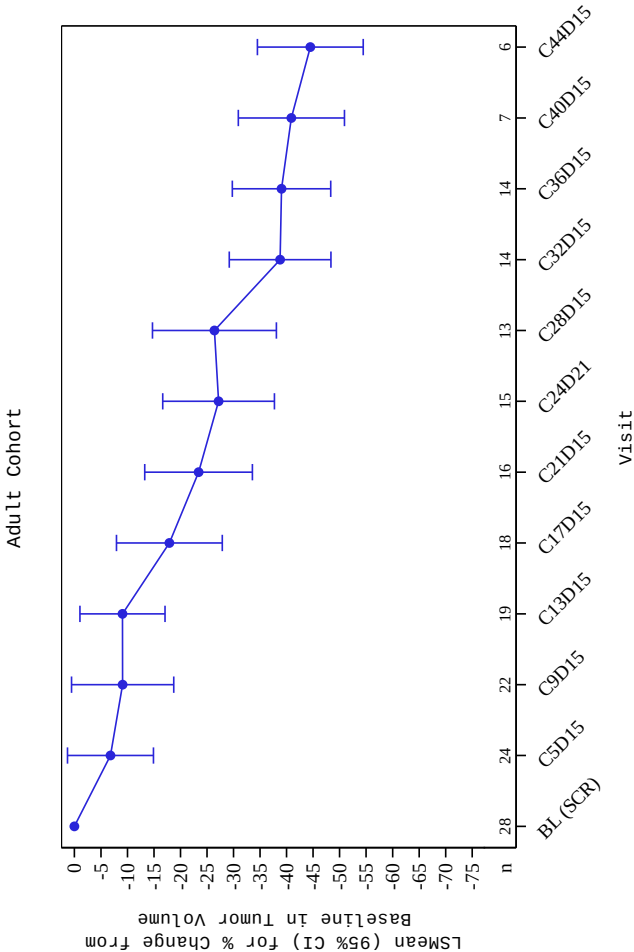
1.2 Figure 10.1: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume - Participants with Head and Neck Tumors: Full Analysis Set



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Figure 10.1: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume - Participants with Head and Neck Tumors: Full Analysis Set



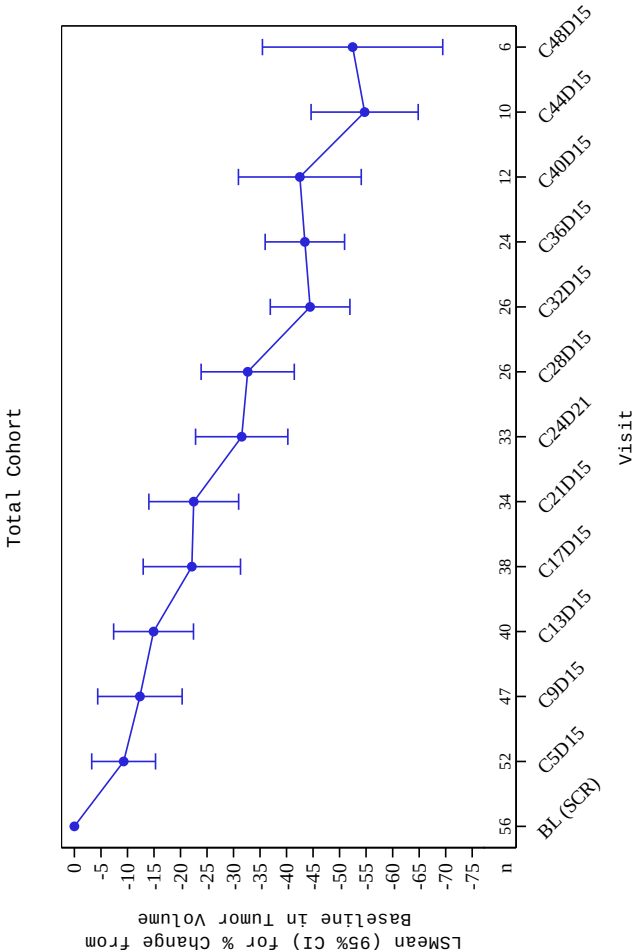
CI: Confidence interval; LSMean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

Program Name: f_tum_vol_hn_mmrmm.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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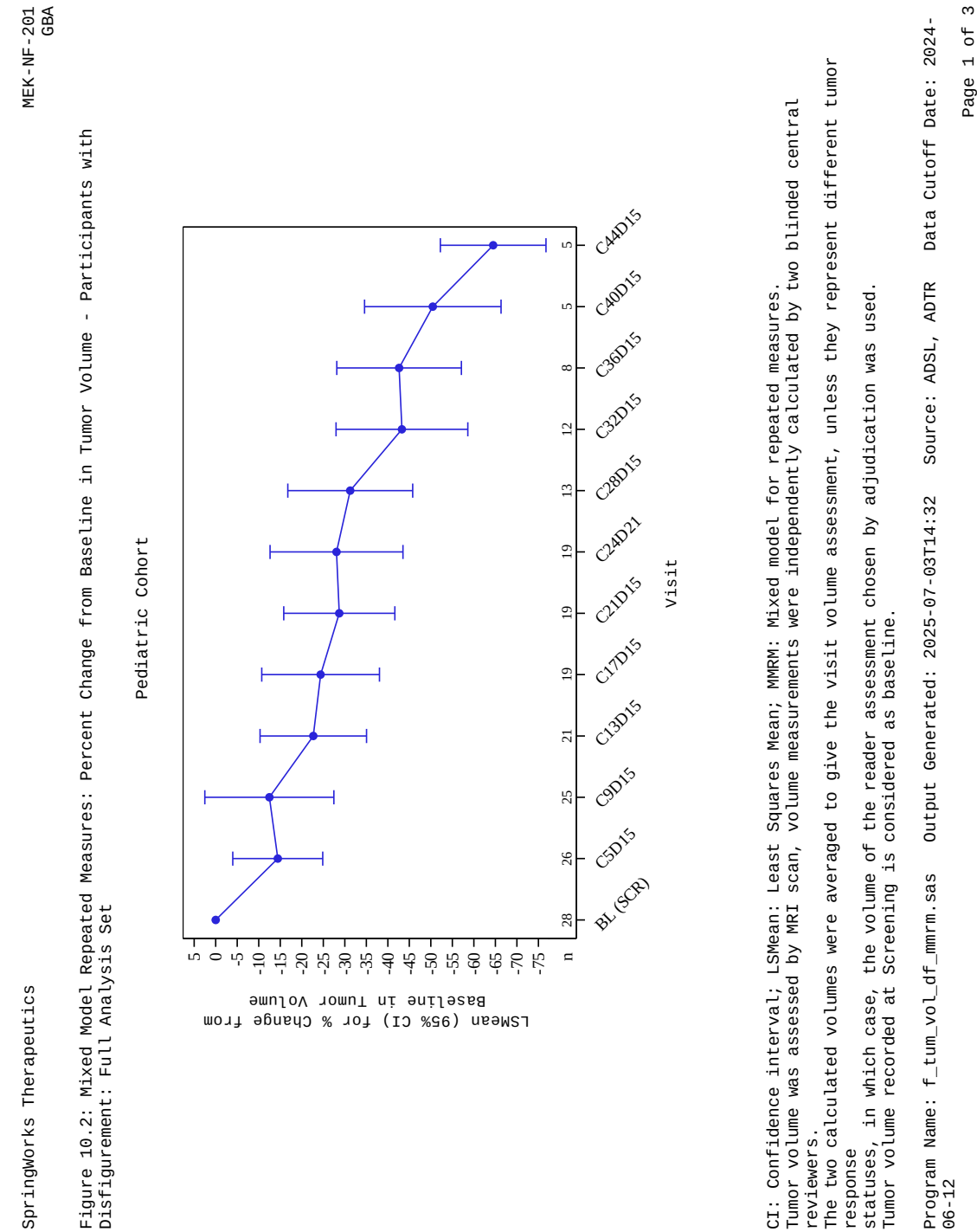
Figure 10.1: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume - Participants with Head and Neck Tumors: Full Analysis Set



CI: Confidence interval; LSMean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

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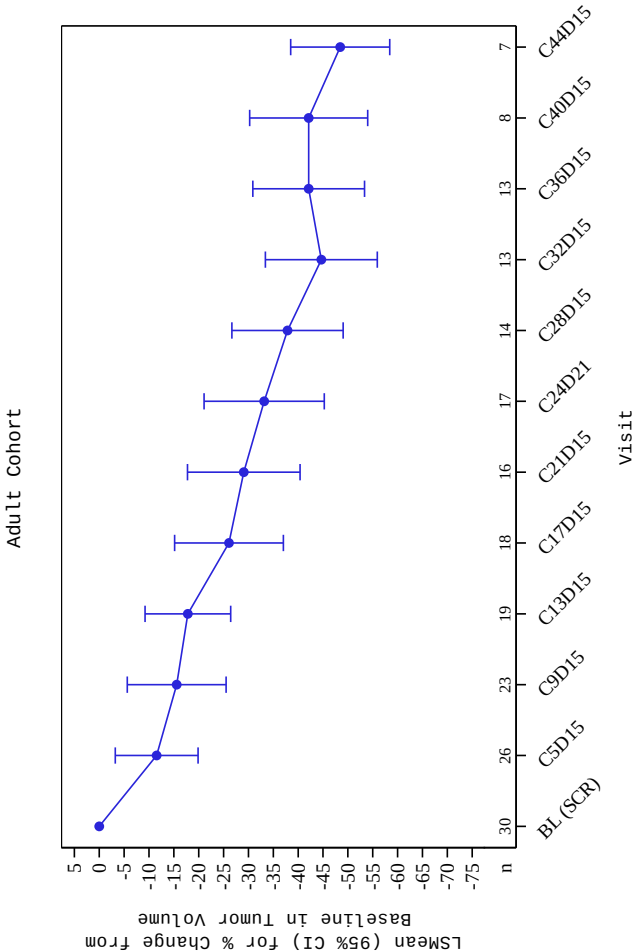
1.3 Figure 10.2: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume - Participants with disfigurement: Full Analysis Set



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Figure 10.2: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume - Participants with Disfigurement: Full Analysis Set



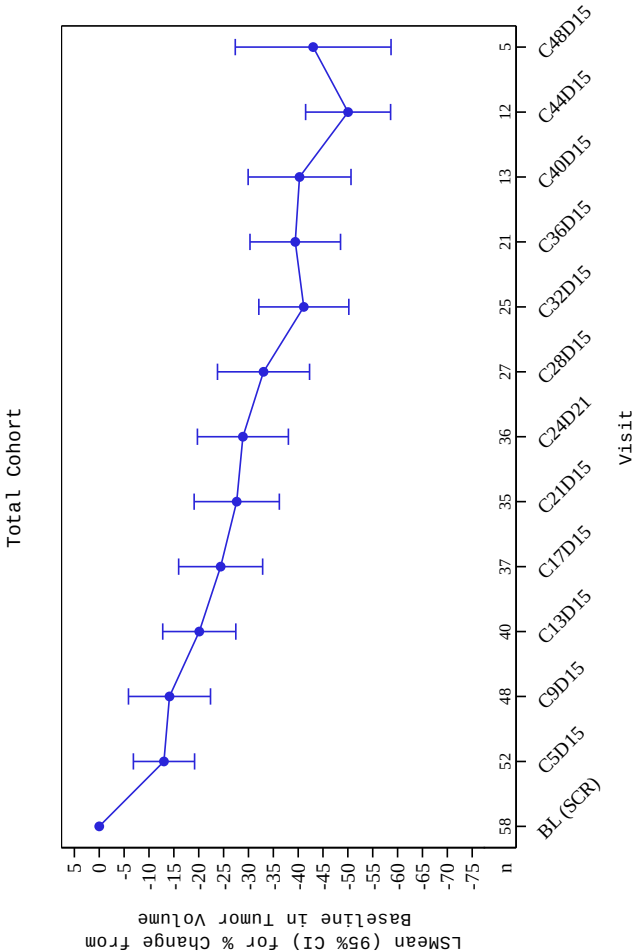
CI: Confidence interval; LS Mean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

Program Name: f_tum_vol_df_mmrmm.sas Output Generated: 2025-07-03T14:32 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Figure 10.2: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume - Participants with Disfigurement: Full Analysis Set



CI: Confidence interval; LS Mean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

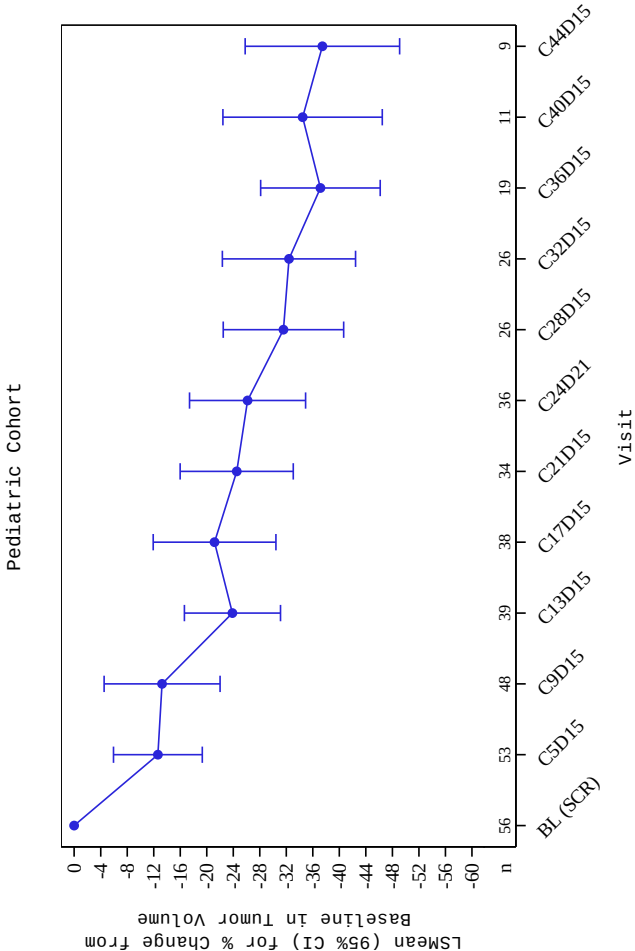
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1.4 Figure 10: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume: Full Analysis Set

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Figure 10: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume: Full Analysis Set

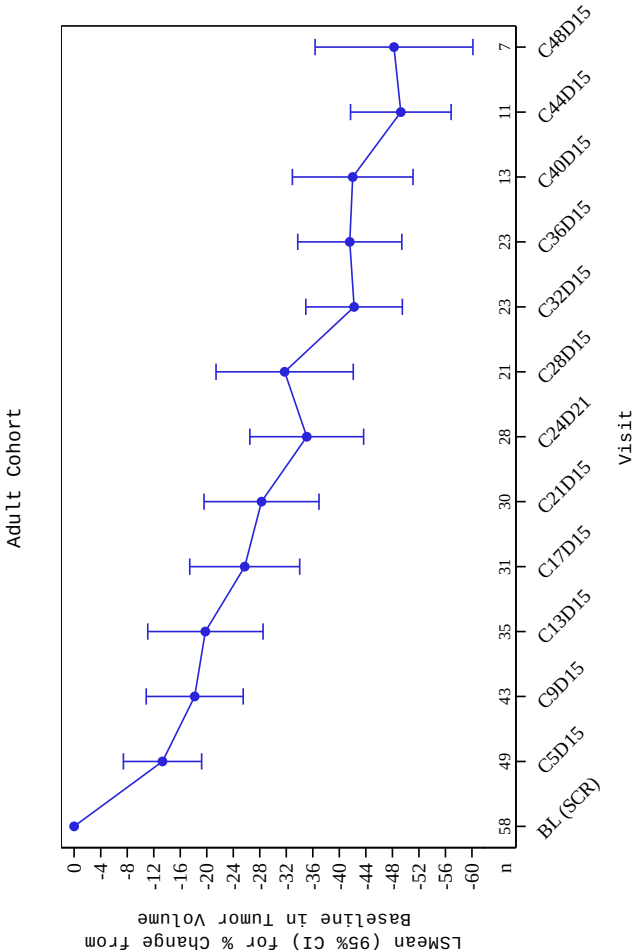


CI: Confidence interval; LSmean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

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Figure 10: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume: Full Analysis Set



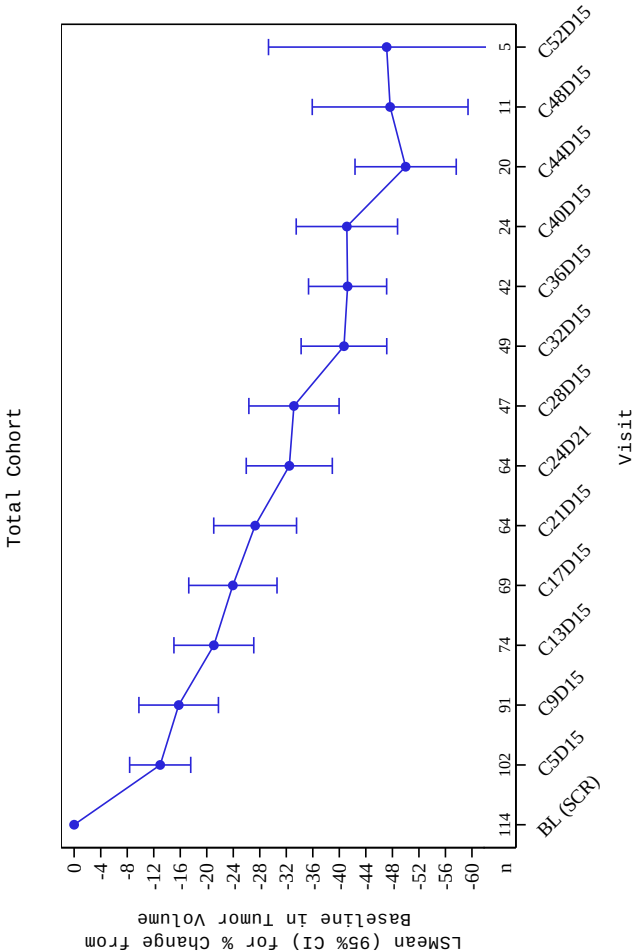
CI: Confidence interval; LS Mean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

Program Name: f_tum_vol_mmrmm.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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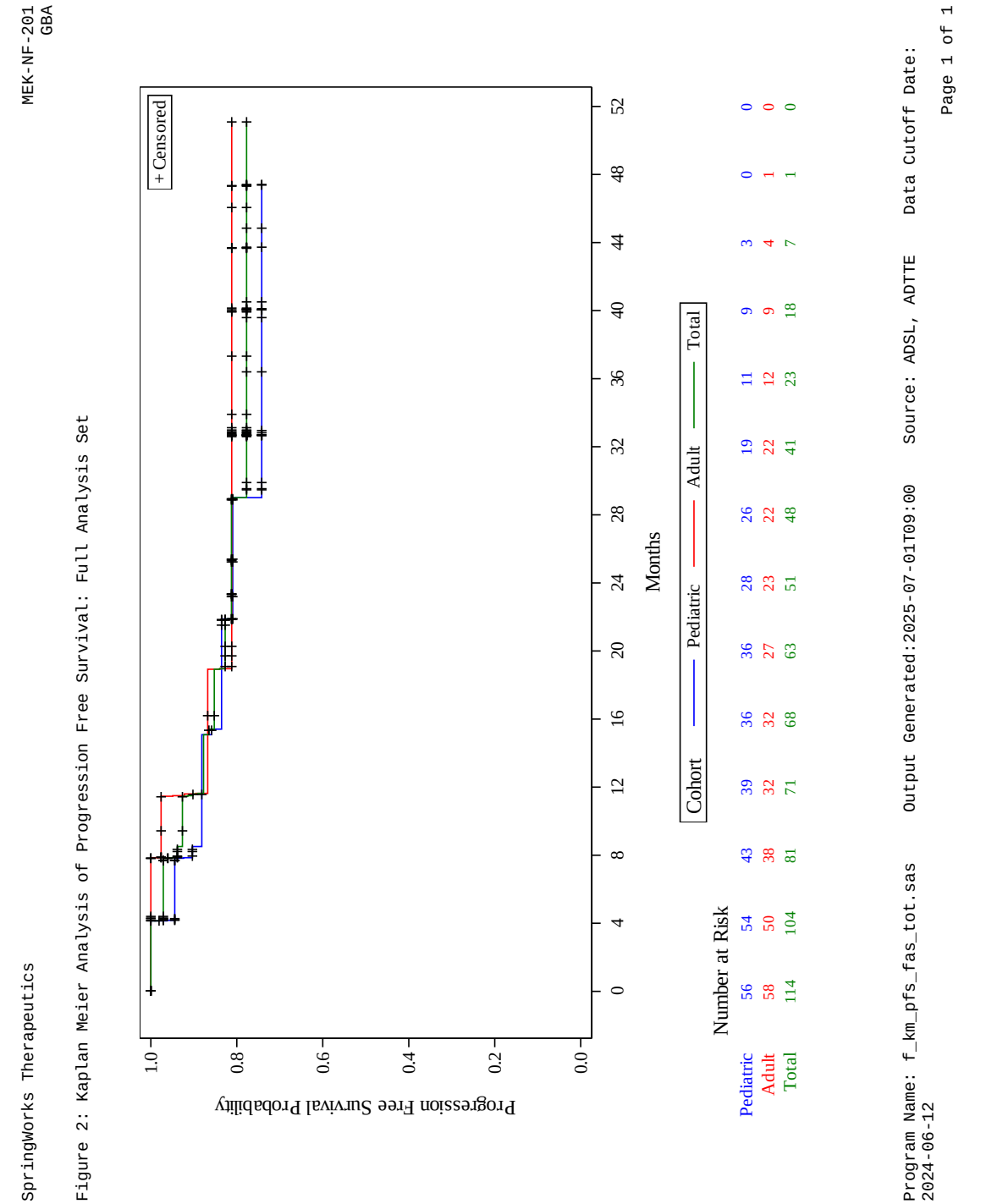
Figure 10: Mixed Model Repeated Measures: Percent Change from Baseline in Tumor Volume: Full Analysis Set



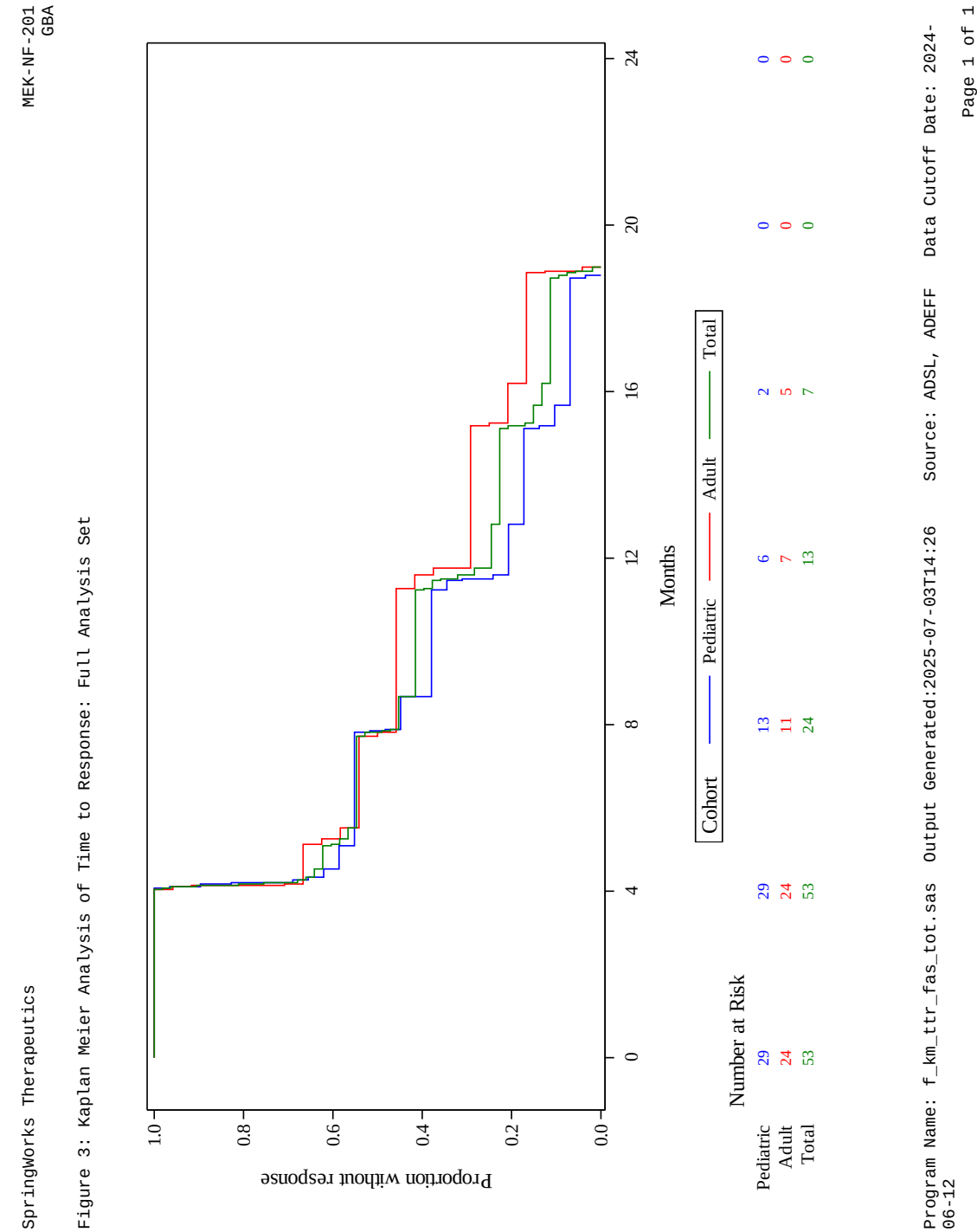
CI: Confidence interval; LSMean: Least Squares Mean; MMRM: Mixed model for repeated measures. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

Program Name: f_tum_vol_mmrms.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

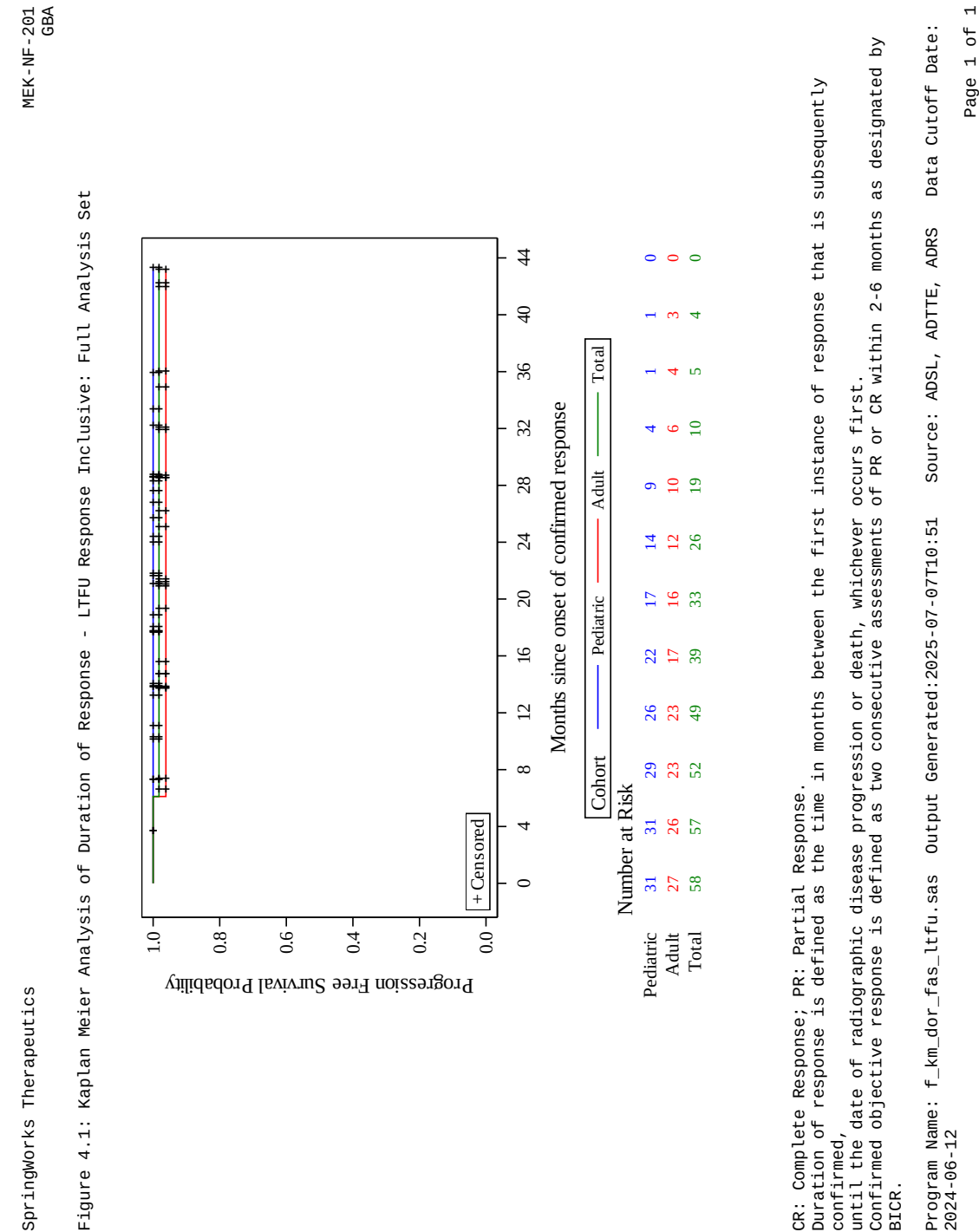
1.5 Figure 2: Kaplan Meier Analysis of Progression Free Survival: Full Analysis Set



1.6 Figure 3: Kaplan Meier Analysis of Time to Response: Full Analysis Set



1.7 Figure 4.1: Kaplan Meier Analysis of Duration of Response - LTFU Response Inclusive: Full Analysis Set



1.8 Table 10: Kaplan-Meier Analysis of Progression Free Survival: Full Analysis Set

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Table 10: Kaplan-Meier Analysis of Progression Free Survival: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Number of Participant events			
Event type			
Disease Progression	11 (19.6%)	7 (12.1%)	18 (15.8%)
Death	0	6 (85.7%) 1 (14.3%)	17 (94.4%) 1 (5.6%)
Number of Censored Participants	45 (80.4%)	51 (87.9%)	96 (84.2%)
Reason for Censoring			
No PD Post Baseline	40 (88.9%)	43 (84.3%)	83 (86.5%)
No Adequate Tumor Assessment Post Baseline	2 (4.4%)	8 (15.7%)	10 (10.4%)
Two or More Consecutive Missing/Non-Adequate Assessments	1 (2.2%)	0	1 (1.0%)
Death Before PD	0	0	0
Underwent PN Therapy/Surgery Prior to PD	2 (4.4%)	0	2 (2.1%)
Progression Free Survival (Months):			
1 st Quartile	29.01	NE	NE
95% CI	(15.1, NE)	(11.6, NE)	(18.9, NE)
Median	NE	NE	NE
95% CI	(NE, NE)	(NE, NE)	(NE, NE)
3 rd Quartile	NE	NE	NE
95% CI	(NE, NE)	(NE, NE)	(NE, NE)
At 8 months:			
Number of events experienced by this point	5 (8.9%)	1 (1.7%)	6 (5.3%)
Number of participants still event free by this point (at risk)	43 (76.8%)	38 (65.5%)	81 (71.1%)
Kaplan Meier response rate estimate	0.90	0.98	0.94
95% CI	(0.78, 0.96)	(0.84, 1.00)	(0.87, 0.97)
CI: Confidence Interval; CR: Complete Response; PR: Partial Response; SD: Stable Disease; PD: Progressive Disease. N represents the number of participants in the corresponding the cohort. Progression free survival (PFS) is defined as the time from treatment start date to the first occurrence of radiographic disease progression or death, whichever occurs first. Percentages are calculated out of the number of participants in the corresponding cohort for the number with event/censored, number of events experienced by this point and number of participants still event free by this point, out of the total number of events for event type and out of the number censored for the reasons for censoring.			
Program Name: t_km_pfs.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADITE Data Cutoff Date: 2024-06-12			

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Table 10: Kaplan-Meier Analysis of Progression Free Survival: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
At 12 months:			
Number of events experienced by this point	6 (10.7%)	5 (8.6%)	11 (9.6%)
Number of participants still event free by this point (at risk)	39 (69.6%)	32 (55.2%)	71 (62.3%)
Kaplan Meier response rate estimate	0.88	0.87	0.88
95% CI	(0.75, 0.95)	(0.71, 0.94)	(0.79, 0.93)
At 16 months:			
Number of events experienced by this point	8 (14.3%)	5 (8.6%)	13 (11.4%)
Number of participants still event free by this point (at risk)	36 (64.3%)	32 (55.2%)	68 (59.6%)
Kaplan Meier response rate estimate	0.84	0.87	0.85
95% CI	(0.70, 0.91)	(0.71, 0.94)	(0.76, 0.91)
At 20 months:			
Number of events experienced by this point	8 (14.3%)	7 (12.1%)	15 (13.2%)
Number of participants still event free by this point (at risk)	36 (64.3%)	27 (46.6%)	63 (55.3%)
Kaplan Meier response rate estimate	0.84	0.81	0.83
95% CI	(0.70, 0.91)	(0.64, 0.91)	(0.73, 0.89)
At 24 months:			
Number of events experienced by this point	9 (16.1%)	7 (12.1%)	16 (14.0%)
Number of participants still event free by this point (at risk)	28 (50.0%)	23 (39.7%)	51 (44.7%)
Kaplan Meier response rate estimate	0.81	0.81	0.81
95% CI	(0.66, 0.90)	(0.64, 0.91)	(0.71, 0.88)

CI: Confidence Interval; CR: Complete Response; PR: Partial Response; SD: Stable Disease; PD: Progressive Disease.

N represents the number of participants in the corresponding the cohort.

Progression free survival (PFS) is defined as the time from treatment start date to the first occurrence of radiographic disease progression or death, whichever occurs first.

Percentages are calculated out of the number of participants in the corresponding cohort for the number with event/censored, number of events experienced by this point and number of participants still event free by this point, out of the total number of events for event type and out of the number censored for the reasons for censoring.

Program Name: t_km_pfs.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADTTE Data Cutoff Date: 2024-06-12

1.9 Table 11: Time to Response: Full Analysis Set

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SpringWorks Therapeutics		Table 11: Time to Response: Full Analysis Set		
		Pediatric (N=56)	Adult (N=58)	Total (N=114)
Time to Response (Months)				
n (%)		29 (51.8%)	24 (41.4%)	53 (46.5%)
Mean (SD)		8.63 (4.801)	9.71 (5.804)	9.12 (5.254)
Median		7.90	7.75	7.80
Min, Max		4.1, 18.8	4.0, 19.0	4.0, 19.0
Q1, Q3		4.2, 11.5	4.1, 15.2	4.2, 11.8
Cycle of 1st Response that was Subsequently Confirmed				
Cycle 5		13 (44.8%)	11 (45.8%)	24 (45.3%)
Cycle 9		5 (17.2%)	2 (8.3%)	7 (13.2%)
Cycle 13		6 (20.7%)	4 (16.7%)	10 (18.9%)
Cycle 17		3 (10.3%)	3 (12.5%)	6 (11.3%)
Cycle 21		2 (6.9%)	4 (16.7%)	6 (11.3%)
Time to Response (Months):				
1 st Quartile		4.20	4.10	4.20
95% CI		(4.1, 4.5)	(4.0, 5.3)	(4.1, 4.5)
Median		7.90	7.75	7.80
95% CI		(4.2, 11.5)	(4.1, 11.8)	(4.3, 11.5)
3 rd Quartile		11.50	15.20	11.80
95% CI		(8.7, 15.2)	(11.3, 18.9)	(11.3, 15.7)
SD: Standard deviation; Min: Minimum; Max: Maximum; NE: Not Evaluable.				
Time to response is defined as the time in months from the start of treatment to the date of first response that was subsequently confirmed.				
Program Name: t_resp_fas.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADEFF Data Cutoff Date: 2024-06-12				

1.10 Table 12: Analysis of Disease Control Rate: Full Analysis Set

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Table 12: Analysis of Disease Control Rate: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Disease Control Rate			
n	51	50	101
%	91.1	86.2	88.6
95% CI	(80.4, 97.0)	(74.6, 93.9)	(81.3, 93.8)

BOR: Best Overall Response; CI: Confidence interval; SD: Stable Disease.
Disease control rate is defined as having a confirmed BOR of SD or better post-baseline during the Treatment Phase.
95% CIs are derived using the Clopper-Pearson approach.
Participants who had no response data or discontinued early from the study without responding are considered to have not presented disease control.

Program Name: t_ds_fas.sas Output Generated: 2025-07-01T08:59 Source: AD5L, ADEFF Data Cutoff Date: 2024-06-12

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1.11 Table 14.2.1.1.1.2: Analysis of Confirmed Objective Response Rate - LTFU Response Inclusive: Full Analysis Set

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Table 14.2.1.1.1.2: Analysis of Confirmed Objective Response Rate - LTFU Response Inclusive: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Confirmed Objective Response Rate			
n	31	27	58
%	55.4	46.6	50.9
95% CI	(41.5, 68.7)	(33.3, 60.1)	(41.3, 60.4)
p-value	<0.001	<0.001	
Best Overall Confirmed Response Status			
Complete Response	0	0	0
Partial Response	31 (55.4%)	27 (46.6%)	58 (50.9%)
Stable Disease	20 (35.7%)	23 (39.7%)	43 (37.7%)
Progressive Disease	3 (5.4%)	0	3 (2.6%)
Not Evaluable	0	0	0
Missing	2 (3.6%)	8 (13.8%)	10 (8.8%)

CI: Confidence interval; CR: Complete Response; PR: Partial Response; LTFU: Long-Term Follow Up.

Target lesion baseline occurs at Screening.

N represents the number of participants in the corresponding cohort. n is the number of confirmed objective responders during the Treatment Phase or LTFU Phase.

Confirmed objective response is defined as two consecutive assessments of PR or CR assessed by a BICR within 2-6 months.

95% CIs are derived using the Clopper-Pearson approach.

P-values are calculated using a one-sample two-sided binomial test compared to the minimally clinically relevant response rates of 23% for the adult cohort and 20% for the pediatric cohort.

Participants who had no post-baseline MRI assessment or no confirmed objective response are treated as non-responders.

Best overall confirmed response status is defined as the best confirmed response prior to disease progression during the Treatment Phase or LTFU Phase.

Missing contains participants who have no post-baseline MRI assessments.

Program Name: t_orr_ltfu.sas Output Generated: 2025-07-03T15:16 Source: ADSL, ADEFF, ADRS Data Cutoff Date: 2024-06-12

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1.12 Table 14.2.2.3.1: Best Percentage Change from Baseline in Tumor Volume: Full Analysis Set

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Table 14.2.2.3.1 Best Percentage Change from Baseline in Tumor Volume: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Best Change from Baseline in Tumor Volume (%)			
n	54	50	104
Mean (SD)	-37.71 (32.660)	-40.57 (28.275)	-39.09 (30.517)
Median	-42.62	-41.25	-41.87
Min, Max	-98.1, 47.6	-89.7, 12.8	-98.1, 47.6
Time to Best Percentage Change from Baseline in Tumor Volume (Months)			
n	54	50	104
Mean (SD)	16.47 (11.090)	18.98 (12.830)	17.68 (11.966)
Median	15.21	17.51	15.64
Min, Max	4.0, 40.5	4.0, 47.3	4.0, 47.3

SD: Standard deviation; Min: Minimum; Max: Maximum.

Tumor volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.

Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_cfb_fas.sas Output Generated: 2025-07-30T13:46 Source: ADSL, ADEFF Data Cutoff Date: 2024-06-12

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1.13 Table 14.2.4.1.2: Kaplan-Meier Analysis of Duration of Response - LTFU Response Inclusive: Full Analysis Set

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Table 14.2.4.1.2 Kaplan-Meier Analysis of Duration of Response - LTFU Response Inclusive: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Number of Participants with Confirmed Response	31 (55.4%)	27 (46.6%)	58 (50.9%)
Number of Participant Events			
PD	0	1 (3.7%)	1 (1.7%)
Death	0	1 (100%)	1 (100%)
Number of Censored Participants	31 (100%)	26 (96.3%)	57 (98.3%)
Reason for Censoring			
No Adequate Tumor Assessment Post Confirmed Response	0	1 (3.8%)	1 (1.8%)
No PD/Death Post Response Confirmation	29 (93.5%)	25 (96.2%)	54 (94.7%)
Underwent PN Therapy/Surgery Prior to PD/Death	2 (6.5%)	0	2 (3.5%)
Two or More Consecutive Missing/Non-Adequate Assessments	0	0	0
Duration of Response (Months):			
1 st Quartile	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)
95% CI			
Median	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)
95% CI			
3 rd Quartile	NE (NE, NE)	NE (NE, NE)	NE (NE, NE)
95% CI			

CI: Confidence Interval; CR: Complete Response; PR: Partial Response; PD: Progressive Disease; NE: Not estimable.
Duration of response is defined as the time in months between the first instance of response that is subsequently confirmed, until the date of radiographic disease progression or death, whichever occurs first.
Confirmed objective response is defined as two consecutive assessments of PR or CR within 2-6 months as designated by BICR during the Treatment Phase or LTFU Phase.

Percentages are calculated out of the number of participants with a confirmed objective response for the number with event/censored, number of events experienced by this point and number of participants still event free by this point.
Percentages for event type are based on the total number of events, and out of the number censored for the reasons for censoring.

Program Name: t_dor_ltfu.sas Output Generated: 2025-07-07T12:08 Source: ADSL, ADRS Data Cutoff Date: 2024-06-12

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Table 14.2.4.1.2 Kaplan-Meier Analysis of Duration of Response - LTFU Response Inclusive: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
At 8 months:			
Number of events experienced by this point	0	1 (3.7%)	1 (1.7%)
Number of participants still event free by this point (at risk)	29 (93.5%)	23 (85.2%)	52 (89.7%)
Kaplan Meier response rate estimate	1.00	0.96	0.98
95% CI	(1.00, 1.00)	(0.76, 0.99)	(0.88, 1.00)
At 12 months:			
Number of events experienced by this point	0	1 (3.7%)	1 (1.7%)
Number of participants still event free by this point (at risk)	26 (83.9%)	23 (85.2%)	49 (84.5%)
Kaplan Meier response rate estimate	1.00	0.96	0.98
95% CI	(1.00, 1.00)	(0.76, 0.99)	(0.88, 1.00)
At 16 months:			
Number of events experienced by this point	0	1 (3.7%)	1 (1.7%)
Number of participants still event free by this point (at risk)	22 (71.0%)	17 (63.0%)	39 (67.2%)
Kaplan Meier response rate estimate	1.00	0.96	0.98
95% CI	(1.00, 1.00)	(0.76, 0.99)	(0.88, 1.00)

CI: Confidence Interval; CR: Complete Response; PR: Partial Response; PD: Progressive Disease; NE: Not estimable.
Duration of response is defined as the time in months between the first instance of response that is subsequently confirmed, until the date of radiographic disease progression or death, whichever occurs first.
Confirmed objective response is defined as two consecutive assessments of PR or CR within 2-6 months as designated by BICR during the Treatment Phase or LTFU Phase.
Percentages are calculated out of the number of participants with a confirmed objective response for the number with event/censored, number of events experienced by this point and number of participants still event free by this point.
Percentages for event type are based on the total number of events, and out of the number censored for the reasons for censoring.

Program Name: t_dor_ltfu.sas Output Generated: 2025-07-07T12:08 Source: ADSL, ADRS Data Cutoff Date: 2024-06-12

Table 14.2.4.1.1.2 Kaplan-Meier Analysis of Duration of Response - LTFU Response Inclusive: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
At 20 months:			
Number of events experienced by this point		1 (3.7%)	1 (1.7%)
Number of participants still event free by this point (at risk)	0 17 (54.8%)	16 (59.3%)	33 (56.9%)
Kaplan Meier response rate estimate	1.00	0.96	0.98
95% CI	(1.00, 1.00)	(0.76, 0.99)	(0.88, 1.00)
At 24 months:			
Number of events experienced by this point		1 (3.7%)	1 (1.7%)
Number of participants still event free by this point (at risk)	0 14 (45.2%)	12 (44.4%)	26 (44.8%)
Kaplan Meier response rate estimate	1.00	0.96	0.98
95% CI	(1.00, 1.00)	(0.76, 0.99)	(0.88, 1.00)

CI: Confidence Interval; CR: Complete Response; PR: Partial Response; PD: Progressive Disease; NE: Not estimable.
Duration of response is defined as the time in months between the first instance of response that is subsequently confirmed, until the date of radiographic disease progression or death, whichever occurs first.
Confirmed objective response is defined as two consecutive assessments of PR or CR within 2-6 months as designated by BICR during the Treatment Phase or LTFU Phase.
Percentages are calculated out of the number of participants with a confirmed objective response for the number with event/censored, number of events experienced by this point and number of participants still event free by this point.
Percentages for event type are based on the total number of events, and out of the number censored for the reasons for censoring.

Program Name: t_dor_ltfu.sas Output Generated: 2025-07-07T12:08 Source: ADSL, ADRS Data Cutoff Date: 2024-06-12

1.14 Table 63: Tumor Reduction SummaryTable: Full Analysis Set

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Table 63: Tumor Reduction Summary Table: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
	n (%)	n (%)	n (%)
Any Tumor Reduction from Baseline	46 (82.1%)	46 (79.3%)	92 (80.7%)
Tumor Reduction >=20% from Baseline	37 (66.1%)	35 (60.3%)	72 (63.2%)
Tumor Reduction >=40% from Baseline	31 (55.4%)	28 (48.3%)	59 (51.8%)
Tumor Reduction >=60% from Baseline	14 (25.0%)	15 (25.9%)	29 (25.4%)
Tumor Reduction >=80% from Baseline	5 (8.9%)	3 (5.2%)	8 (7.0%)

Program Name: t_63_tum_red.sas

Output Generated: 2025-07-01T09:08

Source: ADSL, ADTR

Data Cutoff Date: 2024-06-12

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1.15 Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
Baseline (Screening)			
n (%)	28 (100%)	28 (100%)	56 (100%)
Mean (SD)	142.1 (193.14)	253.9 (468.38)	198.0 (359.43)
Median	84.6	153.5	106.5
Min, Max	5, 981	17, 2518	5, 2518
C5D15			
n (%)	28 (100%)	24 (85.7%)	52 (92.9%)
Mean (SD)	126.6 (172.26)	218.5 (392.28)	169.0 (295.39)
Median	78.4	88.9	82.2
Min, Max	3, 887	15, 1955	3, 1955
Change from Baseline at C5D15			
n (%)	28 (100%)	24 (85.7%)	52 (92.9%)
Mean (SD)	-15.6 (43.54)	-39.9 (120.02)	-26.8 (87.47)
Median	-4.2	-2.3	-3.7
Min, Max	-180, 61	-563, 67	-563, 67
LS Mean (SE)	-18.25 (7.7)	-57.90 (10.9)	-38.67 (6.2)
95% CI	(-33.40, -3.09)	(-79.42, -36.38)	(-50.86, -26.48)
p-value	0.0186	<0.0001	<0.0001
Percent Change from Baseline at C5D15			
n (%)	28 (100%)	24 (85.7%)	52 (92.9%)
Mean (SD)	-12.0 (22.31)	-6.4 (18.50)	-9.4 (20.64)
Median	-8.1	-5.7	-6.8
Min, Max	-66, 48	-41, 40	-66, 48
LS Mean (SE)	-12.08 (4.7)	-6.80 (4.1)	-9.28 (3.1)
95% CI	(-21.33, -2.84)	(-14.91, 1.30)	(-15.29, -3.27)
p-value	0.0108	0.0993	0.0026

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum. Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used. Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C9D15			
n (%)	25 (89.3%)	22 (78.6%)	47 (83.9%)
Mean (SD)	132.7 (218.75)	203.4 (385.95)	165.8 (306.98)
Median	72.9	78.5	75.0
Min, Max	2, 1041	19, 1877	2, 1877
Change from Baseline at C9D15			
n (%)	25 (89.3%)	22 (78.6%)	47 (83.9%)
Mean (SD)	-12.8 (57.16)	-48.7 (138.49)	-29.6 (103.86)
Median	-9.0	-3.3	-6.4
Min, Max	-148, 157	-641, 32	-641, 157
LS Mean (SE)	-5.87 (16.8)	-66.89 (11.1)	-38.41 (10.3)
95% CI	(-39.17, 27.44)	(-88.90, -44.88)	(-58.59, -18.23)
p-value	0.7281	<0.0001	0.0002
Percent Change from Baseline at C9D15			
n (%)	25 (89.3%)	22 (78.6%)	47 (83.9%)
Mean (SD)	-19.5 (27.46)	-8.7 (22.67)	-14.5 (25.65)
Median	-18.1	-4.4	-12.9
Min, Max	-77, 49	-65, 28	-77, 49
LS Mean (SE)	-14.63 (6.9)	-9.09 (4.9)	-12.36 (4.0)
95% CI	(-28.21, -1.05)	(-18.73, 0.55)	(-20.31, -4.40)
p-value	0.0349	0.0642	0.0024

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C13D15			
n (%)	21 (75.0%)	19 (67.9%)	40 (71.4%)
Mean (SD)	122.1 (190.08)	253.5 (395.72)	184.5 (308.57)
Median	68.3	146.7	81.2
Min, Max	2, 873	32, 1771	2, 1771
Change from Baseline at C13D15			
n (%)	21 (75.0%)	19 (67.9%)	40 (71.4%)
Mean (SD)	-30.4 (38.74)	-57.0 (170.57)	-43.0 (119.90)
Median	-15.0	-6.8	-7.9
Min, Max	-118, 9	-747, 35	-747, 35
LS Mean (SE)	-21.08 (11.7)	-64.40 (13.2)	-43.57 (8.5)
95% CI	(-44.25, 2.09)	(-90.47, -38.32)	(-60.25, -26.88)
p-value	0.0741	<0.0001	<0.0001
Percent Change from Baseline at C13D15			
n (%)	21 (75.0%)	19 (67.9%)	40 (71.4%)
Mean (SD)	-27.6 (24.04)	-9.2 (18.57)	-18.9 (23.27)
Median	-30.7	-7.0	-15.4
Min, Max	-77, 21	-43, 35	-77, 35
LS Mean (SE)	-20.14 (6.4)	-9.07 (4.1)	-14.92 (3.8)
95% CI	(-32.87, -7.40)	(-17.09, -1.04)	(-22.45, -7.39)
p-value	0.0022	0.0271	0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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GBA

Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C17D15			
n (%)	20 (71.4%)	18 (64.3%)	38 (67.9%)
Mean (SD)	107.6 (168.20)	228.5 (327.94)	164.9 (260.15)
Median	58.0	141.0	81.8
Min, Max	2, 750	24, 1396	2, 1396
Change from Baseline at C17D15			
n (%)	20 (71.4%)	18 (64.3%)	38 (67.9%)
Mean (SD)	-34.2 (65.13)	-97.2 (261.15)	-64.0 (185.82)
Median	-17.2	-11.1	-14.5
Min, Max	-232, 43	-1123, 11	-1123, 43
LS Mean (SE)	-26.51 (13.8)	-101.57 (26.1)	-61.39 (15.8)
95% CI	(-53.89, 0.87)	(-153.13, -50.01)	(-92.49, -30.28)
p-value	0.0576	0.0002	0.0001
Percent Change from Baseline at C17D15			
n (%)	20 (71.4%)	18 (64.3%)	38 (67.9%)
Mean (SD)	-32.7 (28.71)	-20.0 (23.84)	-26.7 (26.94)
Median	-34.9	-16.9	-23.9
Min, Max	-73, 27	-77, 9	-77, 27
LS Mean (SE)	-26.09 (7.3)	-17.91 (5.0)	-22.15 (4.7)
95% CI	(-40.60, -11.57)	(-27.88, -7.93)	(-31.32, -12.98)
p-value	0.0005	0.0005	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C21D15			
n (%)	18 (64.3%)	16 (57.1%)	34 (60.7%)
Mean (SD)	107.2 (180.68)	241.3 (404.24)	170.3 (309.37)
Median	41.3	126.4	78.2
Min, Max	2, 752	29, 1694	2, 1694
Change from Baseline at C21D15			
n (%)	18 (64.3%)	16 (57.1%)	34 (60.7%)
Mean (SD)	-37.2 (64.97)	-108.3 (200.12)	-70.7 (147.23)
Median	-9.1	-44.3	-17.9
Min, Max	-229, 7	-825, 15	-825, 15
LS Mean (SE)	-27.32 (12.2)	-102.88 (11.1)	-66.70 (8.3)
95% CI	(-51.51, -3.13)	(-124.76, -81.00)	(-82.94, -50.45)
p-value	0.0271	<0.0001	<0.0001
Percent Change from Baseline at C21D15			
n (%)	18 (64.3%)	16 (57.1%)	34 (60.7%)
Mean (SD)	-29.8 (24.73)	-25.0 (23.05)	-27.6 (23.72)
Median	-31.5	-27.6	-29.2
Min, Max	-81, 5	-72, 21	-81, 21
LS Mean (SE)	-21.01 (7.1)	-23.41 (5.1)	-22.50 (4.3)
95% CI	(-35.15, -6.87)	(-33.57, -13.25)	(-30.96, -14.04)
p-value	0.0039	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C24D21			
n (%)	18 (64.3%)	15 (53.6%)	33 (58.9%)
Mean (SD)	85.1 (138.78)	233.3 (362.04)	152.5 (270.54)
Median	37.6	130.1	66.5
Min, Max	1, 597	20, 1463	1, 1463
Change from Baseline at C24D21			
n (%)	18 (64.3%)	15 (53.6%)	33 (58.9%)
Mean (SD)	-59.3 (99.51)	-123.0 (264.94)	-88.2 (192.37)
Median	-16.5	-26.5	-22.0
Min, Max	-384, -1	-1055, 5	-1055, 5
LS Mean (SE)	-49.62 (14.5)	-122.00 (21.9)	-84.14 (13.2)
95% CI	(-78.36, -20.87)	(-165.23, -78.77)	(-110.15, -58.13)
p-value	0.0008	<0.0001	<0.0001
Percent Change from Baseline at C24D21			
n (%)	18 (64.3%)	15 (53.6%)	33 (58.9%)
Mean (SD)	-41.6 (26.44)	-26.7 (22.74)	-34.8 (25.58)
Median	-39.2	-27.6	-39.0
Min, Max	-82, -8	-66, 13	-82, 13
LS Mean (SE)	-35.72 (6.5)	-27.18 (5.3)	-31.54 (4.4)
95% CI	(-48.59, -22.86)	(-37.72, -16.65)	(-49.25, -22.83)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C28D15			
n (%)	13 (46.4%)	13 (46.4%)	26 (46.4%)
Mean (SD)	108.9 (178.00)	269.5 (432.36)	189.2 (334.13)
Median	53.6	160.6	106.7
Min, Max	1, 676	19, 1669	1, 1669
Change from Baseline at C28D15			
n (%)	13 (46.4%)	13 (46.4%)	26 (46.4%)
Mean (SD)	-58.9 (93.95)	-138.9 (224.59)	-98.9 (173.52)
Median	-11.8	-66.4	-49.0
Min, Max	-306, -0	-849, 11	-849, 11
LS Mean (SE)	-48.09 (11.6)	-111.14 (11.9)	-81.90 (8.2)
95% CI	(-71.01, -25.18)	(-134.64, -87.63)	(-97.95, -65.84)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C28D15			
n (%)	13 (46.4%)	13 (46.4%)	26 (46.4%)
Mean (SD)	-39.3 (28.57)	-31.3 (19.64)	-35.3 (24.37)
Median	-31.1	-33.7	-32.6
Min, Max	-91, -0	-65, 15	-91, 15
LS Mean (SE)	-37.00 (6.3)	-26.40 (5.9)	-32.68 (4.5)
95% CI	(-49.56, -24.44)	(-38.09, -14.71)	(-41.45, -23.90)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_hn.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C32D15			
n (%)	12 (42.9%)	14 (50.0%)	26 (46.4%)
Mean (SD)	87.3 (121.12)	229.8 (383.26)	164.1 (296.80)
Median	55.1	124.1	74.7
Min, Max	1, 435	16, 1509	1, 1509
Change from Baseline at C32D15			
n (%)	12 (42.9%)	14 (50.0%)	26 (46.4%)
Mean (SD)	-93.8 (160.33)	-163.2 (252.82)	-131.1 (213.99)
Median	-31.3	-104.8	-55.3
Min, Max	-546, -6	-1009, -12	-1009, -6
LS Mean (SE)	-62.40 (22.1)	-141.42 (18.1)	-107.33 (13.5)
95% CI	(-106.16, -18.65)	(-177.30, -105.55)	(-133.86, -80.77)
p-value	0.0055	<0.0001	<0.0001
Percent Change from Baseline at C32D15			
n (%)	12 (42.9%)	14 (50.0%)	26 (46.4%)
Mean (SD)	-49.9 (26.13)	-43.5 (17.55)	-46.5 (21.71)
Median	-51.5	-41.3	-43.6
Min, Max	-86, -10	-86, -14	-86, -10
LS Mean (SE)	-48.51 (5.5)	-38.78 (4.8)	-44.44 (3.8)
95% CI	(-59.37, -37.64)	(-48.36, -29.21)	(-51.95, -36.93)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C36D15			
n (%)	10 (35.7%)	14 (50.0%)	24 (42.9%)
Mean (SD)	112.5 (148.67)	224.4 (370.03)	177.8 (298.69)
Median	78.7	146.6	97.9
Min, Max	1, 508	13, 1458	1, 1458
Change from Baseline at C36D15			
n (%)	10 (35.7%)	14 (50.0%)	24 (42.9%)
Mean (SD)	-92.2 (146.39)	-168.6 (266.82)	-136.8 (223.85)
Median	-36.0	-94.7	-67.8
Min, Max	-474, -0	-1060, -12	-1060, -0
LS Mean (SE)	-61.99 (13.9)	-142.42 (20.7)	-102.14 (14.2)
95% CI	(-89.44, -34.55)	(-183.38, -101.46)	(-130.07, -74.21)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C36D15			
n (%)	10 (35.7%)	14 (50.0%)	24 (42.9%)
Mean (SD)	-44.0 (25.94)	-44.0 (18.04)	-44.0 (21.15)
Median	-46.1	-41.8	-43.0
Min, Max	-87, -0	-79, -18	-87, -0
LS Mean (SE)	-44.18 (5.8)	-39.05 (4.7)	-43.45 (3.8)
95% CI	(-55.69, -32.68)	(-48.33, -29.78)	(-50.94, -35.97)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C40D15			
n (%)	5 (17.9%)	7 (25.0%)	12 (21.4%)
Mean (SD)	189.4 (271.55)	168.6 (151.35)	177.3 (198.56)
Median	75.9	102.1	89.0
Min, Max	0, 656	36, 386	0, 656
Change from Baseline at C40D15			
n (%)	5 (17.9%)	7 (25.0%)	12 (21.4%)
Mean (SD)	-87.9 (133.47)	-146.8 (70.56)	-122.3 (100.57)
Median	-33.4	-144.5	-106.1
Min, Max	-325, -10	-251, -45	-325, -10
LS Mean (SE)	-46.68 (8.6)	-133.65 (16.3)	-87.81 (13.8)
95% CI	(-63.67, -29.69)	(-165.84, -101.46)	(-114.89, -60.72)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C40D15			
n (%)	5 (17.9%)	7 (25.0%)	12 (21.4%)
Mean (SD)	-46.8 (31.14)	-53.4 (23.51)	-50.7 (25.80)
Median	-40.8	-59.3	-47.3
Min, Max	-98, -15	-80, -11	-98, -11
LS Mean (SE)	-38.33 (9.9)	-40.91 (5.1)	-42.50 (5.9)
95% CI	(-57.86, -18.80)	(-50.92, -30.90)	(-54.08, -30.92)
p-value	0.0002	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C44D15			
n (%)	4 (14.3%)	6 (21.4%)	10 (17.9%)
Mean (SD)	152.8 (263.01)	174.1 (143.22)	165.6 (185.94)
Median	32.6	115.3	100.9
Min, Max	0, 546	26, 415	0, 546
Change from Baseline at C44D15			
n (%)	4 (14.3%)	6 (21.4%)	10 (17.9%)
Mean (SD)	-137.3 (200.67)	-173.0 (22.44)	-158.7 (118.50)
Median	-51.9	-165.3	-160.8
Min, Max	-436, -10	-215, -154	-436, -10
LS Mean (SE)	NA (NA)	-154.18 (10.0)	-112.64 (15.1)
95% CI	(NA, NA)	(-173.97, -134.38)	(-142.34, -82.94)
p-value	NA	<0.0001	<0.0001
Percent Change from Baseline at C44D15			
n (%)	4 (14.3%)	6 (21.4%)	10 (17.9%)
Mean (SD)	-68.7 (23.11)	-56.4 (19.09)	-61.4 (20.51)
Median	-67.0	-59.2	-59.4
Min, Max	-96, -44	-86, -34	-96, -34
LS Mean (SE)	NA (NA)	-44.48 (5.0)	-54.73 (5.1)
95% CI	(NA, NA)	(-54.46, -34.51)	(-64.83, -44.63)
p-value	NA	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C48D15			
n (%)	2 (7.1%)	4 (14.3%)	6 (10.7%)
Mean (SD)	371.8 (241.96)	84.4 (53.52)	180.2 (188.27)
Median	371.8	68.9	118.7
Min, Max	201, 543	39, 161	39, 543
Change from Baseline at C48D15			
n (%)	2 (7.1%)	4 (14.3%)	6 (10.7%)
Mean (SD)	-232.1 (291.82)	-170.8 (41.57)	-191.2 (138.10)
Median	-232.1	-166.7	-166.7
Min, Max	-438, -26	-219, -131	-438, -26
LS Mean (SE)	NA (NA)	NA (NA)	-131.92 (25.5)
95% CI	(NA, NA)	(NA, NA)	(-182.19, -81.64)
p-value	NA	NA	<0.0001
Percent Change from Baseline at C48D15			
n (%)	2 (7.1%)	4 (14.3%)	6 (10.7%)
Mean (SD)	-28.0 (23.55)	-68.3 (15.96)	-54.8 (26.37)
Median	-28.0	-74.8	-58.2
Min, Max	-45, -11	-79, -45	-79, -11
LS Mean (SE)	NA (NA)	NA (NA)	-52.45 (8.6)
95% CI	(NA, NA)	(NA, NA)	(-69.45, -35.46)
p-value	NA	NA	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.1: Tumor Volume (mL) by Visit - Participants with Head and Neck Tumors: Full Analysis Set

	Pediatric (N=28)	Adult (N=28)	Total (N=56)
C52D15			
n (%)	1 (3.6%)	1 (3.6%)	2 (3.6%)
Mean (SD)	229.6 (NA)	97.0 (NA)	163.3 (93.78)
Median	229.6	97.0	163.3
Min, Max	230, 230	97, 97	97, 230
Change from Baseline at C52D15			
n (%)	1 (3.6%)	1 (3.6%)	2 (3.6%)
Mean (SD)	3.2 (NA)	-183.5 (NA)	-90.2 (132.01)
Median	3.2	-183.5	-90.2
Min, Max	3, 3	-184, -184	-184, 3
Percent Change from Baseline at C52D15			
n (%)	1 (3.6%)	1 (3.6%)	2 (3.6%)
Mean (SD)	1.4 (NA)	-65.4 (NA)	-32.0 (47.25)
Median	1.4	-65.4	-32.0
Min, Max	1, 1	-65, -65	-65, 1

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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1.16 Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
Baseline (Screening)			
n (%)	28 (100%)	30 (100%)	58 (100%)
Mean (SD)	164.8 (204.73)	614.1 (865.10)	397.2 (672.24)
Median	120.6	257.7	163.9
Min, Max	5, 981	17, 3457	5, 3457
C5D15			
n (%)	26 (92.9%)	26 (86.7%)	52 (89.7%)
Mean (SD)	145.5 (185.29)	504.9 (777.74)	325.2 (588.44)
Median	101.5	200.7	147.7
Min, Max	3, 887	15, 3118	3, 3118
Change from Baseline at C5D15			
n (%)	26 (92.9%)	26 (86.7%)	52 (89.7%)
Mean (SD)	-24.3 (49.89)	-93.4 (157.78)	-58.9 (120.99)
Median	-5.6	-42.2	-13.5
Min, Max	-180, 61	-563, 67	-563, 67
LS Mean (SE)	-26.04 (8.2)	-53.01 (41.9)	-42.61 (19.1)
95% CI	(-42.24, -9.84)	(-135.83, 29.81)	(-80.24, -4.99)
p-value	0.0018	0.2078	0.0266
Percent Change from Baseline at C5D15			
n (%)	26 (92.9%)	26 (86.7%)	52 (89.7%)
Mean (SD)	-15.1 (24.60)	-11.7 (18.92)	-13.4 (21.80)
Median	-13.3	-13.0	-13.0
Min, Max	-66, 48	-43, 40	-66, 48
LS Mean (SE)	-14.42 (5.3)	-11.54 (4.2)	-13.01 (3.1)
95% CI	(-24.88, -3.97)	(-19.87, -3.21)	(-19.16, -6.87)
p-value	0.0072	0.0069	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C9D15			
n (%)	25 (89.3%)	23 (76.7%)	48 (82.8%)
Mean (SD)	149.1 (223.62)	357.6 (563.92)	249.0 (430.67)
Median	81.2	187.4	91.0
Min, Max	2, 1041	19, 2202	2, 2202
Change from Baseline at C9D15			
n (%)	25 (89.3%)	23 (76.7%)	48 (82.8%)
Mean (SD)	-19.7 (63.65)	-117.8 (281.64)	-66.7 (204.08)
Median	-7.8	-38.1	-11.9
Min, Max	-159, 157	-1255, 20	-1255, 157
LS Mean (SE)	-13.81 (16.2)	-107.44 (19.6)	-62.16 (15.4)
95% CI	(-45.87, 18.26)	(-146.12, -68.77)	(-92.55, -31.77)
p-value	0.3960	<0.0001	<0.0001
Percent Change from Baseline at C9D15			
n (%)	25 (89.3%)	23 (76.7%)	48 (82.8%)
Mean (SD)	-17.2 (30.01)	-15.8 (24.31)	-16.5 (27.14)
Median	-12.9	-13.0	-13.0
Min, Max	-79, 49	-65, 28	-79, 49
LS Mean (SE)	-12.47 (7.6)	-15.56 (5.0)	-14.13 (4.2)
95% CI	(-27.47, 2.52)	(-25.50, -5.63)	(-22.38, -5.88)
p-value	0.1024	0.0024	0.0008

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C13D15			
n (%)	21 (75.0%)	19 (63.3%)	40 (69.0%)
Mean (SD)	138.0 (196.33)	361.5 (443.85)	244.2 (351.38)
Median	68.3	209.8	111.5
Min, Max	2, 873	13, 1771	2, 1771
Change from Baseline at C13D15			
n (%)	21 (75.0%)	19 (63.3%)	40 (69.0%)
Mean (SD)	-42.2 (45.29)	-83.2 (169.28)	-61.6 (121.27)
Median	-22.1	-40.7	-26.4
Min, Max	-127, 9	-747, 26	-747, 26
LS Mean (SE)	-33.92 (9.1)	-97.53 (21.1)	-67.48 (11.1)
95% CI	(-52.01, -15.84)	(-139.20, -55.86)	(-89.34, -45.63)
p-value	0.0003	<0.0001	<0.0001
Percent Change from Baseline at C13D15			
n (%)	21 (75.0%)	19 (63.3%)	40 (69.0%)
Mean (SD)	-29.1 (23.79)	-18.8 (21.24)	-24.2 (22.93)
Median	-30.7	-11.2	-27.3
Min, Max	-77, 21	-65, 8	-77, 21
LS Mean (SE)	-22.69 (6.3)	-17.81 (4.4)	-20.11 (3.7)
95% CI	(-35.06, -10.31)	(-26.43, -9.20)	(-27.46, -12.77)
p-value	0.0004	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C17D15			
n (%)	19 (67.9%)	18 (60.0%)	37 (63.8%)
Mean (SD)	117.3 (176.86)	339.0 (407.59)	225.2 (326.67)
Median	59.1	194.1	108.0
Min, Max	2, 750	9, 1396	2, 1396
Change from Baseline at C17D15			
n (%)	19 (67.9%)	18 (60.0%)	37 (63.8%)
Mean (SD)	-42.0 (68.18)	-118.7 (273.54)	-79.4 (197.91)
Median	-16.5	-20.8	-16.5
Min, Max	-232, 43	-1123, 172	-1123, 172
LS Mean (SE)	-37.48 (11.6)	-135.78 (33.7)	-88.15 (17.5)
95% CI	(-60.44, -14.53)	(-202.41, -69.14)	(-122.59, -53.71)
p-value	0.0016	<0.0001	<0.0001
Percent Change from Baseline at C17D15			
n (%)	19 (67.9%)	18 (60.0%)	37 (63.8%)
Mean (SD)	-30.6 (28.08)	-24.7 (27.49)	-27.7 (27.56)
Median	-33.5	-29.1	-32.2
Min, Max	-83, 27	-77, 15	-83, 27
LS Mean (SE)	-24.38 (6.9)	-26.09 (5.5)	-24.41 (4.3)
95% CI	(-38.06, -10.69)	(-37.03, -15.15)	(-32.86, -15.96)
p-value	0.0006	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C21D15			
n (%)	19 (67.9%)	16 (53.3%)	35 (60.3%)
Mean (SD)	122.7 (187.72)	355.2 (491.45)	229.0 (372.86)
Median	48.3	165.7	75.8
Min, Max	2, 752	9, 1694	2, 1694
Change from Baseline at C21D15			
n (%)	19 (67.9%)	16 (53.3%)	35 (60.3%)
Mean (SD)	-48.9 (64.00)	-121.1 (221.20)	-81.9 (158.39)
Median	-15.6	-94.0	-42.6
Min, Max	-229, 7	-825, 251	-825, 251
LS Mean (SE)	-37.15 (14.3)	-123.20 (29.8)	-85.11 (14.7)
95% CI	(-65.41, -8.89)	(-182.21, -64.20)	(-114.13, -56.10)
p-value	0.0104	<0.0001	<0.0001
Percent Change from Baseline at C21D15			
n (%)	19 (67.9%)	16 (53.3%)	35 (60.3%)
Mean (SD)	-35.0 (23.83)	-30.5 (27.35)	-33.0 (25.22)
Median	-32.4	-30.3	-32.4
Min, Max	-81, 2	-76, 22	-81, 22
LS Mean (SE)	-28.72 (6.5)	-29.06 (5.7)	-27.64 (4.4)
95% CI	(-41.63, -15.81)	(-40.39, -17.73)	(-36.21, -19.08)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C24D21			
n (%)	19 (67.9%)	17 (56.7%)	36 (62.1%)
Mean (SD)	111.8 (160.39)	323.1 (414.21)	211.6 (321.11)
Median	57.7	147.1	95.7
Min, Max	1, 597	8, 1463	1, 1463
Change from Baseline at C24D21			
n (%)	19 (67.9%)	17 (56.7%)	36 (62.1%)
Mean (SD)	-59.7 (97.86)	-159.1 (253.07)	-106.7 (191.66)
Median	-21.5	-118.9	-33.5
Min, Max	-384, 22	-1055, 55	-1055, 55
LS Mean (SE)	-48.05 (17.8)	-157.36 (27.7)	-107.76 (14.6)
95% CI	(-83.28, -12.81)	(-212.11, -102.60)	(-136.57, -78.95)
p-value	0.0079	<0.0001	<0.0001
Percent Change from Baseline at C24D21			
n (%)	19 (67.9%)	17 (56.7%)	36 (62.1%)
Mean (SD)	-33.8 (31.04)	-35.3 (28.32)	-34.5 (29.37)
Median	-39.0	-41.1	-39.1
Min, Max	-82, 40	-79, 13	-82, 40
LS Mean (SE)	-28.07 (7.8)	-33.16 (6.1)	-28.89 (4.6)
95% CI	(-43.51, -12.63)	(-45.25, -21.07)	(-38.04, -19.74)
p-value	0.0005	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C28D15			
n (%)	13 (46.4%)	14 (46.7%)	27 (46.6%)
Mean (SD)	95.6 (179.41)	268.9 (418.32)	185.5 (331.87)
Median	47.4	167.0	98.9
Min, Max	1, 676	10, 1669	1, 1669
Change from Baseline at C28D15			
n (%)	13 (46.4%)	14 (46.7%)	27 (46.6%)
Mean (SD)	-59.1 (94.86)	-171.5 (212.09)	-117.4 (172.97)
Median	-8.9	-116.3	-58.4
Min, Max	-306, 0	-849, -17	-849, 0
LS Mean (SE)	-53.41 (11.3)	-173.56 (12.5)	-116.08 (8.3)
95% CI	(-75.69, -31.14)	(-198.29, -148.84)	(-132.40, -99.77)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C28D15			
n (%)	13 (46.4%)	14 (46.7%)	27 (46.6%)
Mean (SD)	-40.2 (30.83)	-44.2 (17.82)	-42.2 (24.53)
Median	-43.3	-41.6	-43.3
Min, Max	-91, 3	-75, -11	-91, 3
LS Mean (SE)	-31.26 (7.3)	-37.86 (5.7)	-33.03 (4.7)
95% CI	(-45.78, -16.74)	(-49.06, -26.67)	(-42.29, -23.77)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C32D15			
n (%)	12 (42.9%)	13 (43.3%)	25 (43.1%)
Mean (SD)	71.6 (119.46)	265.9 (394.68)	172.6 (306.98)
Median	40.6	135.2	72.6
Min, Max	1, 435	7, 1509	1, 1509
Change from Baseline at C32D15			
n (%)	12 (42.9%)	13 (43.3%)	25 (43.1%)
Mean (SD)	-95.2 (160.79)	-192.3 (256.75)	-145.7 (217.40)
Median	-25.3	-154.7	-86.1
Min, Max	-546, 4	-1009, -21	-1009, 4
LS Mean (SE)	-79.81 (22.1)	-192.78 (18.2)	-140.40 (14.8)
95% CI	(-123.56, -36.05)	(-228.76, -156.80)	(-169.60, -111.21)
p-value	0.0004	<0.0001	<0.0001
Percent Change from Baseline at C32D15			
n (%)	12 (42.9%)	13 (43.3%)	25 (43.1%)
Mean (SD)	-50.2 (34.19)	-48.3 (19.99)	-49.2 (27.14)
Median	-53.7	-43.7	-50.6
Min, Max	-86, 33	-86, -14	-86, 33
LS Mean (SE)	-43.27 (7.7)	-44.67 (5.7)	-41.14 (4.6)
95% CI	(-58.58, -27.96)	(-55.92, -33.41)	(-50.18, -32.10)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C36D15			
n (%)	8 (28.6%)	13 (43.3%)	21 (36.2%)
Mean (SD)	118.8 (163.74)	277.9 (385.20)	217.3 (323.53)
Median	80.4	170.8	114.5
Min, Max	1, 508	9, 1458	1, 1458
Change from Baseline at C36D15			
n (%)	8 (28.6%)	13 (43.3%)	21 (36.2%)
Mean (SD)	-111.4 (159.01)	-180.3 (274.08)	-154.1 (234.72)
Median	-54.1	-121.3	-67.5
Min, Max	-474, -5	-1060, -24	-1060, -5
LS Mean (SE)	-74.45 (17.3)	-181.64 (23.9)	-128.83 (17.5)
95% CI	(-108.66, -40.23)	(-228.96, -134.32)	(-163.35, -94.31)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C36D15			
n (%)	8 (28.6%)	13 (43.3%)	21 (36.2%)
Mean (SD)	-52.8 (26.67)	-45.2 (22.79)	-48.1 (23.98)
Median	-46.1	-42.1	-43.8
Min, Max	-91, -10	-79, -10	-91, -10
LS Mean (SE)	-42.63 (7.3)	-42.11 (5.7)	-39.42 (4.6)
95% CI	(-57.11, -28.15)	(-53.34, -30.87)	(-48.52, -30.32)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C40D15			
n (%)	5 (17.9%)	8 (26.7%)	13 (22.4%)
Mean (SD)	161.7 (279.11)	196.0 (180.88)	182.8 (212.97)
Median	75.5	128.1	75.9
Min, Max	0, 656	6, 453	0, 656
Change from Baseline at C40D15			
n (%)	5 (17.9%)	8 (26.7%)	13 (22.4%)
Mean (SD)	-92.3 (132.41)	-121.3 (72.63)	-110.1 (95.58)
Median	-52.4	-122.3	-74.3
Min, Max	-325, -10	-251, -32	-325, -10
LS Mean (SE)	-66.15 (7.7)	-166.68 (23.0)	-113.42 (14.4)
95% CI	(-81.41, -50.89)	(-212.13, -121.23)	(-141.75, -85.09)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C40D15			
n (%)	5 (17.9%)	8 (26.7%)	13 (22.4%)
Mean (SD)	-62.9 (31.67)	-50.5 (26.66)	-55.3 (28.09)
Median	-46.3	-53.2	-47.2
Min, Max	-98, -33	-84, -11	-98, -11
LS Mean (SE)	-50.45 (8.0)	-42.11 (6.0)	-40.28 (5.3)
95% CI	(-66.31, -34.58)	(-53.99, -30.24)	(-50.63, -29.94)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C44D15			
n (%)	5 (17.9%)	7 (23.3%)	12 (20.7%)
Mean (SD)	131.7 (233.03)	193.5 (170.01)	167.7 (191.11)
Median	56.0	129.0	78.9
Min, Max	0, 546	9, 415	0, 546
Change from Baseline at C44D15			
n (%)	5 (17.9%)	7 (23.3%)	12 (20.7%)
Mean (SD)	-122.3 (178.62)	-151.2 (57.62)	-139.1 (116.77)
Median	-72.0	-158.6	-156.3
Min, Max	-436, -10	-215, -30	-436, -10
LS Mean (SE)	-88.36 (20.0)	-190.97 (14.9)	-141.51 (13.2)
95% CI	(-127.89, -48.84)	(-220.50, -161.45)	(-167.44, -115.58)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C44D15			
n (%)	5 (17.9%)	7 (23.3%)	12 (20.7%)
Mean (SD)	-70.6 (24.01)	-54.6 (22.37)	-61.3 (23.47)
Median	-60.2	-55.8	-58.2
Min, Max	-96, -44	-86, -28	-96, -28
LS Mean (SE)	-64.48 (6.2)	-48.46 (5.0)	-50.04 (4.3)
95% CI	(-76.75, -52.22)	(-58.42, -38.49)	(-58.60, -41.49)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C48D15			
n (%)	2 (7.1%)	3 (10.0%)	5 (8.6%)
Mean (SD)	325.4 (307.58)	87.2 (65.20)	182.4 (206.88)
Median	325.4	61.6	107.9
Min, Max	108, 543	39, 161	39, 543
Change from Baseline at C48D15			
n (%)	2 (7.1%)	3 (10.0%)	5 (8.6%)
Mean (SD)	-235.6 (286.91)	-163.9 (47.99)	-192.6 (152.56)
Median	-235.6	-141.9	-141.9
Min, Max	-438, -33	-219, -131	-438, -33
LS Mean (SE)	NA (NA)	NA (NA)	-138.27 (24.9)
95% CI	(NA, NA)	(NA, NA)	(-187.22, -89.33)
p-value	NA	NA	<0.0001
Percent Change from Baseline at C48D15			
n (%)	2 (7.1%)	3 (10.0%)	5 (8.6%)
Mean (SD)	-34.0 (15.13)	-67.1 (19.36)	-53.9 (23.97)
Median	-34.0	-78.0	-44.8
Min, Max	-45, -23	-79, -45	-79, -23
LS Mean (SE)	NA (NA)	NA (NA)	-43.02 (8.0)
95% CI	(NA, NA)	(NA, NA)	(-58.69, -27.35)
p-value	NA	NA	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol_df.sas Output Generated: 2025-07-01T09:09 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

Table 7.2: Tumor Volume (mL) by Visit - Participants with Disfigurement: Full Analysis Set

	Pediatric (N=28)	Adult (N=30)	Total (N=58)
C52D15			
n (%)	0	1 (3.3%)	1 (1.7%)
Mean (SD)	NA (NA)	97.0 (NA)	97.0 (NA)
Median	NA	97.0	97.0
Min, Max	(NA, NA)	97, 97	97, 97
Change from Baseline at C52D15			
n (%)	0	1 (3.3%)	1 (1.7%)
Mean (SD)	NA (NA)	-183.5 (NA)	-183.5 (NA)
Median	NA	-183.5	-183.5
Min, Max	(NA, NA)	-184, -184	-184, -184
Percent Change from Baseline at C52D15			
n (%)	0	1 (3.3%)	1 (1.7%)
Mean (SD)	NA (NA)	-65.4 (NA)	-65.4 (NA)
Median	NA	-65.4	-65.4
Min, Max	(NA, NA)	-65, -65	-65, -65

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

1.17 Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Baseline (Screening)			
n (%)	56 (100%)	58 (100%)	114 (100%)
Mean (SD)	255.0 (559.13)	450.0 (744.02)	354.2 (664.07)
Median	98.9	196.3	128.2
Min, Max	5, 3630	1, 3457	1, 3630
C5D15			
n (%)	53 (94.6%)	49 (84.5%)	102 (89.5%)
Mean (SD)	167.0 (256.31)	345.2 (600.21)	252.6 (461.56)
Median	83.2	165.5	96.5
Min, Max	3, 1533	1, 3118	1, 3118
Change from Baseline at C5D15			
n (%)	53 (94.6%)	49 (84.5%)	102 (89.5%)
Mean (SD)	-30.2 (86.53)	-61.5 (129.23)	-45.2 (109.72)
Median	-4.3	-16.3	-6.4
Min, Max	-553, 61	-563, 67	-563, 67
LS Mean (SE)	-39.76 (6.2)	-42.20 (22.7)	-42.01 (10.2)
95% CI	(-51.95, -27.57)	(-86.91, 2.51)	(-62.05, -21.96)
p-value	<0.0001	0.0642	<0.0001
Percent Change from Baseline at C5D15			
n (%)	53 (94.6%)	49 (84.5%)	102 (89.5%)
Mean (SD)	-12.9 (21.98)	-12.8 (20.29)	-12.9 (21.08)
Median	-9.6	-10.1	-10.0
Min, Max	-66, 48	-67, 40	-67, 48
LS Mean (SE)	-12.63 (3.4)	-13.32 (3.0)	-12.98 (2.3)
95% CI	(-19.32, -5.93)	(-19.22, -7.43)	(-17.58, -8.37)
p-value	0.0002	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol.sas Output Generated: 2025-07-01T08:59 Source: ADL, ADTR Data Cutoff Date: 2024-06-12

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C9D15			
n (%)	48 (85.7%)	43 (74.1%)	91 (79.8%)
Mean (SD)	180.7 (310.98)	266.8 (447.30)	221.4 (381.76)
Median	73.9	92.2	81.2
Min, Max	2, 1800	1, 2202	1, 2202
Change from Baseline at C9D15			
n (%)	48 (85.7%)	43 (74.1%)	91 (79.8%)
Mean (SD)	-26.7 (76.28)	-72.4 (211.49)	-48.3 (156.33)
Median	-11.7	-8.1	-11.6
Min, Max	-285, 195	-1255, 38	-1255, 195
LS Mean (SE)	-30.91 (10.1)	-69.44 (13.1)	-49.88 (9.6)
95% CI	(-50.86, -10.97)	(-95.34, -43.55)	(-68.68, -31.08)
p-value	0.0025	<0.0001	<0.0001
Percent Change from Baseline at C9D15			
n (%)	48 (85.7%)	43 (74.1%)	91 (79.8%)
Mean (SD)	-17.1 (27.43)	-17.4 (24.65)	-17.3 (26.01)
Median	-14.9	-11.9	-13.7
Min, Max	-79, 49	-73, 28	-79, 49
LS Mean (SE)	-13.26 (4.4)	-18.18 (3.7)	-15.77 (3.1)
95% CI	(-22.00, -4.52)	(-25.49, -10.87)	(-21.77, -9.77)
p-value	0.0031	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol.sas Output Generated: 2025-07-01T08:59 Source: ABSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C13D15			
n (%)	39 (69.6%)	35 (60.3%)	74 (64.9%)
Mean (SD)	171.8 (323.47)	250.0 (360.85)	208.8 (341.55)
Median	68.3	108.6	80.3
Min, Max	2, 1857	1, 1771	1, 1857
Change from Baseline at C13D15			
n (%)	39 (69.6%)	35 (60.3%)	74 (64.9%)
Mean (SD)	-53.2 (71.12)	-65.3 (151.01)	-58.9 (115.29)
Median	-22.1	-24.7	-22.6
Min, Max	-268, 9	-747, 88	-747, 88
LS Mean (SE)	-47.85 (11.3)	-76.81 (15.7)	-62.42 (9.6)
95% CI	(-70.10, -25.60)	(-107.63, -45.98)	(-81.24, -43.61)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C13D15			
n (%)	39 (69.6%)	35 (60.3%)	74 (64.9%)
Mean (SD)	-29.4 (22.48)	-19.7 (26.32)	-24.8 (24.69)
Median	-31.5	-16.9	-28.3
Min, Max	-77, 21	-67, 48	-77, 48
LS Mean (SE)	-23.88 (3.7)	-19.79 (4.4)	-21.06 (3.1)
95% CI	(-31.13, -16.62)	(-28.49, -11.09)	(-27.09, -15.04)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C17D15			
n (%)	38 (67.9%)	31 (53.4%)	69 (60.5%)
Mean (SD)	153.7 (263.29)	248.9 (361.49)	196.5 (312.49)
Median	66.8	123.2	83.1
Min, Max	2, 1459	0, 1396	0, 1459
Change from Baseline at C17D15			
n (%)	38 (67.9%)	31 (53.4%)	69 (60.5%)
Mean (SD)	-60.3 (127.79)	-84.7 (212.60)	-71.3 (170.22)
Median	-17.2	-12.6	-17.0
Min, Max	-627, 60	-1123, 172	-1123, 172
LS Mean (SE)	-61.89 (8.8)	-91.51 (21.0)	-75.34 (10.7)
95% CI	(-79.18, -44.59)	(-132.84, -50.17)	(-96.41, -54.27)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C17D15			
n (%)	38 (67.9%)	31 (53.4%)	69 (60.5%)
Mean (SD)	-28.2 (28.52)	-27.9 (24.95)	-28.1 (26.78)
Median	-29.6	-31.3	-30.5
Min, Max	-83, 27	-77, 15	-83, 27
LS Mean (SE)	-21.17 (4.7)	-25.72 (4.2)	-23.94 (3.4)
95% CI	(-30.43, -11.92)	(-34.02, -17.43)	(-30.60, -17.28)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

Program Name: t_tum_vol.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADTR Data Cutoff Date: 2024-06-12

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C21D15			
n (%)	34 (60.7%)	30 (51.7%)	64 (56.1%)
Mean (SD)	154.2 (281.94)	248.6 (401.58)	198.5 (343.69)
Median	46.1	118.9	57.7
Min, Max	2, 1450	0, 1694	0, 1694
Change from Baseline at C21D15			
n (%)	34 (60.7%)	30 (51.7%)	64 (56.1%)
Mean (SD)	-66.3 (122.84)	-82.7 (170.11)	-74.0 (145.92)
Median	-15.9	-28.0	-25.9
Min, Max	-635, 7	-825, 251	-825, 251
LS Mean (SE)	-64.91 (7.9)	-87.41 (17.8)	-76.08 (9.2)
95% CI	(-80.54, -49.29)	(-122.53, -52.30)	(-94.08, -58.09)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C21D15			
n (%)	34 (60.7%)	30 (51.7%)	64 (56.1%)
Mean (SD)	-32.3 (23.85)	-32.0 (26.88)	-32.2 (25.11)
Median	-30.9	-32.5	-32.2
Min, Max	-81, 15	-90, 22	-90, 22
LS Mean (SE)	-24.52 (4.3)	-28.27 (4.4)	-27.30 (3.2)
95% CI	(-33.05, -15.99)	(-36.94, -19.59)	(-33.54, -21.06)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C24D21			
n (%)	36 (64.3%)	28 (48.3%)	64 (56.1%)
Mean (SD)	151.0 (274.20)	236.2 (355.88)	188.3 (312.84)
Median	54.0	98.2	64.0
Min, Max	1, 1428	1, 1463	1, 1463
Change from Baseline at C24D21			
n (%)	36 (64.3%)	28 (48.3%)	64 (56.1%)
Mean (SD)	-71.1 (130.63)	-122.0 (215.67)	-93.4 (173.39)
Median	-22.3	-37.0	-27.0
Min, Max	-658, 22	-1055, 55	-1055, 55
LS Mean (SE)	-72.34 (11.2)	-117.65 (17.2)	-92.86 (9.7)
95% CI	(-94.34, -50.34)	(-151.42, -83.87)	(-112.01, -73.72)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C24D21			
n (%)	36 (64.3%)	28 (48.3%)	64 (56.1%)
Mean (SD)	-33.5 (28.21)	-37.6 (24.93)	-35.3 (26.69)
Median	-38.7	-43.0	-40.2
Min, Max	-82, 40	-79, 13	-82, 40
LS Mean (SE)	-26.16 (4.4)	-35.08 (4.4)	-32.46 (3.3)
95% CI	(-34.91, -17.40)	(-43.67, -26.50)	(-38.95, -25.96)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C28D15			
n (%)	26 (46.4%)	21 (36.2%)	47 (41.2%)
Mean (SD)	121.8 (242.39)	202.8 (352.54)	158.0 (296.02)
Median	46.5	123.5	64.7
Min, Max	1, 1115	1, 1669	1, 1669
Change from Baseline at C28D15			
n (%)	26 (46.4%)	21 (36.2%)	47 (41.2%)
Mean (SD)	-91.2 (195.60)	-120.5 (187.13)	-104.3 (190.36)
Median	-29.7	-65.0	-51.6
Min, Max	-971, 2	-849, 11	-971, 11
LS Mean (SE)	-89.20 (12.7)	-121.57 (9.0)	-104.03 (8.6)
95% CI	(-114.15, -64.25)	(-139.24, -103.89)	(-121.01, -87.05)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C28D15			
n (%)	26 (46.4%)	21 (36.2%)	47 (41.2%)
Mean (SD)	-39.3 (27.46)	-36.8 (22.70)	-38.2 (25.21)
Median	-43.8	-39.7	-40.3
Min, Max	-91, 23	-75, 15	-91, 23
LS Mean (SE)	-31.56 (4.6)	-31.74 (5.3)	-33.15 (3.5)
95% CI	(-40.65, -22.48)	(-42.09, -21.39)	(-39.96, -26.35)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C32D15			
n (%)	26 (46.4%)	23 (39.7%)	49 (43.0%)
Mean (SD)	133.1 (260.96)	203.3 (330.54)	166.0 (294.61)
Median	47.2	106.4	60.9
Min, Max	1, 1255	1, 1509	1, 1509
Change from Baseline at C32D15			
n (%)	26 (46.4%)	23 (39.7%)	49 (43.0%)
Mean (SD)	-106.9 (191.85)	-139.5 (212.51)	-122.2 (200.35)
Median	-35.4	-87.3	-54.9
Min, Max	-830, 14	-1009, -1	-1009, 14
LS Mean (SE)	-104.63 (12.5)	-137.35 (10.5)	-118.27 (8.3)
95% CI	(-129.28, -79.98)	(-158.07, -116.63)	(-134.66, -101.87)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C32D15			
n (%)	26 (46.4%)	23 (39.7%)	49 (43.0%)
Mean (SD)	-41.6 (32.67)	-45.9 (17.51)	-43.6 (26.48)
Median	-43.1	-42.4	-42.9
Min, Max	-86, 33	-86, -14	-86, 33
LS Mean (SE)	-32.40 (5.1)	-42.23 (3.7)	-40.70 (3.3)
95% CI	(-42.45, -22.35)	(-49.51, -34.95)	(-47.15, -34.24)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C36D15			
n (%)	19 (33.9%)	23 (39.7%)	42 (36.8%)
Mean (SD)	161.1 (309.27)	202.8 (314.99)	183.9 (309.31)
Median	76.1	100.5	77.8
Min, Max	1, 1343	0, 1458	0, 1458
Change from Baseline at C36D15			
n (%)	19 (33.9%)	23 (39.7%)	42 (36.8%)
Mean (SD)	-116.3 (188.84)	-140.0 (234.40)	-129.3 (212.79)
Median	-58.0	-58.5	-58.2
Min, Max	-742, -0	-1060, -1	-1060, -0
LS Mean (SE)	-93.88 (9.6)	-138.49 (14.8)	-115.78 (9.5)
95% CI	(-112.86, -74.90)	(-167.69, -109.29)	(-134.47, -97.09)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C36D15			
n (%)	19 (33.9%)	23 (39.7%)	42 (36.8%)
Mean (SD)	-47.3 (23.65)	-45.1 (19.65)	-46.1 (21.31)
Median	-47.5	-44.0	-44.2
Min, Max	-91, -0	-79, -10	-91, -0
LS Mean (SE)	-37.15 (4.6)	-41.57 (4.0)	-41.24 (3.0)
95% CI	(-46.16, -28.13)	(-49.41, -33.73)	(-47.14, -35.35)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C40D15			
n (%)	11 (19.6%)	13 (22.4%)	24 (21.1%)
Mean (SD)	261.6 (429.27)	165.9 (183.06)	209.8 (316.19)
Median	75.9	71.2	75.7
Min, Max	0, 1426	1, 465	0, 1426
Change from Baseline at C40D15			
n (%)	11 (19.6%)	13 (22.4%)	24 (21.1%)
Mean (SD)	-133.5 (201.17)	-140.3 (166.75)	-137.2 (179.21)
Median	-52.4	-106.7	-67.1
Min, Max	-660, -10	-629, -1	-660, -1
LS Mean (SE)	-78.02 (9.1)	-143.88 (19.4)	-109.57 (12.7)
95% CI	(-95.92, -60.12)	(-182.09, -105.66)	(-134.51, -84.64)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C40D15			
n (%)	11 (19.6%)	13 (22.4%)	24 (21.1%)
Mean (SD)	-47.0 (28.50)	-51.0 (22.23)	-49.1 (24.80)
Median	-45.6	-53.5	-46.8
Min, Max	-98, -8	-84, -11	-98, -8
LS Mean (SE)	-34.46 (6.1)	-42.02 (4.6)	-41.13 (3.9)
95% CI	(-46.48, -22.44)	(-51.11, -32.92)	(-48.77, -33.49)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C44D15			
n (%)	9 (16.1%)	11 (19.0%)	20 (17.5%)
Mean (SD)	307.9 (551.99)	174.3 (169.89)	234.4 (384.88)
Median	56.3	101.5	97.4
Min, Max	0, 1697	3, 419	0, 1697
Change from Baseline at C44D15			
n (%)	9 (16.1%)	11 (19.0%)	20 (17.5%)
Mean (SD)	-135.7 (163.95)	-176.1 (179.89)	-157.9 (169.63)
Median	-72.0	-158.6	-156.3
Min, Max	-436, -10	-675, -3	-675, -3
LS Mean (SE)	-82.67 (18.5)	-166.14 (19.9)	-114.02 (18.6)
95% CI	(-119.10, -46.23)	(-205.37, -126.92)	(-150.47, -77.56)
p-value	<0.0001	<0.0001	<0.0001
Percent Change from Baseline at C44D15			
n (%)	9 (16.1%)	11 (19.0%)	20 (17.5%)
Mean (SD)	-56.4 (29.07)	-55.2 (17.94)	-55.7 (22.92)
Median	-56.2	-56.3	-56.2
Min, Max	-96, -19	-86, -28	-96, -19
LS Mean (SE)	-37.44 (5.9)	-49.28 (3.9)	-50.00 (3.9)
95% CI	(-49.09, -25.80)	(-56.86, -41.69)	(-57.64, -42.37)
p-value	<0.0001	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C48D15			
n (%)	4 (7.1%)	7 (12.1%)	11 (9.6%)
Mean (SD)	292.1 (187.79)	88.9 (100.51)	162.8 (164.77)
Median	258.8	61.6	107.9
Min, Max	108, 543	0, 281	0, 543
Change from Baseline at C48D15			
n (%)	4 (7.1%)	7 (12.1%)	11 (9.6%)
Mean (SD)	-163.0 (193.00)	-214.2 (277.49)	-195.6 (240.92)
Median	-94.0	-141.9	-141.9
Min, Max	-438, -26	-813, -1	-813, -1
LS Mean (SE)	NA (NA)	-187.56 (41.5)	-137.03 (31.8)
95% CI	(NA, NA)	(-209.28, -105.84)	(-199.47, -74.58)
p-value	NA	<0.0001	<0.0001
Percent Change from Baseline at C48D15			
n (%)	4 (7.1%)	7 (12.1%)	11 (9.6%)
Mean (SD)	-28.1 (14.15)	-65.6 (16.81)	-52.0 (24.26)
Median	-28.1	-73.9	-44.8
Min, Max	-45, -11	-79, -38	-79, -11
LS Mean (SE)	NA (NA)	-48.24 (6.0)	-47.66 (6.0)
95% CI	(NA, NA)	(-60.14, -36.34)	(-59.41, -35.91)
p-value	NA	<0.0001	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C52D15			
n (%)	2 (3.6%)	3 (5.2%)	5 (4.4%)
Mean (SD)	269.2 (56.04)	41.1 (49.47)	132.4 (132.76)
Median	269.2	23.3	97.0
Min, Max	230, 309	3, 97	3, 309
Change from Baseline at C52D15			
n (%)	2 (3.6%)	3 (5.2%)	5 (4.4%)
Mean (SD)	-80.1 (117.70)	-79.1 (93.56)	-79.5 (88.54)
Median	-80.1	-50.7	-50.7
Min, Max	-163, 3	-184, -3	-184, 3
LS Mean (SE)	NA (NA)	NA (NA)	-108.03 (24.9)
95% CI	(NA, NA)	(NA, NA)	(-156.89, -59.17)
p-value	NA	NA	<0.0001
Percent Change from Baseline at C52D15			
n (%)	2 (3.6%)	3 (5.2%)	5 (4.4%)
Mean (SD)	-16.6 (25.44)	-61.4 (9.76)	-43.5 (28.49)
Median	-16.6	-65.4	-50.3
Min, Max	-35, 1	-68, -50	-68, 1
LS Mean (SE)	NA (NA)	NA (NA)	-47.14 (9.1)
95% CI	(NA, NA)	(NA, NA)	(-64.95, -29.32)
p-value	NA	NA	<0.0001

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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Table 7: Tumor Volume (mL) by Visit: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
C56D15			
n (%)	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA (NA)	38.4 (NA)	38.4 (NA)
Median	NA	38.4	38.4
Min, Max	(NA, NA)	38, 38	38, 38
Change from Baseline at C56D15			
n (%)	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA (NA)	-35.6 (NA)	-35.6 (NA)
Median	NA	-35.6	-35.6
Min, Max	(NA, NA)	-36, -36	-36, -36
Percent Change from Baseline at C56D15			
n (%)	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA (NA)	-48.1 (NA)	-48.1 (NA)
Median	NA	-48.1	-48.1
Min, Max	(NA, NA)	-48, -48	-48, -48

SD: Standard deviation; MRI: Magnetic Resonance Imaging; Min: Minimum; Max: Maximum.
Tumor volume was assessed by MRI scan, volume measurements were independently calculated by two blinded central reviewers. The two calculated volumes were averaged to give the visit volume assessment, unless they represent different tumor response statuses, in which case, the volume of the reader assessment chosen by adjudication was used.
Tumor volume recorded at Screening is considered as baseline.

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1.18 Table 9: Kaplan-Meier Analysis of Time to Progression: Full Analysis Set

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Table 9: Kaplan-Meier Analysis of Time to Progression: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
Number of Participants with PD	11 (19.6%)	6 (10.3%)	17 (14.9%)
Number of Censored Participants	45 (80.4%)	52 (89.7%)	97 (85.1%)
Reason for Censoring			
No PD Post Baseline	40 (88.9%)	43 (82.7%)	83 (85.6%)
No Adequate Tumor Assessment Post Baseline	2 (4.4%)	8 (15.4%)	10 (10.3%)
Two or More Consecutive Missing/Non-Adequate Assessments	1 (2.2%)	0	1 (1.0%)
Death Before PD	0	1 (1.9%)	1 (1.0%)
Underwent PN Therapy/Surgery Prior to PD	2 (4.4%)	0	2 (2.1%)
Time to PD (Months):			
1 st Quartile	29.01	NE	NE
95% CI	(15.1, NE)	(11.6, NE)	(19.0, NE)
Median	NE	NE	NE
95% CI	(NE, NE)	(NE, NE)	(NE, NE)
3 rd Quartile	NE	NE	NE
95% CI	(NE, NE)	(NE, NE)	(NE, NE)

CI: Confidence Interval; PD: Progressive Disease.
N represents the number of participants in the corresponding the cohort.
Time to progression (TTP) is defined as the time in months between the start of treatment to the first date of radiographic disease progression as measured by MRI.
Percentages are calculated out of the number of participants in the corresponding cohort for the number with event/censored, number of events experienced by this point and number of participants still event free by this point.
out of the total number of events for event type and out of the number censored for the reasons for censoring.

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Table 9: Kaplan-Meier Analysis of Time to Progression: Full Analysis Set

	Pediatric (N=56)	Adult (N=58)	Total (N=114)
At 8 months:			
Number of events experienced by this point	5 (8.9%)	1 (1.7%)	6 (5.3%)
Number of participants still event free by this point (at risk)	43 (76.8%)	37 (63.8%)	80 (70.2%)
Kaplan Meier response rate estimate	0.90	0.98	0.94
95% CI	(0.78, 0.96)	(0.84, 1.00)	(0.87, 0.97)
At 12 months:			
Number of events experienced by this point	6 (10.7%)	4 (6.9%)	10 (8.8%)
Number of participants still event free by this point (at risk)	39 (69.6%)	32 (55.2%)	71 (62.3%)
Kaplan Meier response rate estimate	0.88	0.89	0.89
95% CI	(0.75, 0.95)	(0.74, 0.96)	(0.80, 0.94)
At 16 months:			
Number of events experienced by this point	8 (14.3%)	4 (6.9%)	12 (10.5%)
Number of participants still event free by this point (at risk)	36 (64.3%)	32 (55.2%)	68 (59.6%)
Kaplan Meier response rate estimate	0.84	0.89	0.86
95% CI	(0.70, 0.91)	(0.74, 0.96)	(0.77, 0.92)
At 20 months:			
Number of events experienced by this point	8 (14.3%)	6 (10.3%)	14 (12.3%)
Number of participants still event free by this point (at risk)	36 (64.3%)	27 (46.6%)	63 (55.3%)
Kaplan Meier response rate estimate	0.84	0.83	0.84
95% CI	(0.70, 0.91)	(0.67, 0.92)	(0.74, 0.90)
At 24 months:			
Number of events experienced by this point	9 (16.1%)	6 (10.3%)	15 (13.2%)
Number of participants still event free by this point (at risk)	28 (50.0%)	23 (39.7%)	51 (44.7%)
Kaplan Meier response rate estimate	0.81	0.83	0.82
95% CI	(0.66, 0.90)	(0.67, 0.92)	(0.72, 0.89)

CI: Confidence Interval; PD: Progressive Disease.

N represents the number of participants in the corresponding the cohort.

Time to progression (TTP) is defined as the time in months between the start of treatment to the first date of radiographic disease progression as measured by MRI.

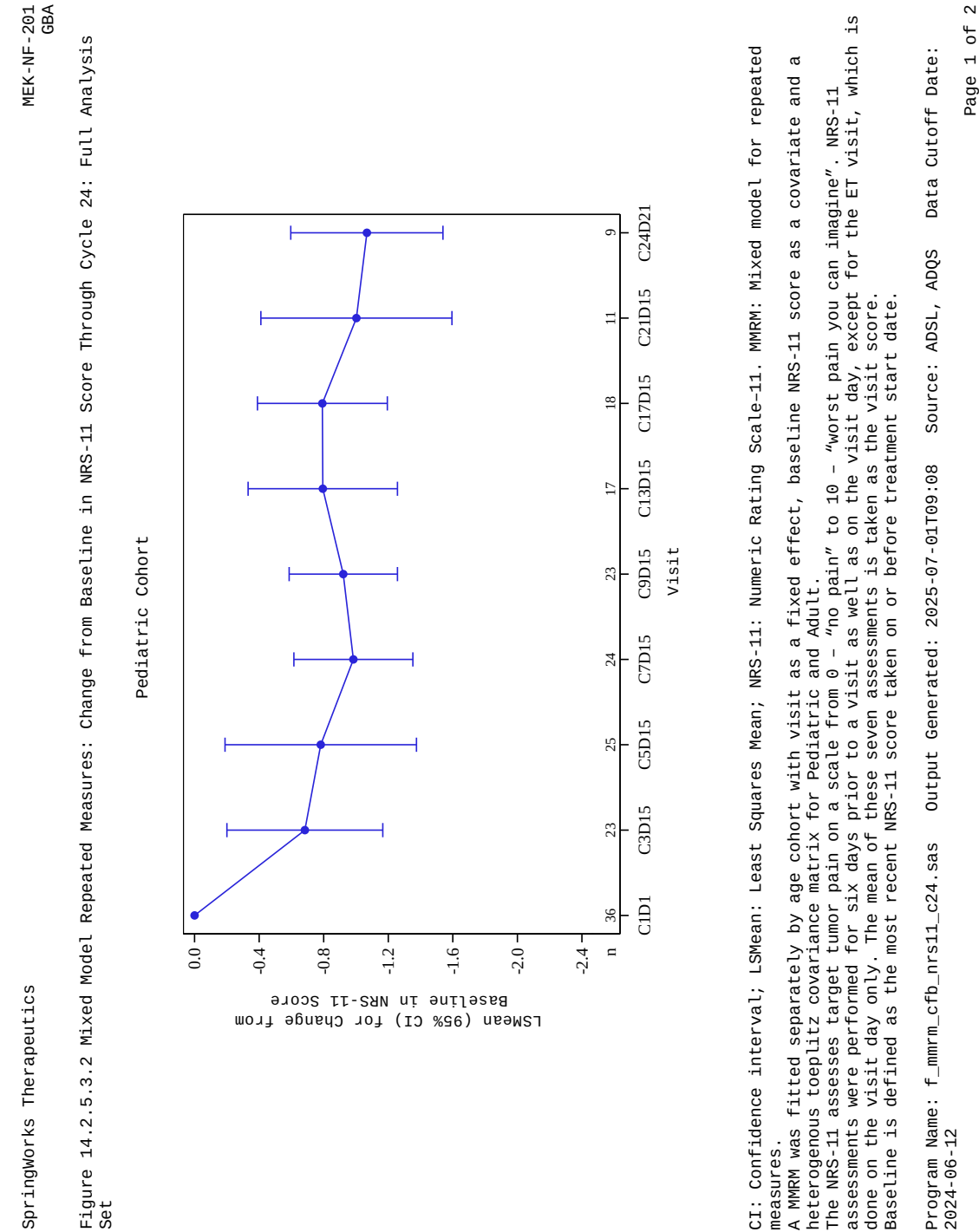
Percentages are calculated out of the number of participants in the corresponding cohort for the number with event/censored, number of events experienced by this point and number of participants still event free by this point, out of the total number of events for event type and out of the number censored for the reasons for censoring.

Program Name: t_km_ttp.sas Output Generated: 2025-07-01T08:59 Source: ADL, ADITE Data Cutoff Date: 2024-06-12

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2.1 NRS

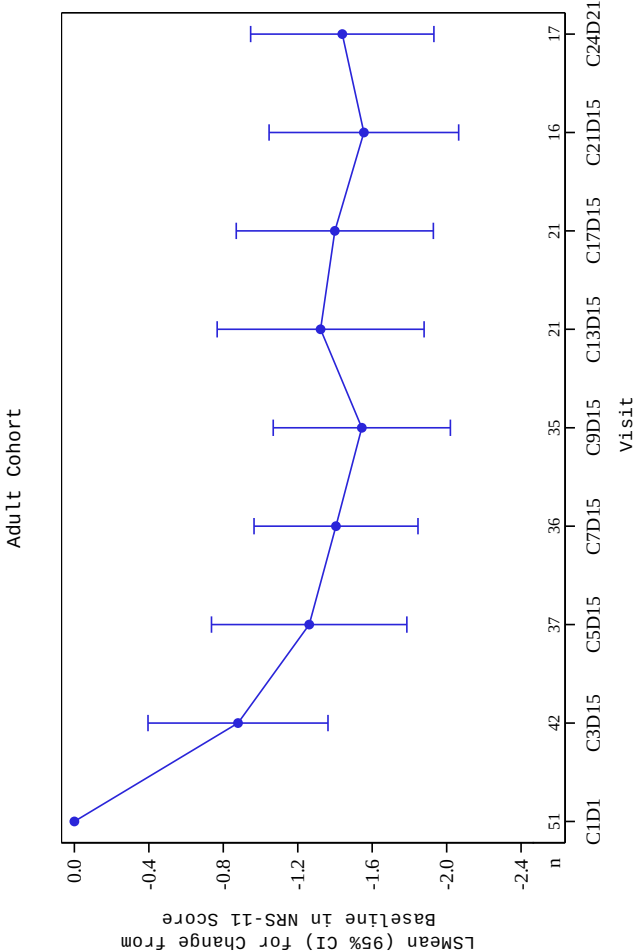
2.1.1 Figure 14.2.5.3.2: Mixed Model Repeated Measures: Change from Baseline in NRS-11 Score Through Cycle 24: Full Analysis Set



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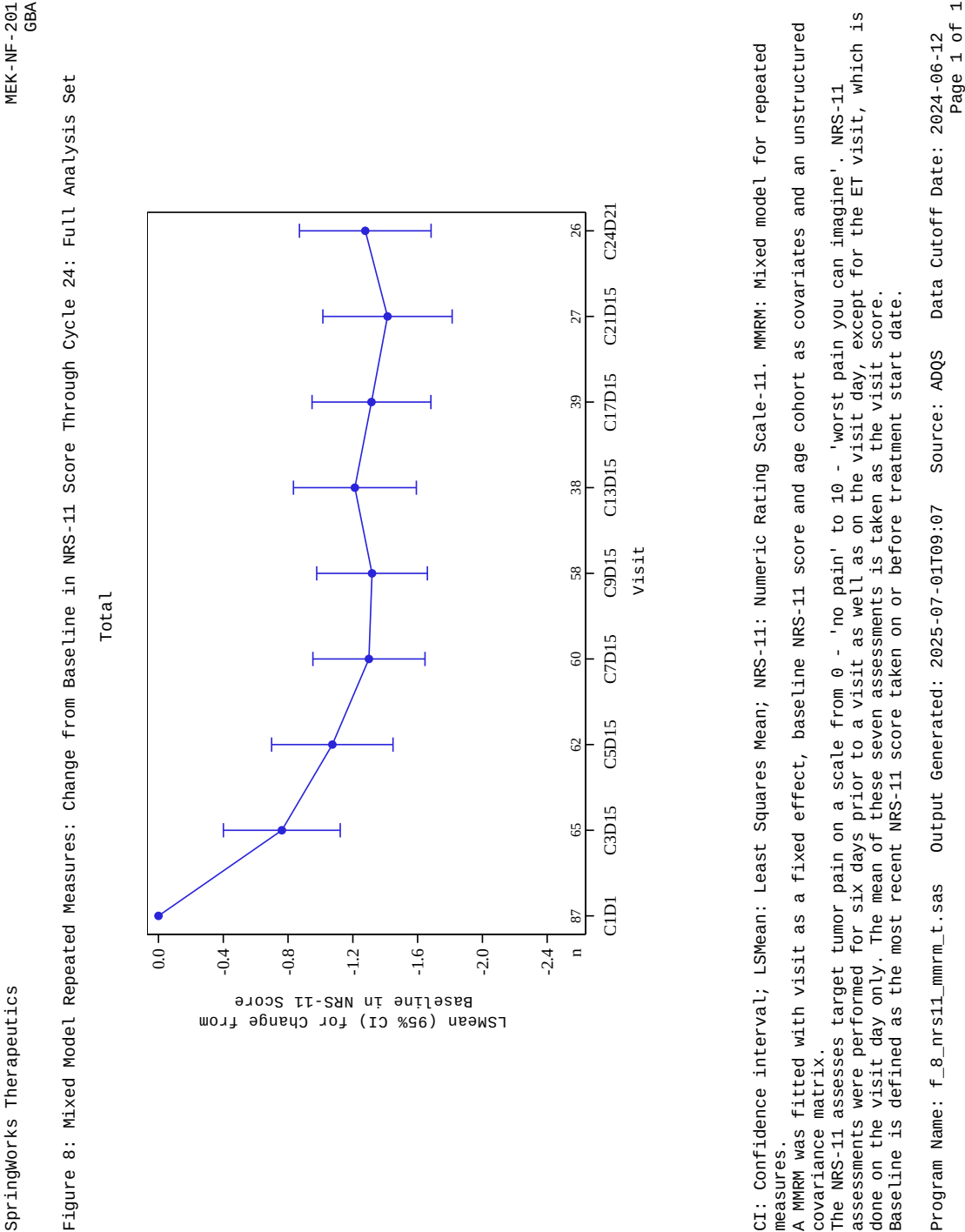
Figure 14.2.5.3.2 Mixed Model Repeated Measures: Change from Baseline in NRS-11 Score Through Cycle 24: Full Analysis Set



CI: Confidence interval; LS Mean: Least Squares Mean; NRS-11: Numeric Rating Scale-11. MMRM: Mixed model for repeated measures.
A MMRM was fitted separately by age cohort with visit as a fixed effect, baseline NRS-11 score as a covariate and a heterogeneous toeplitz covariance matrix for Pediatric and Adult.
The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: f_mmrmm_cfb_nrs11_c24.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

2.1.2 Figure 8: Mixed Model Repeated Measures: Change from Baseline in NRS-11 Score Through Cycle 24: Full Analysis Set



2.1.3 Table 13: Compliance Rate for NRS-11 by Visit: Full Analysis Set

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Table 13: Compliance Rate for NRS-11 by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Baseline			
PRO Expected	37 (100%)	58 (100%)	95 (100%)
PRO Completed	36 (97.3%)	51 (87.9%)	87 (91.6%)
PRO Not Completed	1 (2.7%)	7 (12.1%)	8 (8.4%)
C3D15			
PRO Expected	35 (94.6%)	51 (87.9%)	86 (90.5%)
PRO Completed	24 (68.6%)	45 (88.2%)	69 (80.2%)
PRO Not Completed	11 (31.4%)	6 (11.8%)	17 (19.8%)
C5D15			
PRO Expected	35 (94.6%)	50 (86.2%)	85 (89.5%)
PRO Completed	25 (71.4%)	41 (82.0%)	66 (77.6%)
PRO Not Completed	10 (28.6%)	9 (18.0%)	19 (22.4%)
C7D15			
PRO Expected	32 (86.5%)	46 (79.3%)	78 (82.1%)
PRO Completed	25 (78.1%)	38 (82.6%)	63 (80.8%)
PRO Not Completed	7 (21.9%)	8 (17.4%)	15 (19.2%)
C9D15			
PRO Expected	30 (81.1%)	46 (79.3%)	76 (80.0%)
PRO Completed	23 (76.7%)	38 (82.6%)	61 (80.3%)
PRO Not Completed	7 (23.3%)	8 (17.4%)	15 (19.7%)

NRS-11: Numeric Rating Scale-11; ET: Early Termination; SFU: Safety Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as completing the NRS-11 for a given visit if < 4 of the 7 NRS-11 readings were missing. Percentages completed/Not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_nrs11ce.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 13: Compliance Rate for NRS-11 by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C13D15			
PRO Expected	25 (67.6%)	36 (62.1%)	61 (64.2%)
PRO Completed	15 (60.0%)	24 (66.7%)	39 (63.9%)
PRO Not Completed	10 (40.0%)	12 (33.3%)	22 (36.1%)
C17D15			
PRO Expected	23 (62.2%)	34 (58.6%)	57 (60.0%)
PRO Completed	18 (78.3%)	22 (64.7%)	40 (70.2%)
PRO Not Completed	5 (21.7%)	12 (35.3%)	17 (29.8%)
C21D15			
PRO Expected	21 (56.8%)	32 (55.2%)	53 (55.8%)
PRO Completed	11 (52.4%)	17 (53.1%)	28 (52.8%)
PRO Not Completed	10 (47.6%)	15 (46.9%)	25 (47.2%)
C24D21			
PRO Expected	21 (56.8%)	31 (53.4%)	52 (54.7%)
PRO Completed	9 (42.9%)	18 (58.1%)	27 (51.9%)
PRO Not Completed	12 (57.1%)	13 (41.9%)	25 (48.1%)
ET			
PRO Expected	21 (56.8%)	28 (48.3%)	49 (51.6%)
PRO Completed	6 (28.6%)	8 (28.6%)	14 (28.6%)
PRO Not Completed	15 (71.4%)	20 (71.4%)	35 (71.4%)

NRS-11: Numeric Rating Scale-11; ET: Early Termination; SFU: Safety Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as completing the NRS-11 for a given visit if < 4 of the 7 NRS-11 readings were missing.
 Percentages completed/Not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_nrs11ce.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 13: Compliance Rate for NRS-11 by Visit: Full Analysis Set

	Pediatric (N=37)		Adult (N=58)		Total (N=95)
SFU					
PRO Expected	28	(75.7%)	42	(72.4%)	70 (73.7%)
PRO Completed	4	(14.3%)	7	(16.7%)	11 (15.7%)
PRO Not Completed	24	(85.7%)	35	(83.3%)	59 (84.3%)

NRS-11: Numeric Rating Scale-11; ET: Early Termination; SFU: Safety Follow-Up.
N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
Participants are considered as completing the NRS-11 for a given visit if < 4 of the 7 NRS-11 readings were missing.
Percentages completed/Not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_nrs11ce.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

2.1.4 Table 3: NRS-11 Score by Visit: Full Analysis Set

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Baseline			
n (%)	36 (97.3%)	51 (87.9%)	87 (91.6%)
Mean (SD)	1.89 (2.343)	4.15 (2.769)	3.22 (2.818)
Median	1.00	4.67	3.00
Min, Max	0.0, 9.2	0.0, 8.7	0.0, 9.2

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.

The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C3D15			
n (%)	24 (64.9%)	46 (79.3%)	70 (73.7%)
Mean (SD)	0.89 (1.496)	3.29 (2.992)	2.47 (2.809)
Median	0.07	2.92	1.28
Min, Max	0.0, 6.2	0.0, 9.6	0.0, 9.6
Change from Baseline at C3D15			
n (%)	23 (62.2%)	42 (72.4%)	65 (68.4%)
Mean (SD)	-0.85 (1.907)	-1.02 (1.576)	-0.96 (1.688)
Median	-0.14	-0.59	-0.43
Min, Max	-7.5, 1.6	-5.0, 1.3	-7.5, 1.6
LS Mean (SE)	-0.68 (0.244)	-0.88 (0.245)	-0.76 (0.181)
95% CI	(-1.17, -0.20)	(-1.36, -0.40)	(-1.12, -0.40)
p-value	0.006	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.
 The NRS-11 assesses target tumor pain on a scale from 0 = "no pain" to 10 = "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
 Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
CSD15			
n (%)	25 (67.6%)	41 (70.7%)	66 (69.5%)
Mean (SD)	0.99 (2.147)	2.61 (2.881)	2.00 (2.728)
Median	0.00	1.83	0.72
Min, Max	0.0, 9.3	0.0, 9.3	0.0, 9.3
Change from Baseline at CSD15			
n (%)	25 (67.6%)	37 (63.8%)	62 (65.3%)
Mean (SD)	-0.78 (1.713)	-1.38 (1.737)	-1.14 (1.738)
Median	-0.17	-0.62	-0.58
Min, Max	-7.5, 1.3	-6.0, 1.3	-7.5, 1.3
LS Mean (SE)	-0.78 (0.299)	-1.26 (0.266)	-1.07 (0.188)
95% CI	(-1.37, -0.19)	(-1.79, -0.74)	(-1.45, -0.70)
p-value	0.010	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.
 The NRS-11 assesses target tumor pain on a scale from 0 = "no pain" to 10 = "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
 Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C7D15			
n (%)	25 (67.6%)	40 (69.0%)	65 (68.4%)
Mean (SD)	0.92 (1.429)	2.59 (2.746)	1.95 (2.455)
Median	0.29	1.55	0.75
Min, Max	0.0, 5.0	0.0, 9.0	0.0, 9.0
Change from Baseline at C7D15			
n (%)	24 (64.9%)	36 (62.1%)	60 (63.2%)
Mean (SD)	-1.04 (1.643)	-1.21 (1.346)	-1.14 (1.461)
Median	-0.34	-1.23	-0.93
Min, Max	-5.9, 0.8	-5.4, 1.8	-5.9, 1.8
LS Mean (SE)	-0.98 (0.186)	-1.41 (0.223)	-1.30 (0.174)
95% CI	(-1.35, -0.61)	(-1.85, -0.96)	(-1.65, -0.95)
p-value	<0.001	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.
 The NRS-11 assesses target tumor pain on a scale from 0 = "no pain" to 10 = "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
 Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C9D15			
n (%)	24 (64.9%)	39 (67.2%)	63 (66.3%)
Mean (SD)	0.68 (1.107)	2.27 (2.774)	1.66 (2.403)
Median	0.07	1.00	0.20
Min, Max	0.0, 4.2	0.0, 10.0	0.0, 10.0
Change from Baseline at C9D15			
n (%)	23 (62.2%)	35 (60.3%)	58 (61.1%)
Mean (SD)	-0.67 (1.188)	-1.59 (1.502)	-1.23 (1.448)
Median	-0.33	-1.14	-1.00
Min, Max	-4.2, 2.0	-5.7, 0.2	-5.7, 2.0
LS Mean (SE)	-0.92 (0.169)	-1.54 (0.241)	-1.32 (0.172)
95% CI	(-1.26, -0.59)	(-2.02, -1.07)	(-1.66, -0.98)
p-value	<0.001	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.
 The NRS-11 assesses target tumor pain on a scale from 0 = "no pain" to 10 = "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
 Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C13D15			
n (%)	17 (45.9%)	24 (41.4%)	41 (43.2%)
Mean (SD)	0.92 (1.119)	1.74 (2.174)	1.40 (1.840)
Median	0.75	0.86	0.75
Min, Max	0.0, 3.8	0.0, 6.7	0.0, 6.7
Change from Baseline at			
C13D15			
n (%)	17 (45.9%)	21 (36.2%)	38 (40.0%)
Mean (SD)	-1.24 (2.354)	-1.27 (1.550)	-1.25 (1.922)
Median	-0.60	-1.14	-0.91
Min, Max	-8.5, 1.7	-4.5, 1.1	-8.5, 1.7
LS Mean (SE)	-0.79 (0.233)	-1.32 (0.282)	-1.21 (0.191)
95% CI	(-1.26, -0.33)	(-1.88, -0.77)	(-1.59, -0.83)
p-value	<0.001	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.
The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C17D15			
n (%)	18 (48.6%)	22 (37.9%)	40 (42.1%)
Mean (SD)	0.88 (1.140)	1.72 (2.235)	1.34 (1.853)
Median	0.50	0.44	0.50
Min, Max	0.0, 3.3	0.0, 7.1	0.0, 7.1
Change from Baseline at			
C17D15			
n (%)	18 (48.6%)	21 (36.2%)	39 (41.1%)
Mean (SD)	-0.92 (1.325)	-1.73 (1.785)	-1.36 (1.622)
Median	-0.24	-1.10	-0.82
Min, Max	-3.7, 0.5	-5.7, 0.7	-5.7, 0.7
LS Mean (SE)	-0.79 (0.203)	-1.40 (0.268)	-1.31 (0.184)
95% CI	(-1.19, -0.39)	(-1.93, -0.87)	(-1.68, -0.95)
p-value	<0.001	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.

The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C21D15			
n (%)	11 (29.7%)	17 (29.3%)	28 (29.5%)
Mean (SD)	0.52 (0.617)	1.94 (2.434)	1.38 (2.038)
Median	0.00	0.50	0.25
Min, Max	0.0, 1.4	0.0, 6.7	0.0, 6.7
Change from Baseline at			
C21D15			
n (%)	11 (29.7%)	16 (27.6%)	27 (28.4%)
Mean (SD)	-0.79 (1.761)	-1.23 (1.493)	-1.05 (1.590)
Median	0.00	-0.46	-0.17
Min, Max	-4.2, 0.9	-4.1, 0.7	-4.2, 0.9
LS Mean (SE)	-1.00 (0.299)	-1.56 (0.258)	-1.41 (0.200)
95% CI	(-1.59, -0.41)	(-2.06, -1.05)	(-1.81, -1.02)
p-value	0.001	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.

The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 3: NRS-11 Score by Visit: Full Analysis Set

	Pediatric (N=37)	Adult (N=58)	Total (N=95)
C24D21			
n (%)	9 (24.3%)	18 (31.0%)	27 (28.4%)
Mean (SD)	0.52 (0.860)	2.13 (2.457)	1.59 (2.186)
Median	0.00	1.18	0.83
Min, Max	0.0, 2.5	0.0, 7.3	0.0, 7.3
Change from Baseline at			
C24D21			
n (%)	9 (24.3%)	17 (29.3%)	26 (27.4%)
Mean (SD)	-0.70 (1.643)	-1.26 (1.306)	-1.06 (1.424)
Median	-0.08	-1.07	-0.43
Min, Max	-4.2, 1.2	-4.1, 1.0	-4.2, 1.2
LS Mean (SE)	-1.07 (0.238)	-1.44 (0.249)	-1.28 (0.204)
95% CI	(-1.54, -0.60)	(-1.93, -0.95)	(-1.68, -0.87)
p-value	<0.001	<0.001	<0.001

SD: Standard deviation; Min: Minimum; Max: Maximum; NRS-11: Numeric Rating Scale-11.
 The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". NRS-11 assessments were performed for six days prior to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
 Baseline is defined as the most recent NRS-11 score taken on or before treatment start date.

Program Name: t_nrs11.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

2.1.5 Table 53.11: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (1.5): Full Analysis Set

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Table 53.11: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	23 (62.2%)	42 (72.4%)	65 (68.4%)
Number of Participants Missing the Assessment, n (%)	14 (37.8%)	16 (27.6%)	30 (31.6%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.7%)	0	1 (1.1%)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	25 (67.6%)	37 (63.8%)	62 (65.3%)
Number of Participants Missing the Assessment, n (%)	12 (32.4%)	21 (36.2%)	33 (34.7%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0

NRS-11: Numeric Rating Scale-11.

N represents the number of participants in the corresponding cohort.

The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.

NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.

The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_wrsn_all_nr.sas Output Generated: 2025-07-01T09:03 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 53.11: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Worsening by >=15% (1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	24 (64.9%)	36 (62.1%)	60 (63.2%)
Number of Participants Missing the Assessment, n (%)	13 (35.1%)	22 (37.9%)	35 (36.8%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.7%)	1 (1.1%)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	23 (62.2%)	35 (60.3%)	58 (61.1%)
Number of Participants Missing the Assessment, n (%)	14 (37.8%)	23 (39.7%)	37 (38.9%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.7%)	0	1 (1.1%)

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_wrnsn_all_nr.sas Output Generated: 2025-07-01T09:03 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 53.11: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Worsening by >=15% (1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	17 (45.9%)	21 (36.2%)	38 (40.0%)
Number of Participants Missing the Assessment, n (%)	20 (54.1%)	37 (63.8%)	57 (60.0%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.7%)	0	1 (1.1%)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	18 (48.6%)	21 (36.2%)	39 (41.1%)
Number of Participants Missing the Assessment, n (%)	19 (51.4%)	37 (63.8%)	56 (58.9%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0

NRS-11: Numeric Rating Scale-11.

N represents the number of participants in the corresponding cohort.

The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.

NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.

The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_wrsn_all_nr.sas Output Generated: 2025-07-01T09:03 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

Table 53.11: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Worsening by >=15% (1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	11 (29.7%)	16 (27.6%)	27 (28.4%)
Number of Participants Missing the Assessment, n (%)	26 (70.3%)	42 (72.4%)	68 (71.6%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	9 (24.3%)	17 (29.3%)	26 (27.4%)
Number of Participants Missing the Assessment, n (%)	28 (75.7%)	41 (70.7%)	69 (72.6%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Table 53.11: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Worsening by >=15% (1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Total			
Number of Participants Completed the Assessment, n (%)	33 (89.2%)	46 (79.3%)	79 (83.2%)
Number of Participants Missing the Assessment, n (%)	4 (10.8%)	12 (20.7%)	16 (16.8%)
Threshold for Meaningful Score Difference	1.5	1.5	1.5
Participants with Clinically Meaningful Score Worsening, n (%)	3 (8.1%)	1 (1.7%)	4 (4.2%)

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_wrsn_all_nr.sas Output Generated: 2025-07-01T09:03 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

2.1.6 Table 53.3: Meaningful NRS-11 Score Difference - Non-Responder Imputation: Full Analysis Set

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Table 53.3: Anchor-Based Analysis of Meaningful NRS-11 Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)
Visit C3D15		
Number of Participants Completed the Assessment, n (%)	23 (62.2%)	42 (72.4%)
Number of Participants Missing the Assessment, n (%)	14 (37.8%)	16 (27.6%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	12 (20.7%)
95% CI	(7.5, 43.7)	(15.7, 44.6)
Visit C5D15		
Number of Participants Completed the Assessment, n (%)	25 (67.6%)	37 (63.8%)
Number of Participants Missing the Assessment, n (%)	12 (32.4%)	21 (36.2%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	4 (10.8%)	14 (24.1%)
95% CI	(4.5, 36.1)	(22.5, 55.2)

NRS-11: Numeric Rating Scale-11; CI: Confidence Interval.

N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan.

A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. 95% CIs are derived using the Clopper-Pearson approach.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.

NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_anch_all_nr.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

Table 53.3: Anchor-Based Analysis of Meaningful NRS-11 Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)
Visit C7D15		
Number of Participants Completed the Assessment, n (%)	24 (64.9%)	36 (62.1%)
Number of Participants Missing the Assessment, n (%)	13 (35.1%)	22 (37.9%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	15 (25.9%)
95% CI	(7.1, 42.2)	(25.5, 59.2)
Visit C9D15		
Number of Participants Completed the Assessment, n (%)	23 (62.2%)	35 (60.3%)
Number of Participants Missing the Assessment, n (%)	14 (37.8%)	23 (39.7%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	3 (8.1%)	15 (25.9%)
95% CI	(2.8, 33.6)	(26.3, 60.6)

NRS-11: Numeric Rating Scale-11; CI: Confidence Interval.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. 95% CIs are derived using the Clopper-Pearson approach.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_anch_all_nr.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

Table 53.3: Anchor-Based Analysis of Meaningful NRS-11 Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)
Visit C13D15		
Number of Participants Completed the Assessment, n (%)	17 (45.9%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	20 (54.1%)	37 (63.8%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	9 (15.5%)
95% CI	(10.3, 56.0)	(21.8, 66.0)
Visit C17D15		
Number of Participants Completed the Assessment, n (%)	18 (48.6%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	19 (51.4%)	37 (63.8%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	10 (17.2%)
95% CI	(9.7, 53.5)	(25.7, 70.2)

NRS-11: Numeric Rating Scale-11; CI: Confidence Interval.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. 95% CIs are derived using the Clopper-Pearson approach.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_anch_all_nr.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

Table 53.3: Anchor-Based Analysis of Meaningful NRS-11 Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)
Visit C21D15		
Number of Participants Completed the Assessment, n (%)	11 (29.7%)	16 (27.6%)
Number of Participants Missing the Assessment, n (%)	26 (70.3%)	42 (72.4%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	3 (8.1%)	7 (12.1%)
95% CI	(6.0, 61.0)	(19.8, 70.1)
Visit C24D21		
Number of Participants Completed the Assessment, n (%)	9 (24.3%)	17 (29.3%)
Number of Participants Missing the Assessment, n (%)	28 (75.7%)	41 (70.7%)
Threshold for Meaningful Score Difference	-1.7	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	2 (5.4%)	7 (12.1%)
95% CI	(2.8, 60.0)	(18.4, 67.1)

NRS-11: Numeric Rating Scale-11; CI: Confidence Interval.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. 95% CIs are derived using the Clopper-Pearson approach.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

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Table 53.3: Anchor-Based Analysis of Meaningful NRS-11 Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric (N=37)		Adult (N=58)	
Total				
Number of Participants Completed the Assessment, n (%)	33 (89.2%)		46 (79.3%)	
Number of Participants Missing the Assessment, n (%)	4 (10.8%)		12 (20.7%)	
Threshold for Meaningful Score Difference	-1.7		-1.5	
Participants with Clinically Meaningful Score Improvement, n (%)	10 (27.0%)		26 (44.8%)	
95% CI	(15.6, 48.7)		(41.1, 71.1)	

NRS-11: Numeric Rating Scale-11; CI: Confidence Interval.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. 95% CIs are derived using the Clopper-Pearson approach.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

2.1.7 Table 53.7: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-1.5): Full Analysis Set

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Table 53.7: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	23 (62.2%)	42 (72.4%)	65 (68.4%)
Number of Participants Missing the Assessment, n (%)	14 (37.8%)	16 (27.6%)	30 (31.6%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	12 (20.7%)	17 (17.9%)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	25 (67.6%)	37 (63.8%)	62 (65.3%)
Number of Participants Missing the Assessment, n (%)	12 (32.4%)	21 (36.2%)	33 (34.7%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	6 (16.2%)	14 (24.1%)	20 (21.1%)

NRS-11: Numeric Rating Scale-11.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.

The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". Lower scores indicate decreased pain.

NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.

The mean of these seven assessments is taken as the visit score.

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Table 53.7: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Improvement by >=15% (-1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	24 (64.9%)	36 (62.1%)	60 (63.2%)
Number of Participants Missing the Assessment, n (%)	13 (35.1%)	22 (37.9%)	35 (36.8%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	15 (25.9%)	20 (21.1%)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	23 (62.2%)	35 (60.3%)	58 (61.1%)
Number of Participants Missing the Assessment, n (%)	14 (37.8%)	23 (39.7%)	37 (38.9%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	15 (25.9%)	20 (21.1%)

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.
The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

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Table 53.7: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Improvement by >=15% (-1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	17 (45.9%)	21 (36.2%)	38 (40.0%)
Number of Participants Missing the Assessment, n (%)	20 (54.1%)	37 (63.8%)	57 (60.0%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	9 (15.5%)	14 (14.7%)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	18 (48.6%)	21 (36.2%)	39 (41.1%)
Number of Participants Missing the Assessment, n (%)	19 (51.4%)	37 (63.8%)	56 (58.9%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	5 (13.5%)	10 (17.2%)	15 (15.8%)

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.
The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Program Name: t_nrs_impr_all_nr.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

Table 53.7: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Improvement by >=15% (-1.5): Full Analysis Set

Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	11 (29.7%)	16 (27.6%)	27 (28.4%)
Number of Participants Missing the Assessment, n (%)	26 (70.3%)	42 (72.4%)	68 (71.6%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	3 (8.1%)	7 (12.1%)	10 (10.5%)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	9 (24.3%)	17 (29.3%)	26 (27.4%)
Number of Participants Missing the Assessment, n (%)	28 (75.7%)	41 (70.7%)	69 (72.6%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	2 (5.4%)	7 (12.1%)	9 (9.5%)

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.
The NRS-11 assesses target tumor pain on a scale from 0 - "no pain" to 10 - "worst pain you can imagine". Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

Table 53.7: Meaningful NRS-11 Score Difference - Non-Responder Imputation - Improvement by >=15% (-1.5): Full Analysis Set

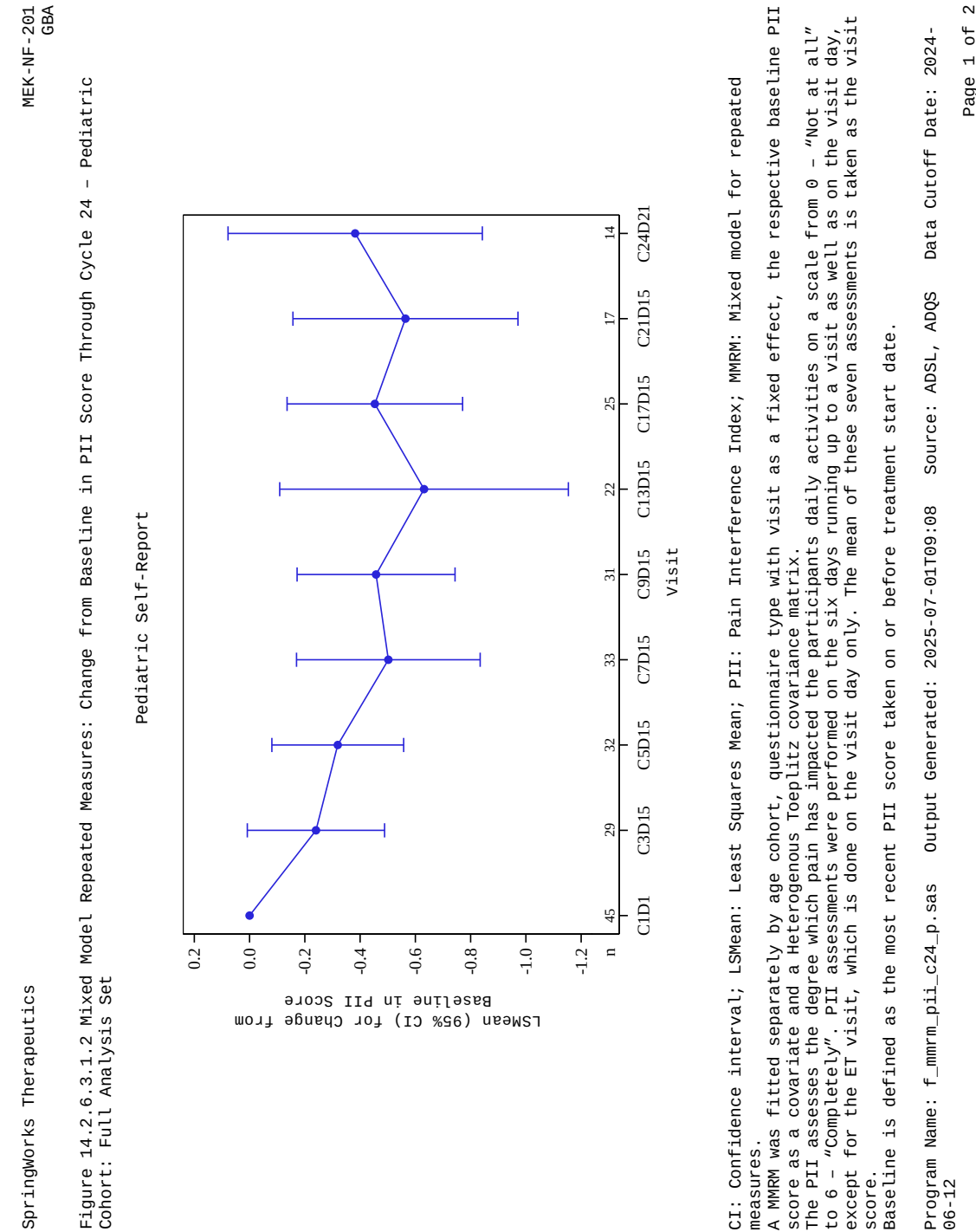
Visits	Pediatric (N=37)	Adult (N=58)	Total (N=95)
Total			
Number of Participants Completed the Assessment, n (%)	33 (89.2%)	46 (79.3%)	79 (83.2%)
Number of Participants Missing the Assessment, n (%)	4 (10.8%)	12 (20.7%)	16 (16.8%)
Threshold for Meaningful Score Difference	-1.5	-1.5	-1.5
Participants with Clinically Meaningful Score Improvement, n (%)	12 (32.4%)	26 (44.8%)	38 (40.0%)

NRS-11: Numeric Rating Scale-11.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.
The NRS-11 assesses target tumor pain on a scale from 0 – “no pain” to 10 – “worst pain you can imagine”. Lower scores indicate decreased pain.
NRS-11 assessments were performed for six days prior to a visit as well as on the visit day.
The mean of these seven assessments is taken as the visit score.

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2.2 PII

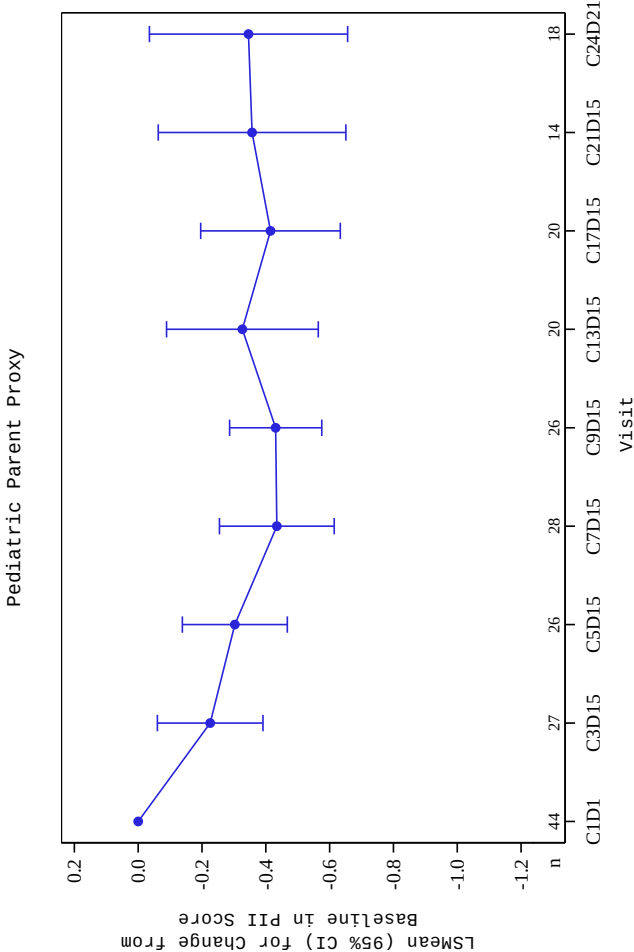
2.2.1 Figure 14.2.6.3.1.2: Mixed Model Repeated Measures: Change from Baseline in PII Score Through Cycle 24 Pediatric Cohort: Full Analysis Set



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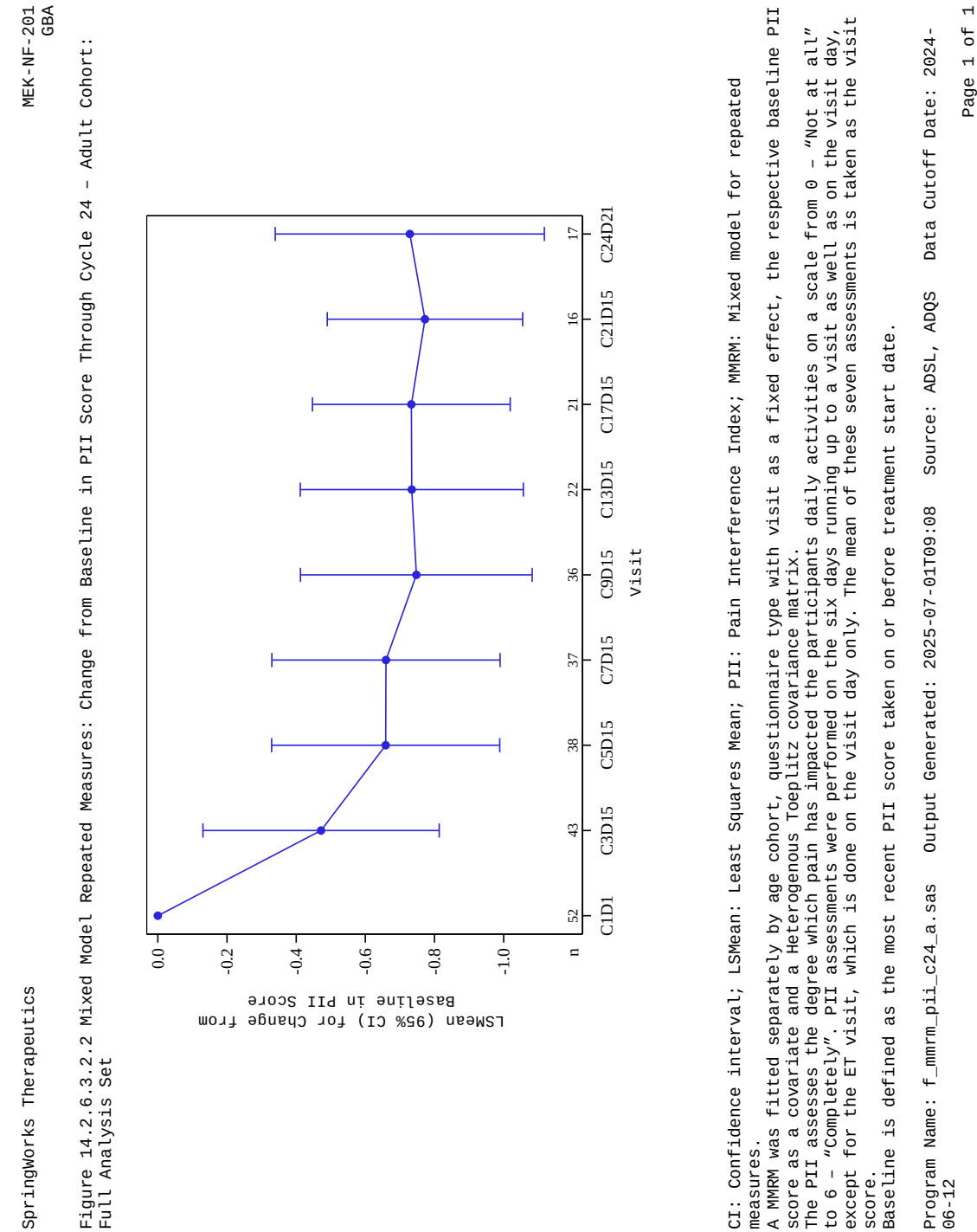
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Figure 14.2.6.3.1.2 Mixed Model Repeated Measures: Change from Baseline in PII Score Through Cycle 24 – Pediatric Cohort: Full Analysis Set



CI: Confidence interval; LSMean: Least Squares Mean; PII: Pain Interference Index; MMRM: Mixed model for repeated measures.
A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PII score as a covariate and a Heterogenous Toeplitz covariance matrix.
The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 – “Not at all” to 6 – “Completely”. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Baseline is defined as the most recent PII score taken on or before treatment start date.

2.2.2 Figure 14.2.6.3.2.2: Mixed Model Repeated Measures: Change from Baseline in PII Score Through Cycle 24 Adult Cohort: Full Analysis Set

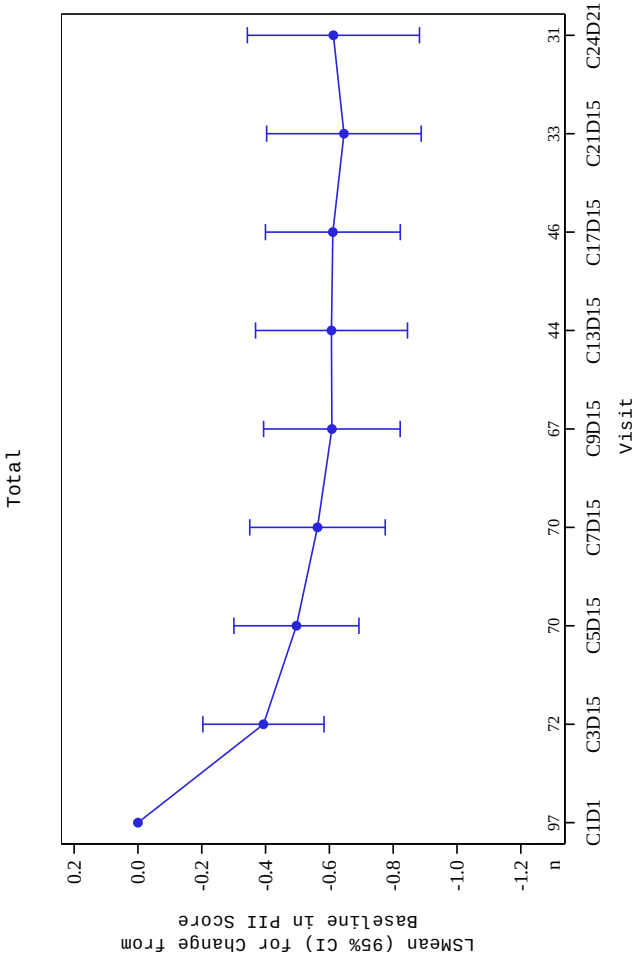


2.2.3 Figure 9: Mixed Model Repeated Measures: Change from Baseline in PII Score Through Cycle 24: Full Analysis Set

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Figure 9: Mixed Model Repeated Measures: Change from Baseline in PII Score Through Cycle 24: Full Analysis Set



CI: Confidence interval; LSMean: Least Squares Mean; PII: Pain Interference Index; MMRM: Mixed model for repeated measures.
A MMRM was fitted with visit as a fixed effect, the respective baseline PII score and age cohort as covariates and an Unstructured covariance matrix.
The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - 'Not at all' to 6 - 'Completely'. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Baseline is defined as the most recent PII score taken on or before treatment start date.

2.2.4 Table 15: Compliance Rate for PII by Visit: Full Analysis Set (Update 16 May)MEK-NF-201
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Table 15: Compliance Rate for PII by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)		Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Baseline					
PRO Expected	47 (100%)		47 (100%)	58 (100%)	105 (100%)
PRO Completed	45 (95.7%)		44 (93.6%)	52 (89.7%)	97 (92.4%)
PRO Not Completed	2 (4.3%)		3 (6.4%)	6 (10.3%)	8 (7.6%)
C3D15					
PRO Expected	45 (95.7%)		45 (95.7%)	51 (87.9%)	96 (91.4%)
PRO Completed	30 (66.7%)		28 (62.2%)	45 (88.2%)	75 (78.1%)
PRO Not Completed	15 (33.3%)		17 (37.8%)	6 (11.8%)	21 (21.9%)
C5D15					
PRO Expected	45 (95.7%)		45 (95.7%)	50 (86.2%)	95 (90.5%)
PRO Completed	32 (71.1%)		27 (60.0%)	41 (82.0%)	73 (76.8%)
PRO Not Completed	13 (28.9%)		18 (40.0%)	9 (18.0%)	22 (23.2%)
C7D15					
PRO Expected	42 (89.4%)		42 (89.4%)	46 (79.3%)	88 (83.8%)
PRO Completed	34 (81.0%)		29 (69.0%)	38 (82.6%)	72 (81.8%)
PRO Not Completed	8 (19.0%)		13 (31.0%)	8 (17.4%)	16 (18.2%)

PII: Pain Interference Index; ET: Early Termination; SFU: Safety Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 A participant is considered as completing the PII assessment at a visit if < 4 of the 7 PII daily assessments were missing.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_piicr.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 15: Compliance Rate for PII by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C9D15				
PRO Expected	40 (85.1%)	40 (85.1%)	46 (79.3%)	86 (81.9%)
PRO Completed	31 (77.5%)	25 (62.5%)	38 (82.6%)	69 (80.2%)
PRO Not Completed	9 (22.5%)	15 (37.5%)	8 (17.4%)	17 (19.8%)
C13D15				
PRO Expected	35 (74.5%)	35 (74.5%)	36 (62.1%)	71 (67.6%)
PRO Completed	20 (57.1%)	19 (54.3%)	24 (66.7%)	44 (62.0%)
PRO Not Completed	15 (42.9%)	16 (45.7%)	12 (33.3%)	27 (38.0%)
C17D15				
PRO Expected	33 (70.2%)	33 (70.2%)	34 (58.6%)	67 (63.8%)
PRO Completed	25 (75.8%)	20 (60.6%)	22 (64.7%)	47 (70.1%)
PRO Not Completed	8 (24.2%)	13 (39.4%)	12 (35.3%)	20 (29.9%)
C21D15				
PRO Expected	30 (63.8%)	30 (63.8%)	32 (55.2%)	62 (59.0%)
PRO Completed	17 (56.7%)	14 (46.7%)	17 (53.1%)	34 (54.8%)
PRO Not Completed	13 (43.3%)	16 (53.3%)	15 (46.9%)	28 (45.2%)

PII: Pain Interference Index; ET: Early Termination; SFU: Safety Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

A participant is considered as completing the PII assessment at a visit if < 4 of the 7 PII daily assessments were missing.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 15: Compliance Rate for PII by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)		Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C24D21					
PRO Expected	30 (63.8%)		30 (63.8%)	31 (53.4%)	61 (58.1%)
PRO Completed	14 (46.7%)		18 (60.0%)	18 (58.1%)	32 (52.5%)
PRO Not Completed	16 (53.3%)		12 (40.0%)	13 (41.9%)	29 (47.5%)
ET					
PRO Expected	22 (46.8%)		22 (46.8%)	28 (48.3%)	50 (47.6%)
PRO Completed	7 (31.8%)		6 (27.3%)	9 (32.1%)	16 (32.0%)
PRO Not Completed	15 (68.2%)		16 (72.7%)	19 (67.9%)	34 (68.0%)
SFU					
PRO Expected	31 (66.0%)		31 (66.0%)	42 (72.4%)	73 (69.5%)
PRO Completed	4 (12.9%)		2 (6.5%)	7 (16.7%)	11 (15.1%)
PRO Not Completed	27 (87.1%)		29 (93.5%)	35 (83.3%)	62 (84.9%)

PII: Pain Interference Index; ET: Early Termination; SFU: Safety Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

A participant is considered as completing the PII assessment at a visit if < 4 of the 7 PII daily assessments were missing. Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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2.2.5 Table 5: PII Scores by Visit - Self Report: Full Analysis Set (Update 16 May)

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Baseline				
n (%)	45 (95.7%)	44 (93.6%)	52 (89.7%)	97 (92.4%)
Mean (SD)	0.93 (1.282)	0.97 (1.246)	2.29 (1.683)	1.66 (1.649)
Median	0.47	0.43	2.62	1.08
Min, Max	0, 5.4	0, 4.3	0, 5.3	0, 5.4

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.
The PII assesses the degree to which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "completely".
PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C3D15				
n (%)	30 (63.8%)	28 (59.6%)	46 (79.3%)	76 (72.4%)
Mean (SD)	0.42 (0.812)	0.58 (0.822)	1.64 (1.599)	1.16 (1.466)
Median	0.03	0.07	0.95	0.50
Min, Max	0, 3.6	0, 2.7	0, 5.9	0, 5.9
Change from Baseline at C3D15				
n (%)	29 (61.7%)	27 (57.4%)	43 (74.1%)	72 (68.6%)
Mean (SD)	-0.35 (0.786)	-0.25 (0.557)	-0.67 (1.116)	-0.54 (1.002)
Median	-0.12	-0.08	-0.46	-0.24
Min, Max	-3.8, 0.5	-1.6, 0.7	-3.3, 1.4	-3.8, 1.4
LS Mean (SE)	-0.24 (0.126)	-0.23 (0.084)	-0.47 (0.173)	-0.39 (0.096)
95% CI	(-0.49, 0.01)	(-0.39, -0.06)	(-0.81, -0.13)	(-0.58, -0.20)
p-value	0.058	0.008	0.007	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants' daily activities on a scale from 0 – "Not at all" to 6 – "Completely".

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
CSD15				
n (%)	32 (68.1%)	27 (57.4%)	41 (70.7%)	73 (69.5%)
Mean (SD)	0.62 (1.210)	0.59 (0.848)	1.37 (1.649)	1.04 (1.511)
Median	0.02	0.19	0.60	0.21
Min, Max	0, 5.2	0, 3.1	0, 5.9	0, 5.9
Change from Baseline at CSD15				
n (%)	32 (68.1%)	26 (55.3%)	38 (65.5%)	70 (66.7%)
Mean (SD)	-0.30 (0.784)	-0.24 (0.553)	-0.83 (1.133)	-0.59 (1.017)
Median	-0.11	0	-0.51	-0.28
Min, Max	-3.8, 1.0	-1.5, 0.4	-3.7, 1.0	-3.8, 1.0
LS Mean (SE)	-0.32 (0.121)	-0.30 (0.083)	-0.66 (0.167)	-0.50 (0.099)
95% CI	(-0.56, -0.08)	(-0.47, -0.14)	(-0.99, -0.33)	(-0.69, -0.30)
p-value	0.009	<0.001	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants daily activities on a scale from 0 – “Not at all” to 6 – “Completely”.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C7D15				
n (%)	34 (72.3%)	29 (61.7%)	40 (69.0%)	74 (70.5%)
Mean (SD)	0.59 (1.208)	0.51 (0.867)	1.45 (1.662)	1.05 (1.524)
Median	0.10	0.08	0.65	0.18
Min, Max	0, 5.6	0, 3.9	0, 5.5	0, 5.6
Change from Baseline at C7D15				
n (%)	33 (70.2%)	28 (59.6%)	37 (63.8%)	70 (66.7%)
Mean (SD)	-0.36 (0.755)	-0.54 (0.793)	-0.65 (0.918)	-0.51 (0.851)
Median	-0.14	-0.17	-0.40	-0.33
Min, Max	-3.0, 1.4	-2.4, 0.2	-3.5, 0.6	-3.5, 1.4
LS Mean (SE)	-0.50 (0.168)	-0.43 (0.091)	-0.66 (0.167)	-0.56 (0.107)
95% CI	(-0.83, -0.17)	(-0.61, -0.25)	(-0.99, -0.33)	(-0.77, -0.35)
p-value	0.003	<0.001	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants daily activities on a scale from 0 – “Not at all” to 6 – “Completely”.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C9D15				
n (%)	32 (68.1%)	26 (55.3%)	39 (67.2%)	71 (67.6%)
Mean (SD)	0.50 (1.116)	0.36 (0.783)	1.26 (1.583)	0.92 (1.434)
Median	0.13	0	0.33	0.17
Min, Max	0, 4.8	0, 3.7	0, 4.6	0, 4.8
Change from Baseline at C9D15				
n (%)	31 (66.0%)	26 (55.3%)	36 (62.1%)	67 (63.8%)
Mean (SD)	-0.22 (0.474)	-0.25 (0.444)	-0.88 (1.043)	-0.57 (0.887)
Median	-0.14	-0.04	-0.53	-0.29
Min, Max	-1.8, 0.6	-1.5, 0.1	-3.5, 1.0	-3.5, 1.0
LS Mean (SE)	-0.46 (0.145)	-0.43 (0.073)	-0.75 (0.170)	-0.61 (0.108)
95% CI	(-0.74, -0.17)	(-0.58, -0.29)	(-1.08, -0.41)	(-0.82, -0.39)
p-value	0.002	<0.001	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants' daily activities on a scale from 0 - "Not at all" to 6 - "Completely".

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C13D15				
n (%)	22 (46.8%)	21 (44.7%)	24 (41.4%)	46 (43.8%)
Mean (SD)	0.66 (0.982)	0.65 (0.832)	0.97 (1.228)	0.82 (1.116)
Median	0.10	0.27	0.24	0.13
Min, Max	0, 3.3	0, 2.3	0, 3.3	0, 3.3
Change from Baseline at C13D15				
n (%)	22 (46.8%)	20 (42.6%)	22 (37.9%)	44 (41.9%)
Mean (SD)	-0.41 (1.246)	-0.32 (0.821)	-0.73 (1.032)	-0.57 (1.142)
Median	-0.24	-0.08	-0.45	-0.31
Min, Max	-4.9, 1.1	-2.2, 1.0	-3.3, 0.6	-4.9, 1.1
LS Mean (SE)	-0.63 (0.264)	-0.33 (0.120)	-0.73 (0.163)	-0.61 (0.120)
95% CI	(-1.15, -0.11)	(-0.56, -0.09)	(-1.06, -0.41)	(-0.84, -0.37)
p-value	0.018	0.007	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants' daily activities on a scale from 0 – "Not at all" to 6 – "Completely".

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C17D15				
n (%)	25 (53.2%)	20 (42.6%)	22 (37.9%)	47 (44.8%)
Mean (SD)	0.57 (1.058)	0.62 (0.934)	0.88 (1.116)	0.72 (1.084)
Median	0	0.09	0.58	0.17
Min, Max	0, 4.0	0, 3.6	0, 3.7	0, 4.0
Change from Baseline at C17D15				
n (%)	25 (53.2%)	20 (42.6%)	21 (36.2%)	46 (43.8%)
Mean (SD)	-0.39 (0.723)	-0.44 (0.882)	-0.84 (1.036)	-0.59 (0.899)
Median	-0.11	-0.08	-0.63	-0.27
Min, Max	-2.1, 1.1	-2.2, 0.9	-2.8, 0.7	-2.8, 1.1
LS Mean (SE)	-0.45 (0.161)	-0.41 (0.111)	-0.73 (0.145)	-0.61 (0.106)
95% CI	(-0.77, -0.14)	(-0.63, -0.20)	(-1.02, -0.45)	(-0.82, -0.40)
p-value	0.005	<0.001	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants' daily activities on a scale from 0 – "Not at all" to 6 – "Completely".

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C21D15				
n (%)	17 (36.2%)	14 (29.8%)	17 (29.3%)	34 (32.4%)
Mean (SD)	0.52 (0.943)	0.56 (0.908)	1.07 (1.461)	0.79 (1.243)
Median	0.04	0.14	0.44	0.07
Min, Max	0, 3.7	0, 3.3	0, 4.3	0, 4.3
Change from Baseline at C21D15				
n (%)	17 (36.2%)	14 (29.8%)	16 (27.6%)	33 (31.4%)
Mean (SD)	-0.27 (0.798)	-0.28 (0.883)	-0.61 (0.867)	-0.43 (0.837)
Median	-0.07	-0.08	-0.38	-0.24
Min, Max	-2.7, 1.4	-2.8, 1.3	-2.7, 0.9	-2.7, 1.4
LS Mean (SE)	-0.56 (0.206)	-0.36 (0.143)	-0.77 (0.122)	-0.65 (0.122)
95% CI	(-0.97, -0.16)	(-0.65, -0.06)	(-1.06, -0.49)	(-0.89, -0.40)
p-value	0.007	0.018	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants' daily activities on a scale from 0 – "Not at all" to 6 – "Completely".

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score. Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 5: PII Scores by Visit: Full Analysis Set

	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
C24D21				
n (%)	14 (29.8%)	18 (38.3%)	18 (31.0%)	32 (30.5%)
Mean (SD)	0.30 (0.496)	0.44 (0.637)	0.98 (1.319)	0.68 (1.084)
Median	0	0.01	0.38	0.05
Min, Max	0, 1.5	0, 2.1	0, 3.8	0, 3.8
Change from Baseline at C24D21				
n (%)	14 (29.8%)	18 (38.3%)	17 (29.3%)	31 (29.5%)
Mean (SD)	-0.25 (0.917)	-0.29 (1.008)	-0.72 (0.998)	-0.51 (0.975)
Median	0	-0.01	-0.31	-0.09
Min, Max	-3.0, 0.9	-3.1, 0.9	-3.1, 0.6	-3.1, 0.9
LS Mean (SE)	-0.38 (0.233)	-0.35 (0.157)	-0.73 (0.197)	-0.61 (0.136)
95% CI	(-0.84, 0.08)	(-0.66, -0.03)	(-1.12, -0.34)	(-0.88, -0.34)
p-value	0.103	0.030	<0.001	<0.001

SD: Standard Deviation; Min: Minimum; Max: Maximum; PII: Pain Interference Index.

The PII assesses the degree to which pain has impacted the participants daily activities on a scale from 0 – “Not at all” to 6 – “Completely”.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score. Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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2.2.6 Table 54.11: Meaningful PII Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (0.9): Full Analysis Set

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Table 54.11: Meaningful PII Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	29 (61.7%)	27 (57.4%)	43 (74.1%)	72 (68.6%)
Number of Participants Missing the Assessment, n (%)	18 (38.3%)	20 (42.6%)	15 (25.9%)	33 (31.4%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	2 (3.4%)	2 (1.9%)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	32 (68.1%)	26 (55.3%)	38 (65.5%)	70 (66.7%)
Number of Participants Missing the Assessment, n (%)	15 (31.9%)	21 (44.7%)	20 (34.5%)	35 (33.3%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	0	1 (1.7%)	2 (1.9%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort. The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score. Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pii_wrsn_all_nr.sas Output Generated: 2025-07-01T09:03 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 54.11: Meaningful PII Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	33 (70.2%)	28 (59.6%)	37 (63.8%)	70 (66.7%)
Number of Participants Missing the Assessment, n (%)	14 (29.8%)	19 (40.4%)	21 (36.2%)	35 (33.3%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	0	0	1 (1.0%)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	31 (66.0%)	26 (55.3%)	36 (62.1%)	67 (63.8%)
Number of Participants Missing the Assessment, n (%)	16 (34.0%)	21 (44.7%)	22 (37.9%)	38 (36.2%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	1 (1.7%)	1 (1.0%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET

visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pii_wrsn_all_nr.sas Output Generated: 2025-07-01T09:03 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 54.11: Meaningful PII Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	22 (46.8%)	20 (42.6%)	22 (37.9%)	44 (41.9%)
Number of Participants Missing the Assessment, n (%)	25 (53.2%)	27 (57.4%)	36 (62.1%)	61 (58.1%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)				
	2 (4.3%)	1 (2.1%)	0	2 (1.9%)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	25 (53.2%)	20 (42.6%)	21 (36.2%)	46 (43.8%)
Number of Participants Missing the Assessment, n (%)	22 (46.8%)	27 (57.4%)	37 (63.8%)	59 (56.2%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)				
	1 (2.1%)	1 (2.1%)	0	1 (1.0%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET

visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 54.11: Meaningful PII Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	17 (36.2%)	14 (29.8%)	16 (27.6%)	33 (31.4%)
Number of Participants Missing the Assessment, n (%)	30 (63.8%)	33 (70.2%)	42 (72.4%)	72 (68.6%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)				
	1 (2.1%)	1 (2.1%)	1 (1.7%)	2 (1.9%)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	14 (29.8%)	18 (38.3%)	17 (29.3%)	31 (29.5%)
Number of Participants Missing the Assessment, n (%)	33 (70.2%)	29 (61.7%)	41 (70.7%)	74 (70.5%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)				
	0	1 (2.1%)	0	0

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET

visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 54.11: Meaningful PII Score Difference - Non-Responder Imputation - Worsening by >=15% (0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Total				
Number of Participants Completed the Assessment, n (%)	42 (89.4%)	37 (78.7%)	47 (81.0%)	89 (84.8%)
Number of Participants Missing the Assessment, n (%)	5 (10.6%)	10 (21.3%)	11 (19.0%)	16 (15.2%)
Threshold for Meaningful Score Difference	0.9	0.9	0.9	0.9
Participants with Clinically Meaningful Score Worsening, n (%)	4 (8.5%)	3 (6.4%)	4 (6.9%)	8 (7.6%)

PII: Pain Interference Index.
N represents the number of participants in the corresponding cohort.
The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.
PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Total column is the count of Pediatric Self-Report and Adult cohorts.

2.2.7 Table 54.3: Meaningful PII Score Difference - Non-Responder Imputation: Full Analysis Set

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Table 54.3: Anchor-Based Analysis of Meaningful PII Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	29 (61.7%)		43 (74.1%)
Number of Participants Missing the Assessment, n (%)	18 (38.3%)		15 (25.9%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.5%)		11 (19.0%)
95% CI	(3.9, 31.7)		(13.5, 41.2)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	32 (68.1%)		38 (65.5%)
Number of Participants Missing the Assessment, n (%)	15 (31.9%)		20 (34.5%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.5%)		10 (17.2%)
95% CI	(3.5, 29.0)		(13.4, 43.1)

PII: Pain Interference Index; CI: Confidence Interval. N represents the number of participants in the corresponding cohort. A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. The PII assesses the degree which pain has impacted the participants' daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

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Table 54.3: Anchor-Based Analysis of Meaningful PII Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	33 (70.2%)		37 (63.8%)
Number of Participants Missing the Assessment, n (%)	14 (29.8%)		21 (36.2%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.8%)		9 (15.5%)
95% CI	(7.0, 35.5)		(11.8, 41.2)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	31 (66.0%)		36 (62.1%)
Number of Participants Missing the Assessment, n (%)	16 (34.0%)		22 (37.9%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.4%)		11 (19.0%)
95% CI	(2.0, 25.8)		(16.3, 48.1)

PII: Pain Interference Index; CI: Confidence Interval. N represents the number of participants in the corresponding cohort. A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

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Table 54.3: Anchor-Based Analysis of Meaningful PII Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	22 (46.8%)		22 (37.9%)
Number of Participants Missing the Assessment, n (%)	25 (53.2%)		36 (62.1%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.5%)		6 (10.3%)
95% CI	(5.2, 40.3)		(10.7, 50.2)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	25 (53.2%)		21 (36.2%)
Number of Participants Missing the Assessment, n (%)	22 (46.8%)		37 (63.8%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.8%)		8 (13.8%)
95% CI	(9.4, 45.1)		(18.1, 61.6)

PII: Pain Interference Index; CI: Confidence Interval. N represents the number of participants in the corresponding cohort. A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

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GBA

Table 54.3: Anchor-Based Analysis of Meaningful PII Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	17 (36.2%)		16 (27.6%)
Number of Participants Missing the Assessment, n (%)	30 (63.8%)		42 (72.4%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.3%)		4 (6.9%)
95% CI	(1.5, 36.4)		(7.3, 52.4)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	14 (29.8%)		17 (29.3%)
Number of Participants Missing the Assessment, n (%)	33 (70.2%)		41 (70.7%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.3%)		4 (6.9%)
95% CI	(1.8, 42.8)		(6.8, 49.9)

PII: Pain Interference Index; CI: Confidence Interval. N represents the number of participants in the corresponding cohort. A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

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Table 54.3: Anchor-Based Analysis of Meaningful PII Score Difference - Non-Responder Imputation: Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)
Total			
Number of Participants Completed the Assessment, n (%)	42 (89.4%)		47 (81.0%)
Number of Participants Missing the Assessment, n (%)	5 (10.6%)		11 (19.0%)
Threshold for Meaningful Score Difference	-0.7	n/a	-1.1
Participants with Clinically Meaningful Score Improvement, n (%)	10 (21.3%)		19 (32.8%)
95% CI	(12.1, 39.5)		(26.4, 55.7)

PII: Pain Interference Index; CI: Confidence Interval. N represents the number of participants in the corresponding cohort. A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities. PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

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2.2.8 Table 54.7: Meaningful PII Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-0.9): Full Analysis Set

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Table 54.7: Meaningful PII Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	29 (61.7%)	27 (57.4%)	43 (74.1%)	72 (68.6%)
Number of Participants Missing the Assessment, n (%)	18 (38.3%)	20 (42.6%)	15 (25.9%)	33 (31.4%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.4%)	3 (6.4%)	13 (22.4%)	16 (15.2%)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	32 (68.1%)	26 (55.3%)	38 (65.5%)	70 (66.7%)
Number of Participants Missing the Assessment, n (%)	15 (31.9%)	21 (44.7%)	20 (34.5%)	35 (33.3%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.5%)	4 (8.5%)	11 (19.0%)	15 (14.3%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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MEK-NF-201
GBATable 54.7: Meaningful PII Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	33 (70.2%)	28 (59.6%)	37 (63.8%)	70 (66.7%)
Number of Participants Missing the Assessment, n (%)	14 (29.8%)	19 (40.4%)	21 (36.2%)	35 (33.3%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.6%)	8 (17.0%)	11 (19.0%)	16 (15.2%)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	31 (66.0%)	26 (55.3%)	36 (62.1%)	67 (63.8%)
Number of Participants Missing the Assessment, n (%)	16 (34.0%)	21 (44.7%)	22 (37.9%)	38 (36.2%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.4%)	4 (8.5%)	12 (20.7%)	15 (14.3%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 54.7: Meaningful PII Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	22 (46.8%)	20 (42.6%)	22 (37.9%)	44 (41.9%)
Number of Participants Missing the Assessment, n (%)	25 (53.2%)	27 (57.4%)	36 (62.1%)	61 (58.1%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.5%)	4 (8.5%)	6 (10.3%)	10 (9.5%)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	25 (53.2%)	20 (42.6%)	21 (36.2%)	46 (43.8%)
Number of Participants Missing the Assessment, n (%)	22 (46.8%)	27 (57.4%)	37 (63.8%)	59 (56.2%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.8%)	6 (12.8%)	9 (15.5%)	15 (14.3%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET

visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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MEK-NF-201
GBATable 54.7: Meaningful PII Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (-0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	17 (36.2%)	14 (29.8%)	16 (27.6%)	33 (31.4%)
Number of Participants Missing the Assessment, n (%)	30 (63.8%)	33 (70.2%)	42 (72.4%)	72 (68.6%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.3%)	2 (4.3%)	5 (8.6%)	7 (6.7%)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	14 (29.8%)	18 (38.3%)	17 (29.3%)	31 (29.5%)
Number of Participants Missing the Assessment, n (%)	33 (70.2%)	29 (61.7%)	41 (70.7%)	74 (70.5%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.3%)	2 (4.3%)	7 (12.1%)	9 (8.6%)

PII: Pain Interference Index.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.

The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 - "Not at all" to 6 - "Completely". Lower scores indicate decreased pain interference with participant's daily activities.

PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 54.7: Meaningful PII Score Difference - Non-Responder Imputation - Improvement by >=15% (-0.9): Full Analysis Set

Visits	Pediatric Self-Report (N=47)	Pediatric Parent Proxy (N=47)	Adult (N=58)	Total (N=105)
Total				
Number of Participants Completed the Assessment, n (%)	42 (89.4%)	37 (78.7%)	47 (81.0%)	89 (84.8%)
Number of Participants Missing the Assessment, n (%)	5 (10.6%)	10 (21.3%)	11 (19.0%)	16 (15.2%)
Threshold for Meaningful Score Difference	-0.9	-0.9	-0.9	-0.9
Participants with Clinically Meaningful Score Improvement, n (%)	10 (21.3%)	10 (21.3%)	23 (39.7%)	33 (31.4%)

PII: Pain Interference Index.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful score improvement if their change from baseline is less than or equal to the corresponding threshold.
The PII assesses the degree which pain has impacted the participants daily activities on a scale from 0 – “Not at all” to 6 – “Completely”. Lower scores indicate decreased pain interference with participant's daily activities.
PII assessments were performed on the six days running up to a visit as well as on the visit day, except for the ET visit, which is done on the visit day only. The mean of these seven assessments is taken as the visit score.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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3 Symptomansprechen Motorik

3.1 Muskelkraft

3.1.1 Table 50: Strength Assessments by Visit: Full Analysis Set

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Baseline			
Strength Assessment MRC Grading			
n (%)	14 (93.3%)	22 (95.7%)	36 (94.7%)
Mean (SD)	4.2 (0.82)	4.4 (0.62)	4.3 (0.70)
Median	4.4	4.5	4.5
Min, Max	2, 5	3, 5	2, 5
Strength Assessment Dynamometer (LBS)			
n (%)	14 (93.3%)	22 (95.7%)	36 (94.7%)
Mean (SD)	90.0 (92.39)	143.0 (126.04)	122.4 (115.71)
Median	39.1	106.5	89.2
Min, Max	13, 272	15, 516	13, 516
C5D15			
Strength Assessment MRC Grading			
n (%)	12 (80.0%)	17 (73.9%)	29 (76.3%)
Mean (SD)	4.5 (0.55)	4.5 (0.68)	4.5 (0.62)
Median	4.7	4.8	4.8
Min, Max	3, 5	3, 5	3, 5
Strength Assessment Dynamometer (LBS)			
n (%)	12 (80.0%)	17 (73.9%)	29 (76.3%)
Mean (SD)	93.3 (107.78)	180.0 (162.32)	144.1 (146.65)
Median	44.2	139.4	92.3
Min, Max	10, 325	13, 554	10, 554

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.

For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.

Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.

MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.

For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.

The MRC grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.

Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADMK Data Cutoff Date: 2024-06-12

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Change from Baseline at C5D15			
Strength Assessment MRC Grading			
n (%)	12 (80.0%)	17 (73.9%)	29 (76.3%)
Mean (SD)	0.2 (0.44)	0.1 (0.40)	0.2 (0.42)
Median	0.0	0.0	0.0
Min, Max	0, 1	-1, 1	-1, 1
Strength Assessment Dynamometer (LBS)			
n (%)	12 (80.0%)	17 (73.9%)	29 (76.3%)
Mean (SD)	13.5 (30.70)	20.4 (48.45)	17.5 (41.51)
Median	1.9	2.9	2.9
Min, Max	-33, 69	-28, 156	-33, 156
Percentage Change from Baseline at C5D15			
Strength Assessment MRC Grading			
n (%)	12 (80.0%)	17 (73.9%)	29 (76.3%)
Mean (SD)	8.7 (19.51)	3.7 (11.13)	5.8 (15.06)
Median	0.0	0.0	0.0
Min, Max	-6, 67	-14, 33	-14, 67
Strength Assessment Dynamometer (LBS)			
n (%)	12 (80.0%)	17 (73.9%)	29 (76.3%)
Mean (SD)	5.8 (33.27)	11.6 (28.75)	9.2 (30.26)
Median	7.5	3.1	3.1
Min, Max	-76, 43	-15, 103	-76, 103

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.

For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.

Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.

MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.

For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.

The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.

Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas

Output Generated: 2025-07-01T09:02

Source: ADSL, ADMK

Data Cutoff Date: 2024-06-12

Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C9D15			
Strength Assessment MRC Grading			
n (%)	9 (60.0%)	17 (73.9%)	26 (68.4%)
Mean (SD)	4.3 (0.94)	4.5 (0.71)	4.4 (0.78)
Median	4.5	4.9	4.7
Min, Max	2, 5	3, 5	2, 5
Strength Assessment Dynamometer (LBS)			
n (%)	9 (60.0%)	17 (73.9%)	26 (68.4%)
Mean (SD)	70.3 (73.36)	202.5 (223.61)	156.8 (194.52)
Median	43.5	134.1	86.4
Min, Max	19, 245	22, 884	19, 884
Change from Baseline at C9D15			
Strength Assessment MRC Grading			
n (%)	9 (60.0%)	17 (73.9%)	26 (68.4%)
Mean (SD)	0.2 (0.39)	0.2 (0.58)	0.2 (0.51)
Median	0.0	0.0	0.0
Min, Max	0, 1	-2, 1	-2, 1
Strength Assessment Dynamometer (LBS)			
n (%)	9 (60.0%)	17 (73.9%)	26 (68.4%)
Mean (SD)	16.5 (29.69)	54.8 (101.11)	41.6 (84.68)
Median	6.2	14.8	9.9
Min, Max	-4, 94	-17, 368	-17, 368

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.
For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.
Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.
MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.
For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.
The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Percentage Change from Baseline at C9D15			
Strength Assessment MRC Grading			
n (%)	9 (60.0%)	17 (73.9%)	26 (68.4%)
Mean (SD)	5.9 (10.19)	4.6 (14.01)	5.1 (12.62)
Median	0.0	0.0	0.0
Min, Max	-6, 23	-36, 33	-36, 33
Strength Assessment Dynamometer (LBS)			
n (%)	9 (60.0%)	17 (73.9%)	26 (68.4%)
Mean (SD)	26.5 (23.46)	28.4 (37.66)	27.8 (32.94)
Median	21.1	17.5	19.3
Min, Max	-10, 62	-30, 101	-30, 101
C13D15			
Strength Assessment MRC Grading			
n (%)	8 (53.3%)	15 (65.2%)	23 (60.5%)
Mean (SD)	4.6 (0.42)	4.6 (0.56)	4.6 (0.51)
Median	4.7	5.0	4.8
Min, Max	4, 5	4, 5	4, 5
Strength Assessment Dynamometer (LBS)			
n (%)	8 (53.3%)	15 (65.2%)	23 (60.5%)
Mean (SD)	79.1 (90.08)	217.7 (258.49)	169.5 (222.85)
Median	49.9	130.2	88.0
Min, Max	14, 285	22, 984	14, 984

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.
For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.
Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.
MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.
For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.
The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ABSL, ADMK Data Cutoff Date: 2024-06-12

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Change from Baseline at C13D15			
Strength Assessment MRC Grading			
n (%)	8 (53.3%)	15 (65.2%)	23 (60.5%)
Mean (SD)	0.3 (0.35)	0.3 (0.46)	0.3 (0.42)
Median	0.1	0.0	0.0
Min, Max	0, 1	0, 1	0, 1
Strength Assessment Dynamometer (LBS)			
n (%)	8 (53.3%)	15 (65.2%)	23 (60.5%)
Mean (SD)	18.5 (32.08)	68.5 (130.33)	51.1 (108.29)
Median	3.5	14.5	12.8
Min, Max	1, 95	-31, 468	-31, 468
Percentage Change from Baseline at C13D15			
Strength Assessment MRC Grading			
n (%)	8 (53.3%)	15 (65.2%)	23 (60.5%)
Mean (SD)	6.8 (9.70)	7.5 (13.09)	7.3 (11.80)
Median	1.7	0.0	0.0
Min, Max	0, 23	-8, 39	-8, 39
Strength Assessment Dynamometer (LBS)			
n (%)	8 (53.3%)	15 (65.2%)	23 (60.5%)
Mean (SD)	24.9 (21.98)	36.1 (51.42)	32.2 (43.19)
Median	15.3	20.7	18.5
Min, Max	1, 52	-30, 127	-30, 127

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments. For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.

Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.

MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.

For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.

The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary. Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADMK Data Cutoff Date: 2024-06-12

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C17D15			
Strength Assessment MRC Grading			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	4.6 (0.50)	4.6 (0.66)	4.5 (0.57)
Median	4.6	5.0	4.8
Min, Max	4, 5	4, 5	4, 5
Strength Assessment Dynamometer (LBS)			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	84.4 (101.44)	199.0 (321.31)	145.5 (243.99)
Median	47.1	80.9	75.4
Min, Max	11, 300	23, 984	11, 984
Change from Baseline at C17D15			
Strength Assessment MRC Grading			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	0.2 (0.38)	0.2 (0.31)	0.2 (0.33)
Median	0.0	0.0	0.0
Min, Max	0, 1	0, 1	0, 1
Strength Assessment Dynamometer (LBS)			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	21.4 (40.88)	65.6 (163.42)	45.0 (120.78)
Median	7.6	10.5	7.6
Min, Max	-6, 110	-15, 468	-15, 468

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments. For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.

Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.

MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.

For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.

The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary. Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADMK Data Cutoff Date: 2024-06-12

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Percentage Change from Baseline at C17D15			
Strength Assessment MRC Grading			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	5.3 (9.70)	5.9 (10.13)	5.6 (9.58)
Median	0.0	0.0	0.0
Min, Max	-6, 21	0, 29	-6, 29
Strength Assessment Dynamometer (LBS)			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	26.6 (38.64)	36.7 (54.28)	32.0 (46.26)
Median	28.8	16.4	28.8
Min, Max	-36, 81	-16, 135	-36, 135
C21D15			
Strength Assessment MRC Grading			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	4.7 (0.40)	4.5 (0.59)	4.6 (0.50)
Median	4.8	4.7	4.8
Min, Max	4, 5	4, 5	4, 5
Strength Assessment Dynamometer (LBS)			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	86.2 (98.22)	241.4 (331.50)	169.0 (255.93)
Median	43.7	106.0	73.4
Min, Max	13, 286	21, 982	13, 982

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.
For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.
Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.
MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.
For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.
The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ABSL, ADMK Data Cutoff Date: 2024-06-12

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Change from Baseline at C21D15			
Strength Assessment MRC Grading			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	0.4 (0.49)	0.2 (0.29)	0.3 (0.40)
Median	0.3	0.0	0.0
Min, Max	0, 1	0, 1	0, 1
Strength Assessment Dynamometer (LBS)			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	23.2 (33.80)	71.7 (168.36)	49.1 (123.65)
Median	10.9	-0.2	7.2
Min, Max	-5, 96	-37, 466	-37, 466
Percentage Change from Baseline at C21D15			
Strength Assessment MRC Grading			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	10.0 (12.82)	5.2 (10.03)	7.4 (11.26)
Median	7.1	0.0	0.0
Min, Max	-6, 25	-1, 29	-6, 29
Strength Assessment Dynamometer (LBS)			
n (%)	7 (46.7%)	8 (34.8%)	15 (39.5%)
Mean (SD)	32.5 (33.73)	13.2 (37.60)	22.2 (35.97)
Median	47.0	-1.4	18.3
Min, Max	-27, 71	-21, 90	-27, 90

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments. For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.

Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.

MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.

For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.

The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary. Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADMK Data Cutoff Date: 2024-06-12

Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C24D21			
Strength Assessment MRC Grading			
n (%)	8 (53.3%)	11 (47.8%)	19 (50.0%)
Mean (SD)	4.6 (0.40)	4.5 (0.53)	4.6 (0.47)
Median	4.8	4.7	4.7
Min, Max	4, 5	4, 5	4, 5
Strength Assessment Dynamometer (LBS)			
n (%)	8 (53.3%)	11 (47.8%)	19 (50.0%)
Mean (SD)	78.1 (95.19)	194.4 (282.19)	145.4 (226.37)
Median	40.0	97.7	69.6
Min, Max	13, 291	21, 972	13, 972
Change from Baseline at C24D21			
Strength Assessment MRC Grading			
n (%)	8 (53.3%)	11 (47.8%)	19 (50.0%)
Mean (SD)	0.3 (0.54)	0.2 (0.45)	0.2 (0.47)
Median	0.1	0.0	0.0
Min, Max	0, 1	0, 1	0, 1
Strength Assessment Dynamometer (LBS)			
n (%)	8 (53.3%)	11 (47.8%)	19 (50.0%)
Mean (SD)	20.1 (34.12)	56.8 (136.15)	41.3 (105.35)
Median	8.6	12.9	10.2
Min, Max	-4, 101	-14, 456	-14, 456

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.
For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.
Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.
MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.
For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.
The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

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Table 50: Strength Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Percentage Change from Baseline at C24D21			
Strength Assessment MRC Grading			
n (%)	8 (53.3%)	11 (47.8%)	19 (50.0%)
Mean (SD)	7.5 (15.16)	7.1 (15.31)	7.3 (14.82)
Median	1.6	0.0	0.0
Min, Max	-9, 38	-3, 50	-9, 50
Strength Assessment Dynamometer (LBS)			
n (%)	8 (53.3%)	11 (47.8%)	19 (50.0%)
Mean (SD)	23.9 (29.18)	26.1 (41.59)	25.2 (35.96)
Median	16.4	14.6	15.0
Min, Max	-23, 67	-19, 101	-23, 101

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline undergo strength assessments.

For each of the individual strength assessments, to assess the change from baseline at a visit, a participant will need assessments in which all the following categories, as assessed at baseline, match at that visit: side affected, position during assessment (sitting/supine/lateral decubitus), muscle group assessed.

Measurements will be obtained using Medical Research Council (MRC) grading followed by quantitative assessments using the sponsor provided MicroFET2 dynamometer.

MRC Grading is assessed on a scale of 0 to 5, with 0 representing no movement being observed, and 5 representing the muscle contracting normally against full resistance.

For each participant, the sum of the dynamometer scores for the muscle groups tested will be taken as an overall score for each visit.

The MRC Grade visit score is calculated for each participant separately, and these scores are then averaged for this summary.

Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_stre.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADMK Data Cutoff Date: 2024-06-12

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3.2 PROMIS

3.2.1 Table 18: Compliance Rate for PROMIS

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Table 18: Compliance Rate for PROMIS by Visit: Full Analysis Set

	Pediatric						Adult	
	PROMIS SF V2.0 - Upper Extremity 8a			PROMIS SF V2.0 - Mobility 8a			PROMIS SF V2.0 - Physical Function 8b	
	Parent Proxy (N=4)	Self (N=3)	Parent Proxy (N=10)	Parent Proxy (N=7)	Self (N=7)	Self (N=23)		
Baseline								
PRO Expected	4 (100%)	3 (100%)	10 (100%)	7 (100%)	7 (100%)	23 (100%)		
PRO Completed	3 (75.0%)	2 (66.7%)	7 (70.0%)	5 (71.4%)	5 (71.4%)	20 (87.0%)		
PRO Not Completed	1 (25.0%)	1 (33.3%)	3 (30.0%)	2 (28.6%)	2 (28.6%)	3 (13.0%)		
C3D15								
PRO Expected	4 (100%)	3 (100%)	8 (80.0%)	5 (71.4%)	5 (71.4%)	20 (87.0%)		
PRO Completed	2 (50.0%)	1 (33.3%)	4 (50.0%)	3 (60.0%)	3 (60.0%)	17 (85.0%)		
PRO Not Completed	2 (50.0%)	2 (66.7%)	4 (50.0%)	2 (40.0%)	2 (40.0%)	3 (15.0%)		
C5D15								
PRO Expected	4 (100%)	3 (100%)	8 (80.0%)	5 (71.4%)	5 (71.4%)	20 (87.0%)		
PRO Completed	2 (50.0%)	2 (66.7%)	5 (62.5%)	4 (80.0%)	4 (80.0%)	20 (100%)		
PRO Not Completed	2 (50.0%)	1 (33.3%)	3 (37.5%)	1 (20.0%)	1 (20.0%)	0		
C7D15								
PRO Expected	3 (75.0%)	2 (66.7%)	8 (80.0%)	5 (71.4%)	5 (71.4%)	18 (78.3%)		
PRO Completed	3 (100%)	2 (100%)	6 (75.0%)	3 (60.0%)	3 (60.0%)	16 (88.9%)		
PRO Not Completed	0	0	2 (25.0%)	2 (40.0%)	2 (40.0%)	2 (11.1%)		

PROMIS: Patient-Reported Outcomes Measurement Information System.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.

Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_18_promis_comp.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 18: Compliance Rate for PROMIS by Visit: Full Analysis Set

	Pediatric						Adult	
	PROMIS SF V2.0 - Upper Extremity 8a			PROMIS SF V2.0 - Mobility 8a			PROMIS SF V2.0 - Physical Function 8b	
	Parent Proxy (N=4)		Self (N=3)	Parent Proxy (N=10)		Self (N=7)	Self (N=23)	
C9D15								
PRO Expected	3 (75.0%)	2 (66.7%)	2 (66.7%)	8 (80.0%)	5 (71.4%)	18 (78.3%)		
PRO Completed	2 (66.7%)	2 (100%)	0	8 (100%)	5 (100%)	15 (83.3%)		
PRO Not Completed	1 (33.3%)	0		0	0	3 (16.7%)		
C13D15								
PRO Expected	3 (75.0%)	2 (66.7%)	2 (66.7%)	6 (60.0%)	3 (42.9%)	15 (65.2%)		
PRO Completed	2 (66.7%)	2 (100%)	0	6 (100%)	3 (100%)	14 (93.3%)		
PRO Not Completed	1 (33.3%)	0		0	0	1 (6.7%)		
C17D15								
PRO Expected	3 (75.0%)	2 (66.7%)	2 (66.7%)	6 (60.0%)	3 (42.9%)	13 (56.5%)		
PRO Completed	2 (66.7%)	2 (100%)	0	4 (66.7%)	3 (100%)	9 (69.2%)		
PRO Not Completed	1 (33.3%)	0		2 (33.3%)	0	4 (30.8%)		
C21D15								
PRO Expected	3 (75.0%)	2 (66.7%)	2 (66.7%)	5 (50.0%)	3 (42.9%)	12 (52.2%)		
PRO Completed	3 (100%)	2 (100%)	0	3 (60.0%)	2 (66.7%)	11 (91.7%)		
PRO Not Completed	0	0		2 (40.0%)	1 (33.3%)	1 (8.3%)		

PROMIS: Patient-Reported Outcomes Measurement Information System.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.

Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_18_promis_comp.sas Output Generated: 2025-07-01T09:00 Source: ADISL, ADQS Data Cutoff Date: 2024-06-12

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Table 18: Compliance Rate for PROMIS by Visit: Full Analysis Set

	Pediatric						Adult	
	PROMIS SF V2.0 - Upper Extremity 8a			PROMIS SF V2.0 - Mobility 8a			PROMIS SF V2.0 - Physical Function 8b	
	Parent Proxy (N=4)		Self (N=3)	Parent Proxy (N=10)		Self (N=7)	Self (N=23)	
C24D21								
PRO Expected	3 (75.0%)	2 (66.7%)		5 (50.0%)	3 (42.9%)		11 (47.8%)	
PRO Completed	3 (100%)	2 (100%)		3 (60.0%)	2 (66.7%)		10 (90.9%)	
PRO Not Completed	0	0		2 (40.0%)	1 (33.3%)		1 (9.1%)	
ET								
PRO Expected	1 (25.0%)	1 (33.3%)		5 (50.0%)	4 (57.1%)		12 (52.2%)	
PRO Completed	0	0		2 (40.0%)	1 (25.0%)		4 (33.3%)	
PRO Not Completed	1 (100%)	1 (100%)		3 (60.0%)	3 (75.0%)		8 (66.7%)	
SFU								
PRO Expected	1 (25.0%)	1 (33.3%)		5 (50.0%)	4 (57.1%)		12 (52.2%)	
PRO Completed	0	0		1 (20.0%)	1 (25.0%)		3 (25.0%)	
PRO Not Completed	1 (100%)	1 (100%)		4 (80.0%)	3 (75.0%)		9 (75.0%)	

PROMIS: Patient-Reported Outcomes Measurement Information System.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.

Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_18_promis_comp.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

3.2.2 Table 32: PROMIS Physical Function Scale Score: Full Analysis Set

SpringWorks Therapeutics	MEK-NF-201 GBA	
	Table 32: PROMIS Physical Function Scale Score: Full Analysis Set	
		Adult (N=23)
	Baseline	
	n(%)	20 (87.0%)
	Mean (SD)	43.07 (9.513)
	Median	40.55
	Min, Max	27.5, 60.1
	C3D15	
	n(%)	17 (73.9%)
	Mean (SD)	43.73 (10.508)
	Median	43.10
	Min, Max	27.5, 60.1
	Change from Baseline at C3D15	
	n(%)	15 (65.2%)
	Mean (SD)	1.07 (5.949)
	Median	0
	Min, Max	-7.1, 20.6
	C5D15	
	n(%)	20 (87.0%)
	Mean (SD)	44.33 (10.352)
	Median	44.30
	Min, Max	26.0, 60.1
	Change from Baseline at C5D15	
	n(%)	18 (78.3%)
	Mean (SD)	1.23 (4.791)
	Median	0
	Min, Max	-5.3, 15.4
SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.		
Program Name: t_promis_py.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12		

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Table 32: PROMIS Physical Function Scale Score: Full Analysis Set

		Adult (N=23)
C7D15		
n(%)	18 (78.3%)	
Mean (SD)	45.69 (10.790)	
Median	46.15	
Min, Max	26.0, 60.1	
Change from Baseline at C7D15		
n(%)	16 (69.6%)	
Mean (SD)	4.05 (6.530)	
Median	1.60	
Min, Max	-1.6, 20.6	
C9D15		
n(%)	15 (65.2%)	
Mean (SD)	46.12 (10.016)	
Median	44.70	
Min, Max	30.8, 60.1	
Change from Baseline at C9D15		
n(%)	14 (60.9%)	
Mean (SD)	3.00 (8.489)	
Median	0.35	
Min, Max	-13.8, 20.6	

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

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Table 32: PROMIS Physical Function Scale Score: Full Analysis Set		
		Adult (N=23)
C13D15		
n(%)	14 (60.9%)	
Mean (SD)	45.17 (8.452)	
Median	45.20	
Min, Max	31.7, 60.1	
Change from Baseline at C13D15		
n(%)	13 (56.5%)	
Mean (SD)	2.42 (9.447)	
Median	1.00	
Min, Max	-10.9, 20.6	
C17D15		
n(%)	9 (39.1%)	
Mean (SD)	43.43 (8.748)	
Median	43.90	
Min, Max	30.8, 60.1	
Change from Baseline at C17D15		
n(%)	8 (34.8%)	
Mean (SD)	0.43 (2.666)	
Median	0.50	
Min, Max	-3.9, 4.3	
SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.		
Program Name: t_promis_py.sas Output Generated: 2025-07-01T09:00 Source: ADL, ADQS Data Cutoff Date: 2024-06-12		

SpringWorks Therapeutics		MEK-NF-201 GBA
Table 32: PROMIS Physical Function Scale Score: Full Analysis Set		
		Adult (N=23)
C21D15		
n(%)	11 (47.8%)	
Mean (SD)	47.90 (11.247)	
Median	46.70	
Min, Max	30.8, 60.1	
Change from Baseline at C21D15		
n(%)	10 (43.5%)	
Mean (SD)	1.85 (5.801)	
Median	0	
Min, Max	-7.6, 15.4	
C24D21		
n(%)	10 (43.5%)	
Mean (SD)	45.36 (10.293)	
Median	44.80	
Min, Max	30.8, 60.1	
Change from Baseline at C24D21		
n(%)	9 (39.1%)	
Mean (SD)	0.01 (6.923)	
Median	0	
Min, Max	-9.1, 15.4	
SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.		
Program Name: t_promis_py.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12		

3.2.3 Table 33: PROMIS Mobility Scale Score: Full Analysis Set

SpringWorks Therapeutics	MEK-NF-201 GBA	
	Table 33: PROMIS Mobility Scale Score: Full Analysis Set	
	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Baseline		
n(%)	5 (71.4%)	7 (70.0%)
Mean (SD)	41.2 (11.03)	36.6 (6.00)
Median	46.0	38.0
Min, Max	25, 52	26, 42
C3D15		
n(%)	3 (42.9%)	4 (40.0%)
Mean (SD)	45.0 (1.73)	43.3 (3.69)
Median	46.0	43.0
Min, Max	43, 46	39, 48
Change from Baseline at C3D15		
n(%)	2 (28.6%)	4 (40.0%)
Mean (SD)	3.0 (7.07)	7.0 (10.03)
Median	3.0	2.5
Min, Max	-2, 8	1, 22
SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.		
Program Name: t_promis_mob.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12		

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Table 33: PROMIS Mobility Scale Score: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
C5D15		
n(%)	4 (57.1%)	5 (50.0%)
Mean (SD)	51.5 (8.70)	38.0 (4.53)
Median	52.0	38.0
Min, Max	43, 59	31, 42
Change from Baseline at C5D15		
n(%)	3 (42.9%)	5 (50.0%)
Mean (SD)	8.7 (2.08)	1.4 (3.36)
Median	8.0	0
Min, Max	7, 11	-2, 5
C7D15		
n(%)	3 (42.9%)	6 (60.0%)
Mean (SD)	52.3 (6.51)	41.2 (8.89)
Median	52.0	42.0
Min, Max	46, 59	31, 56
Change from Baseline at C7D15		
n(%)	1 (14.3%)	5 (50.0%)
Mean (SD)	-2.0 (NE)	3.4 (1.82)
Median	-2.0	4.0
Min, Max	-2, -2	1, 5

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

Program Name: t_promis_mob.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 33: PROMIS Mobility Scale Score: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
C9D15		
n(%)	5 (71.4%)	8 (80.0%)
Mean (SD)	50.2 (8.70)	41.6 (8.78)
Median	48.0	42.5
Min, Max	39, 59	29, 56
Change from Baseline at C9D15		
n(%)	3 (42.9%)	6 (60.0%)
Mean (SD)	3.0 (8.54)	3.0 (3.35)
Median	4.0	2.0
Min, Max	-6, 11	0, 8
C13D15		
n(%)	4 (57.1%)	7 (70.0%)
Mean (SD)	53.8 (10.50)	43.1 (11.17)
Median	59.0	42.0
Min, Max	38, 59	23, 56
Change from Baseline at C13D15		
n(%)	2 (28.6%)	5 (50.0%)
Mean (SD)	7.0 (5.66)	2.8 (5.67)
Median	7.0	3.0
Min, Max	3, 11	-3, 11

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

Program Name: t_promis_mob.sas

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Table 33: PROMIS Mobility Scale Score: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
C17D15		
n(%)	3 (42.9%)	5 (50.0%)
Mean (SD)	51.0 (7.00)	42.4 (3.51)
Median	48.0	42.0
Min, Max	46, 59	39, 48
Change from Baseline at C17D15		
n(%)	1 (14.3%)	3 (30.0%)
Mean (SD)	-2.0 (NE)	3.7 (6.66)
Median	-2.0	2.0
Min, Max	-2, -2	-2, 11
C21D15		
n(%)	2 (28.6%)	3 (30.0%)
Mean (SD)	44.5 (2.12)	45.3 (2.52)
Median	44.5	45.0
Min, Max	43, 46	43, 48
Change from Baseline at C21D15		
n(%)	1 (14.3%)	2 (20.0%)
Mean (SD)	-5.0 (NE)	6.0 (7.07)
Median	-5.0	6.0
Min, Max	-5, -5	1, 11

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

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Table 33: PROMIS Mobility Scale Score: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
C24D21		
n(%)	2 (28.6%)	3 (30.0%)
Mean (SD)	44.0 (1.41)	48.0 (7.00)
Median	44.0	45.0
Min, Max	43, 45	43, 56
Change from Baseline at C24D21		
n(%)	1 (14.3%)	2 (20.0%)
Mean (SD)	-3.0 (NE)	11.0 (11.31)
Median	-3.0	11.0
Min, Max	-3, -3	3, 19
SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.		
Program Name: t_promis_mob.sas Output Generated: 2025-07-01T09:00 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12		

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3.2.4 Table 34: PROMIS Upper Extremity Scale Score: Full Analysis Set

SpringWorks Therapeutics	MEK-NF-201 GBA	
	Table 34: PROMIS Upper Extremity Scale Score: Full Analysis Set	
	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
Baseline		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	33.0 (2.83)	31.3 (1.53)
Median	33.0	31.0
Min, Max	31, 35	30, 33
C3D15		
n(%)	1 (33.3%)	2 (50.0%)
Mean (SD)	35.0 (NE)	34.5 (0.71)
Median	35.0	34.5
Min, Max	35, 35	34, 35
Change from Baseline at C3D15		
n(%)	1 (33.3%)	2 (50.0%)
Mean (SD)	0 (NE)	3.0 (2.83)
Median	0	3.0
Min, Max	0, 0	1, 5
SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.		
Program Name: t_promis_uext.sas Output Generated: 2025-07-25T13:55 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12		

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Table 34: PROMIS Upper Extremity Scale Score: Full Analysis Set

	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
C5D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	37.0 (7.07)	35.0 (4.24)
Median	37.0	35.0
Min, Max	32, 42	32, 38
Change from Baseline at C5D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	4.0 (4.24)	4.5 (3.54)
Median	4.0	4.5
Min, Max	1, 7	2, 7
C7D15		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	36.0 (4.24)	36.0 (3.61)
Median	36.0	35.0
Min, Max	33, 39	33, 40
Change from Baseline at C7D15		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	3.0 (1.41)	4.7 (2.52)
Median	3.0	5.0
Min, Max	2, 4	2, 7

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

Program Name: t_promis_uext.sas Output Generated: 2025-07-25T13:55 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 34: PROMIS Upper Extremity Scale Score: Full Analysis Set

	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
C9D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	49.5 (10.61)	42.5 (3.54)
Median	49.5	42.5
Min, Max	42, 57	40, 45
Change from Baseline at C9D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	16.5 (7.78)	12.0 (4.24)
Median	16.5	12.0
Min, Max	11, 22	9, 15
C13D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	44.5 (6.36)	40.0 (2.83)
Median	44.5	40.0
Min, Max	40, 49	38, 42
Change from Baseline at C13D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	11.5 (3.54)	9.5 (3.54)
Median	11.5	9.5
Min, Max	9, 14	7, 12

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

Program Name: t_promis_uext.sas Output Generated: 2025-07-25T13:55 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 34: PROMIS Upper Extremity Scale Score: Full Analysis Set

	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
C17D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	33.5 (9.19)	40.0 (0)
Median	33.5	40.0
Min, Max	27, 40	40, 40
Change from Baseline at C17D15		
n(%)	2 (66.7%)	2 (50.0%)
Mean (SD)	0.5 (6.36)	9.5 (0.71)
Median	0.5	9.5
Min, Max	-4, 5	9, 10
C21D15		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	44.0 (18.38)	36.3 (5.13)
Median	44.0	35.0
Min, Max	31, 57	32, 42
Change from Baseline at C21D15		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	11.0 (15.56)	5.0 (6.56)
Median	11.0	4.0
Min, Max	0, 22	-1, 12

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

Program Name: t_promis_uext.sas Output Generated: 2025-07-25T13:55 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 34: PROMIS Upper Extremity Scale Score: Full Analysis Set

	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
C24D21		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	36.0 (5.66)	41.0 (3.61)
Median	36.0	40.0
Min, Max	32, 40	38, 45
Change from Baseline at C24D21		
n(%)	2 (66.7%)	3 (75.0%)
Mean (SD)	3.0 (2.83)	9.7 (2.08)
Median	3.0	9.0
Min, Max	1, 5	8, 12

SD: Standard deviation; Min: Minimum; Max: Maximum; PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores. NE: Not Evaluable.

Program Name: t_promis_uext.sas Output Generated: 2025-07-25T13:55 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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3.2.5 Table 56.3: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Improvement by >=15% (5.97): Full Analysis Set

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Table 56.3: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Improvement by >=15% (5.97): Full Analysis Set

Visits		Adult (N=23)
Visit C3D15		
Number of Participants Completed the Assessment, n (%)		15 (65.2%)
Number of Participants Missing the Assessment, n (%)		8 (34.8%)
Threshold for Meaningful Score Difference		
		5.97
Participants with Clinically Meaningful Score Improvement, n (%)		
		1 (4.3%)
Visit C5D15		
Number of Participants Completed the Assessment, n (%)		18 (78.3%)
Number of Participants Missing the Assessment, n (%)		5 (21.7%)
Threshold for Meaningful Score Difference		
		5.97
Participants with Clinically Meaningful Score Improvement, n (%)		
		2 (8.7%)
Visit C7D15		
Number of Participants Completed the Assessment, n (%)		16 (69.6%)
Number of Participants Missing the Assessment, n (%)		7 (30.4%)
Threshold for Meaningful Score Difference		
		5.97
Participants with Clinically Meaningful Score Improvement, n (%)		
		4 (17.4%)

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

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Table 56.3: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Improvement by >=15% (5.97) : Full Analysis Set

Visits	Adult (N=23)
Visit C9D15	
Number of Participants Completed the Assessment, n (%)	14 (60.9%)
Number of Participants Missing the Assessment, n (%)	9 (39.1%)
Threshold for Meaningful Score Difference	5.97
Participants with Clinically Meaningful Score Improvement, n (%)	4 (17.4%)
Visit C13D15	
Number of Participants Completed the Assessment, n (%)	13 (56.5%)
Number of Participants Missing the Assessment, n (%)	10 (43.5%)
Threshold for Meaningful Score Difference	5.97
Participants with Clinically Meaningful Score Improvement, n (%)	4 (17.4%)
Visit C17D15	
Number of Participants Completed the Assessment, n (%)	8 (34.8%)
Number of Participants Missing the Assessment, n (%)	15 (65.2%)
Threshold for Meaningful Score Difference	5.97
Participants with Clinically Meaningful Score Improvement, n (%)	0

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

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Table 56.3: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Improvement by >=15% (5.97) : Full Analysis Set

Visits	Adult (N=23)
Visit C21D15	
Number of Participants Completed the Assessment, n (%)	10 (43.5%)
Number of Participants Missing the Assessment, n (%)	13 (56.5%)
Threshold for Meaningful Score Difference	5.97
Participants with Clinically Meaningful Score Improvement, n (%)	1 (4.3%)
Visit C24D21	
Number of Participants Completed the Assessment, n (%)	9 (39.1%)
Number of Participants Missing the Assessment, n (%)	14 (60.9%)
Threshold for Meaningful Score Difference	5.97
Participants with Clinically Meaningful Score Improvement, n (%)	1 (4.3%)
Total	
Number of Participants Completed the Assessment, n (%)	18 (78.3%)
Number of Participants Missing the Assessment, n (%)	5 (21.7%)
Threshold for Meaningful Score Difference	5.97
Participants with Clinically Meaningful Score Improvement, n (%)	4 (17.4%)

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

Program Name: t_promis_py_impr_nr_c24.sas Output Generated: 2025-07-01T09:05 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

3.2.6 Table 56.7: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Worsening by >=15% (-5.97): Full Analysis Set

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Table 56.7: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Worsening by >=15% (-5.97): Full Analysis Set

Visits	Adult (N=23)
Visit C3D15	
Number of Participants Completed the Assessment, n (%)	15 (65.2%)
Number of Participants Missing the Assessment, n (%)	8 (34.8%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	1 (4.3%)
Visit C5D15	
Number of Participants Completed the Assessment, n (%)	18 (78.3%)
Number of Participants Missing the Assessment, n (%)	5 (21.7%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	0
Visit C7D15	
Number of Participants Completed the Assessment, n (%)	16 (69.6%)
Number of Participants Missing the Assessment, n (%)	7 (30.4%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	0

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

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Table 56.7: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Worsening by >=15% (-5.97) : Full Analysis Set

Visits	Adult (N=23)
Visit C9D15	
Number of Participants Completed the Assessment, n (%)	14 (60.9%)
Number of Participants Missing the Assessment, n (%)	9 (39.1%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	1 (4.3%)
Visit C13D15	
Number of Participants Completed the Assessment, n (%)	13 (56.5%)
Number of Participants Missing the Assessment, n (%)	10 (43.5%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	3 (13.0%)
Visit C17D15	
Number of Participants Completed the Assessment, n (%)	8 (34.8%)
Number of Participants Missing the Assessment, n (%)	15 (65.2%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	0

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

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Table 56.7: Meaningful PROMIS Physical Function Score Difference - Non-Responder Imputation - Worsening by >=15% (-5.97) : Full Analysis Set

Visits	Adult (N=23)
Visit C21D15	
Number of Participants Completed the Assessment, n (%)	10 (43.5%)
Number of Participants Missing the Assessment, n (%)	13 (56.5%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	1 (4.3%)
Visit C24D21	
Number of Participants Completed the Assessment, n (%)	9 (39.1%)
Number of Participants Missing the Assessment, n (%)	14 (60.9%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	2 (8.7%)
Total	
Number of Participants Completed the Assessment, n (%)	18 (78.3%)
Number of Participants Missing the Assessment, n (%)	5 (21.7%)
Threshold for Meaningful Score Difference	-5.97
Participants with Clinically Meaningful Score Worsening, n (%)	3 (13.0%)

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

Program Name: t_promis_py_wrsn_nr_c24.sas Output Generated: 2025-07-01T09:05 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

3.2.7 Table 57.3: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$: Full Analysis Set

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Table 57.3: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$: Full Analysis Set

Visits	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
Visit C3D15		
Number of Participants Completed the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Threshold for Meaningful Score Difference	7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	0	0
Visit C5D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference	7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (25.0%)
Visit C7D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	3 (75.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	1 (25.0%)
Threshold for Meaningful Score Difference	7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (25.0%)

PROMIS: Patient-Reported Outcomes Measurement Information System.
 PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
 Overall visit scores are calculated as the mean of the individual question scores.

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Table 57.3: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Improvement by >=15%: Full Analysis Set

Visits	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
Visit C9D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference	7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	2 (66.7%)	2 (50.0%)
Visit C13D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference	7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	2 (66.7%)	2 (50.0%)
Visit C17D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference	7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	0	2 (50.0%)

PROMIS: Patient-Reported Outcomes Measurement Information System.

PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.

Overall visit scores are calculated as the mean of the individual question scores.

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Table 57.3: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Improvement by >=15%: Full Analysis Set			
Visits		Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)		2 (66.7%)	3 (75.0%)
Number of Participants Missing the Assessment, n (%)		1 (33.3%)	1 (25.0%)
Threshold for Meaningful Score Difference		7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		1 (33.3%)	1 (25.0%)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)		2 (66.7%)	3 (75.0%)
Number of Participants Missing the Assessment, n (%)		1 (33.3%)	1 (25.0%)
Threshold for Meaningful Score Difference		7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		0	3 (75.0%)
Total			
Number of Participants Completed the Assessment, n (%)		2 (66.7%)	3 (75.0%)
Number of Participants Missing the Assessment, n (%)		1 (33.3%)	1 (25.0%)
Threshold for Meaningful Score Difference		7.05	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		2 (66.7%)	3 (75.0%)
PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores.			
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3.2.8 Table 57.7: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ Full Analysis Set

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Table 57.7: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ Full Analysis Set

Visits	Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
Visit C3D15		
Number of Participants Completed the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Threshold for Meaningful Score Difference	-7.05	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C5D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference	-7.05	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C7D15		
Number of Participants Completed the Assessment, n (%)	2 (66.7%)	3 (75.0%)
Number of Participants Missing the Assessment, n (%)	1 (33.3%)	1 (25.0%)
Threshold for Meaningful Score Difference	-7.05	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0

PROMIS: Patient-Reported Outcomes Measurement Information System.
 PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
 Overall visit scores are calculated as the mean of the individual question scores.

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Table 57.7: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Worsening by >=15% Full Analysis Set			
Visits		Pediatric Self-Report (N=3)	Pediatric Parent Proxy (N=4)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)		2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)		1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference		-7.05	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)		0	0
Visit C13D15			
Number of Participants Completed the Assessment, n (%)		2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)		1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference		-7.05	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)		0	0
Visit C17D15			
Number of Participants Completed the Assessment, n (%)		2 (66.7%)	2 (50.0%)
Number of Participants Missing the Assessment, n (%)		1 (33.3%)	2 (50.0%)
Threshold for Meaningful Score Difference		-7.05	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)		0	0
PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores.			
Program Name: t_promis_uext_wrsn_nr_c24.sas Output Generated: 2025-07-01T09:06 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12			

Table 57.7: Meaningful PROMIS Upper Extremity Score Difference - Non-Responder Imputation - Worsening by >=15% Full Analysis Set

Visits	Pediatric Self-Report (N=3)		Pediatric Parent Proxy (N=4)	
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	2 (66.7%)		3 (75.0%)	
Number of Participants Missing the Assessment, n (%)	1 (33.3%)		1 (25.0%)	
Threshold for Meaningful Score Difference	-7.05		-6.3	
Participants with Clinically Meaningful Score Worsening, n (%)	0		0	
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	2 (66.7%)		3 (75.0%)	
Number of Participants Missing the Assessment, n (%)	1 (33.3%)		1 (25.0%)	
Threshold for Meaningful Score Difference	-7.05		-6.3	
Participants with Clinically Meaningful Score Worsening, n (%)	0		0	
Total				
Number of Participants Completed the Assessment, n (%)	2 (66.7%)		3 (75.0%)	
Number of Participants Missing the Assessment, n (%)	1 (33.3%)		1 (25.0%)	
Threshold for Meaningful Score Difference	-7.05		-6.3	
Participants with Clinically Meaningful Score Worsening, n (%)	0		0	

PROMIS: Patient-Reported Outcomes Measurement Information System.
PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
Overall visit scores are calculated as the mean of the individual question scores.

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3.2.9 Table 58.3: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$: Full Analysis Set

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Table 58.3: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$: Full Analysis Set

Visits	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Visit C3D15		
Number of Participants Completed the Assessment, n (%)	2 (28.6%)	4 (40.0%)
Number of Participants Missing the Assessment, n (%)	5 (71.4%)	6 (60.0%)
Threshold for Meaningful Score Difference	6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	1 (14.3%)	1 (10.0%)
Visit C5D15		
Number of Participants Completed the Assessment, n (%)	3 (42.9%)	5 (50.0%)
Number of Participants Missing the Assessment, n (%)	4 (57.1%)	5 (50.0%)
Threshold for Meaningful Score Difference	6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	3 (42.9%)	0
Visit C7D15		
Number of Participants Completed the Assessment, n (%)	1 (14.3%)	5 (50.0%)
Number of Participants Missing the Assessment, n (%)	6 (85.7%)	5 (50.0%)
Threshold for Meaningful Score Difference	6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)	0	0

PROMIS: Patient-Reported Outcomes Measurement Information System.
 PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
 Overall visit scores are calculated as the mean of the individual question scores.

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Table 58.3: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Improvement by >=15%: Full Analysis Set			
Visits		Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)		3 (42.9%)	6 (60.0%)
Number of Participants Missing the Assessment, n (%)		4 (57.1%)	4 (40.0%)
Threshold for Meaningful Score Difference		6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		1 (14.3%)	1 (10.0%)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)		2 (28.6%)	5 (50.0%)
Number of Participants Missing the Assessment, n (%)		5 (71.4%)	5 (50.0%)
Threshold for Meaningful Score Difference		6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		1 (14.3%)	1 (10.0%)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)		1 (14.3%)	3 (30.0%)
Number of Participants Missing the Assessment, n (%)		6 (85.7%)	7 (70.0%)
Threshold for Meaningful Score Difference		6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		0	1 (10.0%)
PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores.			
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Table 58.3: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Improvement by >=15%: Full Analysis Set			
Visits		Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)		1 (14.3%)	2 (20.0%)
Number of Participants Missing the Assessment, n (%)		6 (85.7%)	8 (80.0%)
Threshold for Meaningful Score Difference		6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		0	1 (10.0%)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)		1 (14.3%)	2 (20.0%)
Number of Participants Missing the Assessment, n (%)		6 (85.7%)	8 (80.0%)
Threshold for Meaningful Score Difference		6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		0	1 (10.0%)
Total			
Number of Participants Completed the Assessment, n (%)		3 (42.9%)	6 (60.0%)
Number of Participants Missing the Assessment, n (%)		4 (57.1%)	4 (40.0%)
Threshold for Meaningful Score Difference		6.75	6.3
Participants with Clinically Meaningful Score Improvement, n (%)		3 (42.9%)	4 (40.0%)
PROMIS: Patient-Reported Outcomes Measurement Information System. PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean. Overall visit scores are calculated as the mean of the individual question scores.			
Program Name: t_promis_mob_obj_impr_nr_a.sas Output Generated: 2025-07-01T09:06 Source: ADSL,ADQS Data Cutoff Date: 2024-06-12			

3.2.10 Table 58.7: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$: Full Analysis Set

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Table 58.7: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Visit C3D15		
Number of Participants Completed the Assessment, n (%)	2 (28.6%)	4 (40.0%)
Number of Participants Missing the Assessment, n (%)	5 (71.4%)	6 (60.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C5D15		
Number of Participants Completed the Assessment, n (%)	3 (42.9%)	5 (50.0%)
Number of Participants Missing the Assessment, n (%)	4 (57.1%)	5 (50.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C7D15		
Number of Participants Completed the Assessment, n (%)	1 (14.3%)	5 (50.0%)
Number of Participants Missing the Assessment, n (%)	6 (85.7%)	5 (50.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0

PROMIS: Patient-Reported Outcomes Measurement Information System.

PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.

Overall visit scores are calculated as the mean of the individual question scores.

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Table 58.7: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Worsening by >=15%: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Visit C9D15		
Number of Participants Completed the Assessment, n (%)	3 (42.9%)	6 (60.0%)
Number of Participants Missing the Assessment, n (%)	4 (57.1%)	4 (40.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C13D15		
Number of Participants Completed the Assessment, n (%)	2 (28.6%)	5 (50.0%)
Number of Participants Missing the Assessment, n (%)	5 (71.4%)	5 (50.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C17D15		
Number of Participants Completed the Assessment, n (%)	1 (14.3%)	3 (30.0%)
Number of Participants Missing the Assessment, n (%)	6 (85.7%)	7 (70.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0

PROMIS: Patient-Reported Outcomes Measurement Information System.

PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.

Overall visit scores are calculated as the mean of the individual question scores.

Program Name: t_promis_mob_obj_wrsn_nr_a.sas Output Generated: 2025-07-01T09:06 Source: ADSL,ADQS Data Cutoff Date: 2024-06-12

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Table 58.7: Meaningful PROMIS Mobility Score Difference - Non-Responder Imputation - Worsening by >=15%: Full Analysis Set

	Pediatric Self-Report (N=7)	Pediatric Parent Proxy (N=10)
Visit C21D15		
Number of Participants Completed the Assessment, n (%)	1 (14.3%)	2 (20.0%)
Number of Participants Missing the Assessment, n (%)	6 (85.7%)	8 (80.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Visit C24D21		
Number of Participants Completed the Assessment, n (%)	1 (14.3%)	2 (20.0%)
Number of Participants Missing the Assessment, n (%)	6 (85.7%)	8 (80.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0
Total		
Number of Participants Completed the Assessment, n (%)	3 (42.9%)	6 (60.0%)
Number of Participants Missing the Assessment, n (%)	4 (57.1%)	4 (40.0%)
Threshold for Meaningful Score Difference	-6.75	-6.3
Participants with Clinically Meaningful Score Worsening, n (%)	0	0

PROMIS: Patient-Reported Outcomes Measurement Information System.
 PROMIS items are answered Likert scale with responses ranging from 1 to 5. The total raw scores for the measure will be converted to T-scores using the applicable score conversion table in the user manual and scoring instructions. A higher T-score indicates better reported physical functioning. A T-score of 50 represents the population mean.
 Overall visit scores are calculated as the mean of the individual question scores.

Program Name: t_promis_mob_obj_wrsn_nr_a.sas Output Generated: 2025-07-01T09:06 Source: ADSL,ADQS Data Cutoff Date: 2024-06-12

3.3.1 Table 51: Range of Motion Assessments by Visit: Full Analysis Set

Table 51: Range of Motion Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
Baseline			
Range of Motion Assessment (Degrees)			
n (%)	15 (100%)	21 (91.3%)	36 (94.7%)
Mean (SD)	552.7 (353.09)	449.7 (344.20)	492.6 (346.73)
Median	472.0	309.0	422.0
Min, Max	45, 1246	45, 1273	45, 1273
C5D15			
Range of Motion Assessment (Degrees)			
n (%)	12 (80.0%)	14 (60.9%)	26 (68.4%)
Mean (SD)	587.9 (355.78)	551.1 (367.11)	568.1 (355.14)
Median	501.5	387.0	459.0
Min, Max	34, 1262	220, 1437	34, 1437
Change from Baseline at C5D15			
Range of Motion Assessment (Degrees)			
n (%)	12 (80.0%)	14 (60.9%)	26 (68.4%)
Mean (SD)	11.1 (31.42)	49.1 (63.66)	31.6 (54.00)
Median	2.5	35.0	13.0
Min, Max	-30, 92	-42, 164	-42, 164
Percentage Change from Baseline at C5D15			
Range of Motion Assessment			
n (%)	12 (80.0%)	14 (60.9%)	26 (68.4%)
Mean (SD)	0.6 (9.45)	11.6 (18.47)	6.5 (15.73)
Median	0.6	7.7	3.3
Min, Max	-24, 13	-10, 65	-24, 65

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline will undergo a focused evaluation of range of motion of the affected joints.

To assess the change from baseline at a visit, a participant will need assessments in which all three categories, as assessed at baseline, match at that visit: joint assessed, motion tested, type (passive/active).

For each participant, range of motion results will be summed, and this will be taken as an overall score for each visit.

Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_rom.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADMK Data Cutoff Date: 2024-06-12

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Table 51: Range of Motion Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C9D15			
Range of Motion Assessment (Degrees)			
n (%)	9 (60.0%)	14 (60.9%)	23 (60.5%)
Mean (SD)	540.0 (337.05)	513.8 (376.87)	524.0 (354.13)
Median	520.0	371.5	439.0
Min, Max	24, 1050	139, 1447	24, 1447
Change from Baseline at C9D15			
Range of Motion Assessment (Degrees)			
n (%)	9 (60.0%)	14 (60.9%)	23 (60.5%)
Mean (SD)	15.9 (39.90)	30.6 (63.28)	24.9 (54.77)
Median	10.0	15.5	15.0
Min, Max	-30, 81	-42, 174	-42, 174
Percentage Change from Baseline at C9D15			
Range of Motion Assessment			
n (%)	9 (60.0%)	14 (60.9%)	23 (60.5%)
Mean (SD)	-1.9 (17.68)	7.2 (19.62)	3.7 (19.02)
Median	2.5	3.5	2.5
Min, Max	-47, 11	-16, 62	-47, 62

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline will undergo a focused evaluation of range of motion of the affected joints.
To assess the change from baseline at a visit, a participant will need assessments in which all three categories, as assessed at baseline, match at that visit: joint assessed, motion tested, type (passive/active).
For each participant, range of motion results will be summed, and this will be taken as an overall score for each visit.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_rom.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADMK Data Cutoff Date: 2024-06-12

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Table 51: Range of Motion Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C13D15			
Range of Motion Assessment (Degrees)			
n (%)	8 (53.3%)	12 (52.2%)	20 (52.6%)
Mean (SD)	553.1 (297.71)	496.5 (390.06)	519.2 (348.64)
Median	463.5	306.5	428.0
Min, Max	175, 1050	140, 1371	140, 1371
Change from Baseline at C13D15			
Range of Motion Assessment (Degrees)			
n (%)	8 (53.3%)	12 (52.2%)	20 (52.6%)
Mean (SD)	-6.1 (82.06)	17.7 (51.28)	8.2 (64.39)
Median	15.0	9.5	10.0
Min, Max	-189, 70	-49, 102	-189, 102
Percentage Change from Baseline at C13D15			
Range of Motion Assessment			
n (%)	8 (53.3%)	12 (52.2%)	20 (52.6%)
Mean (SD)	0.7 (15.24)	4.9 (19.85)	3.2 (17.84)
Median	4.0	3.7	4.0
Min, Max	-32, 17	-25, 51	-32, 51

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline will undergo a focused evaluation of range of motion of the affected joints.

To assess the change from baseline at a visit, a participant will need assessments in which all three categories, as assessed at baseline, match at that visit: joint assessed, motion tested, type (passive/active).

For each participant, range of motion results will be summed, and this will be taken as an overall score for each visit. Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_rom.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADMK Data Cutoff Date: 2024-06-12

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Table 51: Range of Motion Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C17D15			
Range of Motion Assessment (Degrees)			
n (%)	7 (46.7%)	6 (26.1%)	13 (34.2%)
Mean (SD)	574.7 (337.17)	475.0 (403.10)	528.7 (356.68)
Median	477.0	346.0	452.0
Min, Max	160, 1050	144, 1186	144, 1186
Change from Baseline at C17D15			
Range of Motion Assessment (Degrees)			
n (%)	7 (46.7%)	6 (26.1%)	13 (34.2%)
Mean (SD)	20.6 (69.38)	29.7 (76.20)	24.8 (69.63)
Median	5.0	10.0	5.0
Min, Max	-59, 129	-42, 144	-59, 144
Percentage Change from Baseline at C17D15			
Range of Motion Assessment			
n (%)	7 (46.7%)	6 (26.1%)	13 (34.2%)
Mean (SD)	3.3 (12.27)	2.4 (17.61)	2.9 (14.31)
Median	1.1	1.2	1.1
Min, Max	-14, 22	-21, 27	-21, 27

SD: Standard deviation; Min: Minimum; Max: Maximum.

All participants with a target PN causing motor dysfunction or weakness at baseline will undergo a focused evaluation of range of motion of the affected joints.

To assess the change from baseline at a visit, a participant will need assessments in which all three categories, as assessed at baseline, match at that visit: joint assessed, motion tested, type (passive/active).

For each participant, range of motion results will be summed, and this will be taken as an overall score for each visit. Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_rom.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADMK Data Cutoff Date: 2024-06-12

Table 51: Range of Motion Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C21D15			
Range of Motion Assessment (Degrees)			
n (%)	7 (46.7%)	5 (21.7%)	12 (31.6%)
Mean (SD)	559.1 (328.42)	659.8 (298.40)	600.8 (306.36)
Median	458.0	660.0	467.5
Min, Max	118, 1050	350, 1121	118, 1121
Change from Baseline at C21D15			
Range of Motion Assessment (Degrees)			
n (%)	7 (46.7%)	5 (21.7%)	12 (31.6%)
Mean (SD)	5.0 (36.18)	19.8 (71.87)	11.2 (51.48)
Median	-8.0	25.0	-1.5
Min, Max	-32, 72	-45, 131	-45, 131
Percentage Change from Baseline at C21D15			
Range of Motion Assessment			
n (%)	7 (46.7%)	5 (21.7%)	12 (31.6%)
Mean (SD)	-1.5 (9.84)	4.1 (13.29)	0.8 (11.20)
Median	-1.9	2.8	-0.4
Min, Max	-21, 8	-9, 25	-21, 25

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline will undergo a focused evaluation of range of motion of the affected joints.
To assess the change from baseline at a visit, a participant will need assessments in which all three categories, as assessed at baseline, match at that visit: joint assessed, motion tested, type (passive/active).
For each participant, range of motion results will be summed, and this will be taken as an overall score for each visit.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_rom.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADMK Data Cutoff Date: 2024-06-12

Table 51: Range of Motion Assessments by Visit: Full Analysis Set

	Pediatric (N=15)	Adult (N=23)	Total (N=38)
C24D21			
Range of Motion Assessment (Degrees)			
n (%)	8 (53.3%)	8 (34.8%)	16 (42.1%)
Mean (SD)	554.6 (301.18)	493.0 (349.32)	523.8 (316.68)
Median	466.0	393.0	451.0
Min, Max	145, 1065	147, 1165	145, 1165
Change from Baseline at C24D21			
Range of Motion Assessment (Degrees)			
n (%)	8 (53.3%)	8 (34.8%)	16 (42.1%)
Mean (SD)	8.9 (29.89)	23.4 (70.01)	16.1 (52.54)
Median	3.0	4.0	3.0
Min, Max	-31, 58	-46, 162	-46, 162
Percentage Change from Baseline at C24D21			
Range of Motion Assessment			
n (%)	8 (53.3%)	8 (34.8%)	16 (42.1%)
Mean (SD)	1.1 (5.31)	4.0 (16.19)	2.5 (11.73)
Median	0.7	0.3	0.7
Min, Max	-6, 10	-16, 31	-16, 31

SD: Standard deviation; Min: Minimum; Max: Maximum.
All participants with a target PN causing motor dysfunction or weakness at baseline will undergo a focused evaluation of range of motion of the affected joints.
To assess the change from baseline at a visit, a participant will need assessments in which all three categories, as assessed at baseline, match at that visit: joint assessed, motion tested, type (passive/active).
For each participant, range of motion results will be summed, and this will be taken as an overall score for each visit.
Participants are only considered at a post-baseline timepoint if they have an identical assessment at baseline and that timepoint.

Program Name: t_rom.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADMK Data Cutoff Date: 2024-06-12

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4.1 6MWT

4.1.1 Table 52: 6-Minute Walk Test by Visit: Full Analysis Set

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Table 52: 6-Minute Walk Test by Visit: Full Analysis Set

	Pediatric (N=11)	Adult (N=16)	Total (N=27)
Baseline			
6-Minute Walk Test Distance (m)			
n (%)	11 (100%)	16 (100%)	27 (100%)
Mean (SD)	417.4 (124.44)	410.1 (94.63)	413.0 (105.52)
Median	428.0	434.0	433.0
Min, Max	111, 588	197, 526	111, 588
C5D15			
6-Minute Walk Test Distance (m)			
n (%)	8 (72.7%)	12 (75.0%)	20 (74.1%)
Mean (SD)	424.6 (76.35)	408.5 (117.18)	415.0 (100.81)
Median	433.5	403.5	406.5
Min, Max	312, 508	134, 590	134, 590
Change from Baseline in 6-Minute Walk Test (m)			
n (%)	8 (72.7%)	12 (75.0%)	20 (74.1%)
Mean (SD)	-24.6 (47.81)	18.2 (113.94)	1.1 (93.92)
Median	-19.0	-7.0	-14.0
Min, Max	-103, 30	-134, 336	-134, 336

SD: Standard deviation; Min: Minimum; Max: Maximum; PN: Plexiform Neurofibroma.
 Participants with a target PN causing airway or lower extremity motor dysfunction at baseline will be assessed for change in 6-minute walk test distance.
 The object of this test is to walk as far as possible over 6 minutes. After completing the test, participants will be instructed to rest for 5 minutes, after which time vital signs are repeated. The total meters walked will be captured.

Program Name: t_walkt.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADFT Data Cutoff Date: 2024-06-12

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Table 52: 6-Minute Walk Test by Visit: Full Analysis Set

	Pediatric (N=11)	Adult (N=16)	Total (N=27)
C9D15			
6-Minute Walk Test Distance (m)			
n (%)	8 (72.7%)	11 (68.8%)	19 (70.4%)
Mean (SD)	442.3 (88.41)	423.9 (72.48)	431.6 (77.75)
Median	464.0	428.0	428.0
Min, Max	291, 527	277, 580	277, 580
Change from Baseline in 6-Minute Walk Test (m)			
n (%)	8 (72.7%)	11 (68.8%)	19 (70.4%)
Mean (SD)	1.9 (75.18)	-6.5 (57.14)	-3.0 (63.49)
Median	-2.5	0.0	0.0
Min, Max	-100, 119	-91, 74	-100, 119
C13D15			
6-Minute Walk Test Distance (m)			
n (%)	6 (54.5%)	10 (62.5%)	16 (59.3%)
Mean (SD)	441.8 (55.16)	423.1 (77.05)	430.1 (68.30)
Median	446.5	416.5	425.5
Min, Max	369, 509	320, 586	320, 586
Change from Baseline in 6-Minute Walk Test (m)			
n (%)	6 (54.5%)	10 (62.5%)	16 (59.3%)
Mean (SD)	-6.8 (60.76)	2.2 (70.41)	-1.2 (65.00)
Median	7.5	5.5	7.5
Min, Max	-99, 55	-161, 79	-161, 79

SD: Standard deviation; Min: Minimum; Max: Maximum; PN: Plexiform Neurofibroma.
 Participants with a target PN causing airway or lower extremity motor dysfunction at baseline will be assessed for change in 6-minute walk test distance.
 The object of this test is to walk as far as possible over 6 minutes. After completing the test, participants will be instructed to rest for 5 minutes, after which time vital signs are repeated. The total meters walked will be captured.

Program Name: t_walkt.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADFT Data Cutoff Date: 2024-06-12

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Table 52: 6-Minute Walk Test by Visit: Full Analysis Set

	Pediatric (N=11)	Adult (N=16)	Total (N=27)
C17D15			
6-Minute Walk Test Distance (m)			
n (%)	6 (54.5%)	5 (31.3%)	11 (40.7%)
Mean (SD)	492.0 (79.69)	428.2 (52.82)	463.0 (73.49)
Median	485.5	438.0	461.0
Min, Max	372, 610	348, 495	348, 610
Change from Baseline in 6-Minute Walk Test (m)			
n (%)	6 (54.5%)	5 (31.3%)	11 (40.7%)
Mean (SD)	36.0 (82.38)	-19.2 (28.17)	10.9 (67.46)
Median	49.5	-6.0	4.0
Min, Max	-91, 148	-54, 5	-91, 148
C21D15			
6-Minute Walk Test Distance (m)			
n (%)	6 (54.5%)	4 (25.0%)	10 (37.0%)
Mean (SD)	453.3 (91.49)	448.8 (81.80)	451.5 (82.98)
Median	460.0	439.0	439.0
Min, Max	318, 556	360, 557	318, 557
Change from Baseline in 6-Minute Walk Test (m)			
n (%)	6 (54.5%)	4 (25.0%)	10 (37.0%)
Mean (SD)	-2.7 (75.68)	-3.8 (37.29)	-3.1 (60.38)
Median	-11.0	-16.0	-16.0
Min, Max	-88, 97	-33, 50	-88, 97

SD: Standard deviation; Min: Minimum; Max: Maximum; PN: Plexiform Neurofibroma.
 Participants with a target PN causing airway or lower extremity motor dysfunction at baseline will be assessed for change in 6-minute walk test distance.
 The object of this test is to walk as far as possible over 6 minutes. After completing the test, participants will be instructed to rest for 5 minutes, after which time vital signs are repeated. The total meters walked will be captured.

Program Name: t_walkt.sas Output Generated: 2025-07-01T09:02 Source: ADSL, ADFT Data Cutoff Date: 2024-06-12

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Table 52: 6-Minute Walk Test by Visit: Full Analysis Set

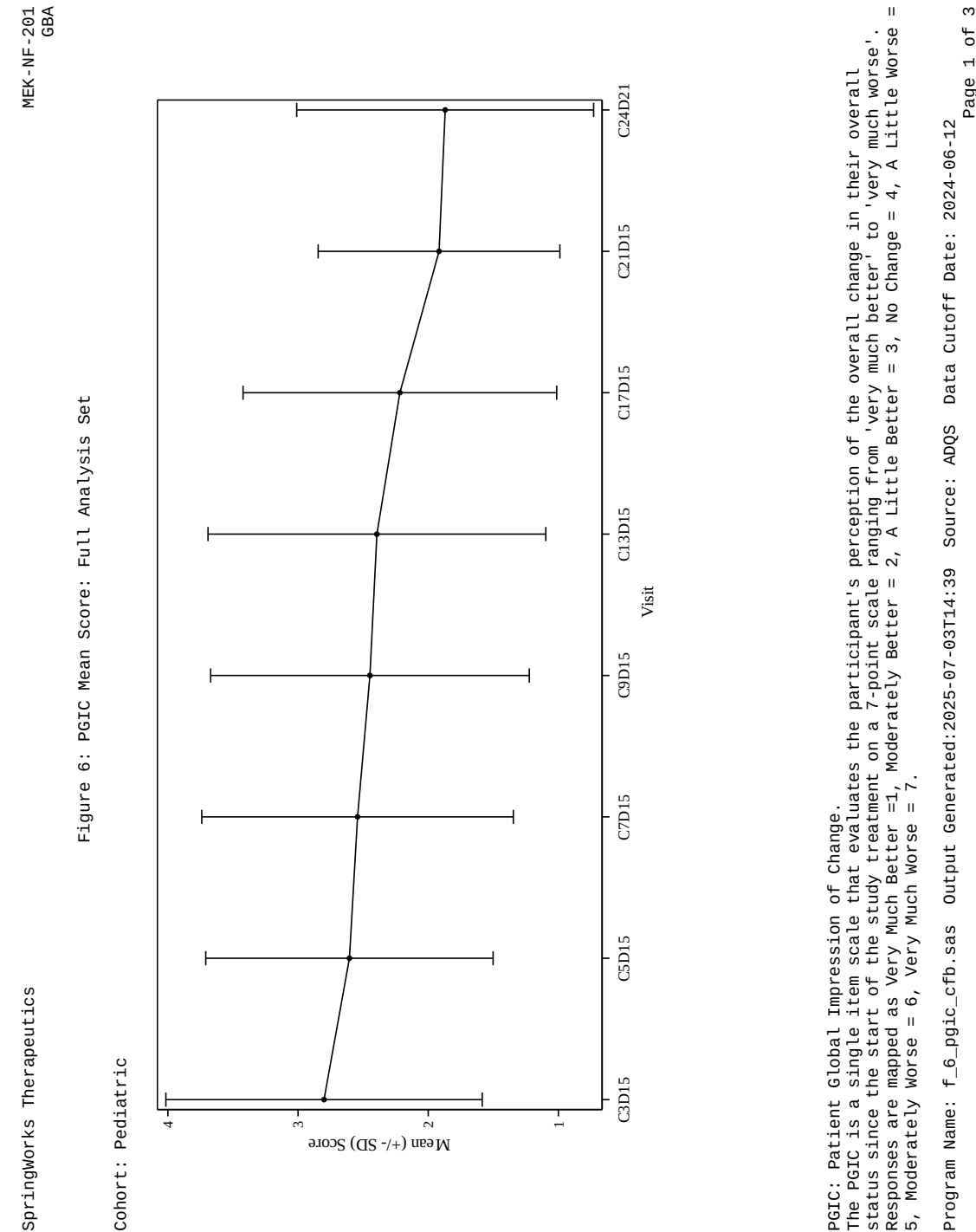
	Pediatric (N=11)	Adult (N=16)	Total (N=27)
C24D21			
6-Minute Walk Test Distance (m)			
n (%)	6 (54.5%)	7 (43.8%)	13 (48.1%)
Mean (SD)	448.7 (89.16)	406.7 (73.56)	426.1 (80.57)
Median	476.5	430.0	438.0
Min, Max	315, 532	284, 494	284, 532
Change from Baseline in 6-Minute Walk Test (m)			
n (%)	6 (54.5%)	7 (43.8%)	13 (48.1%)
Mean (SD)	-7.3 (98.56)	-24.4 (26.30)	-16.5 (66.88)
Median	-8.5	-13.0	-13.0
Min, Max	-139, 115	-64, 10	-139, 115

SD: Standard deviation; Min: Minimum; Max: Maximum; PN: Plexiform Neurofibroma.
 Participants with a target PN causing airway or lower extremity motor dysfunction at baseline will be assessed for change in 6-minute walk test distance.
 The object of this test is to walk as far as possible over 6 minutes. After completing the test, participants will be instructed to rest for 5 minutes, after which time vital signs are repeated. The total meters walked will be captured.

Program Name: t_walkt.sas Output Generated: 2025-07-01T09:02 Source: ADL, ADFT Data Cutoff Date: 2024-06-12

4.2 PGIC

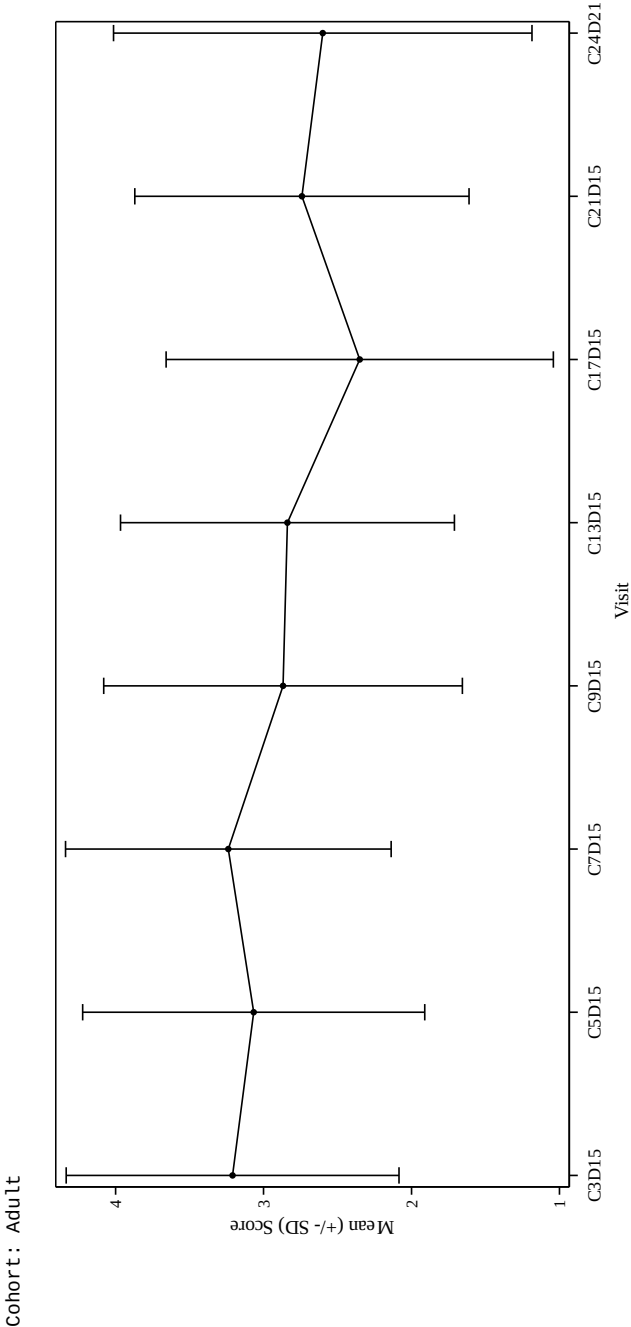
4.2.1 Figure 6: PGIC Mean Score: Full Analysis Set



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Figure 6: PGIC Mean Score: Full Analysis Set



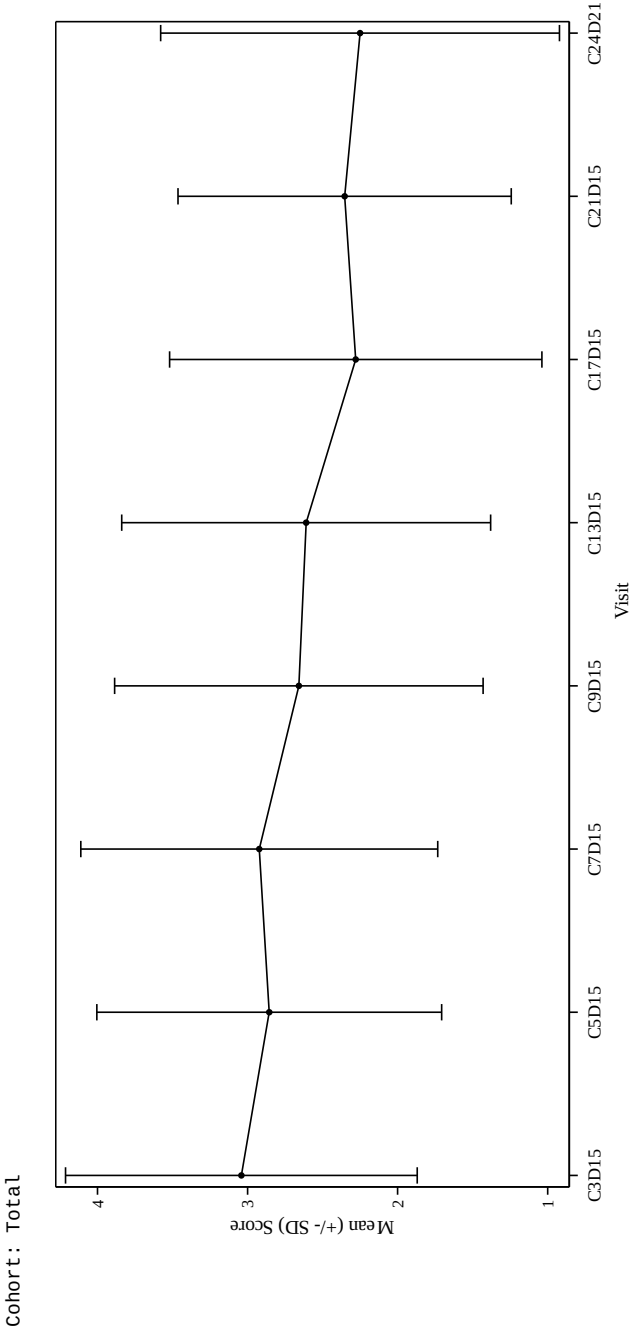
PGIC: Patient Global Impression of Change.
The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from 'very much better' to 'very much worse'. Responses are mapped as Very Much Better =1, Moderately Better = 2, A Little Better = 3, No Change = 4, A Little Worse = 5, Moderately Worse = 6, Very Much Worse = 7.

Program Name: f_6_pgic_cfb.sas Output Generated:2025-07-03T14:39 Source: ADQS Data Cutoff Date: 2024-06-12 Page 2 of 3

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Figure 6: PGIC Mean Score: Full Analysis Set



PGIC: Patient Global Impression of Change.
The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from 'very much better' to 'very much worse'. Responses are mapped as Very Much Better =1, Moderately Better = 2, A Little Better = 3, No Change = 4, A Little Worse = 5, Moderately Worse = 6, Very Much Worse = 7.

Program Name: f_6_pgic_cfb.sas Output Generated: 2025-07-03T14:39 Source: ADQS Data Cutoff Date: 2024-06-12 Page 3 of 3

4.2.2 Table 17: Compliance Rate for PGIC

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Table 17: Compliance Rate for PGIC by Visit: Full Analysis Set

	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C3D15			
PRO Expected	45 (95.7%)	51 (87.9%)	96 (91.4%)
PRO Completed	30 (66.7%)	42 (82.4%)	72 (75.0%)
PRO Not Completed	15 (33.3%)	9 (17.6%)	24 (25.0%)
C5D15			
PRO Expected	45 (95.7%)	50 (86.2%)	95 (90.5%)
PRO Completed	38 (84.4%)	45 (90.0%)	83 (87.4%)
PRO Not Completed	7 (15.6%)	5 (10.0%)	12 (12.6%)
C7D15			
PRO Expected	41 (87.2%)	46 (79.3%)	87 (82.9%)
PRO Completed	35 (85.4%)	40 (87.0%)	75 (86.2%)
PRO Not Completed	6 (14.6%)	6 (13.0%)	12 (13.8%)
C9D15			
PRO Expected	40 (85.1%)	45 (77.6%)	85 (81.0%)
PRO Completed	37 (92.5%)	37 (82.2%)	74 (87.1%)
PRO Not Completed	3 (7.5%)	8 (17.8%)	11 (12.9%)

PGIC: Patient Global Impression of Change.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 PRO assessments were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_17_pgic_comp.sas Output Generated: 2025-07-01T09:00 Source: ABSL, ADQS Data Cutoff Date: 2024-06-12

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Table 17: Compliance Rate for PGIC by Visit: Full Analysis Set

	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C13D15			
PRO Expected	34 (72.3%)	36 (62.1%)	70 (66.7%)
PRO Completed	31 (91.2%)	31 (86.1%)	62 (88.6%)
PRO Not Completed	3 (8.8%)	5 (13.9%)	8 (11.4%)
C17D15			
PRO Expected	33 (70.2%)	34 (58.6%)	67 (63.8%)
PRO Completed	22 (66.7%)	20 (58.8%)	42 (62.7%)
PRO Not Completed	11 (33.3%)	14 (41.2%)	25 (37.3%)
C21D15			
PRO Expected	30 (63.8%)	32 (55.2%)	62 (59.0%)
PRO Completed	24 (80.0%)	27 (84.4%)	51 (82.3%)
PRO Not Completed	6 (20.0%)	5 (15.6%)	11 (17.7%)
C24D21			
PRO Expected	30 (63.8%)	31 (53.4%)	61 (58.1%)
PRO Completed	23 (76.7%)	25 (80.6%)	48 (78.7%)
PRO Not Completed	7 (23.3%)	6 (19.4%)	13 (21.3%)

PGIC: Patient Global Impression of Change.
N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

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Table 17: Compliance Rate for PGIC by Visit: Full Analysis Set

	Pediatric (N=47)	Adult (N=58)	Total (N=105)
ET			
PRO Expected	17 (36.2%)	27 (46.6%)	44 (41.9%)
PRO Completed	7 (41.2%)	8 (29.6%)	15 (34.1%)
PRO Not Completed	10 (58.8%)	19 (70.4%)	29 (65.9%)
SFU			
PRO Expected	17 (36.2%)	27 (46.6%)	44 (41.9%)
PRO Completed	5 (29.4%)	6 (22.2%)	11 (25.0%)
PRO Not Completed	12 (70.6%)	21 (77.8%)	33 (75.0%)

PGIC: Patient Global Impression of Change.
N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_17_pgic_comp.sas Output Generated: 2025-07-01T09:00 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

4.2.3 Table 60.2: Improvement of PGIC Scores to Very Much or Moderately Better by Response Status - Non-Responder Imputation: Full Analysis Set

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Table 60.2: Improvement of PGIC Scores to Very Much or Moderately Better - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C3D15	Number of Participants Completed the Assessment, n (%)	30 (63.8%)	43 (74.1%)	73 (69.5%)
	Number of Participants Missing the Assessment, n (%)	17 (36.2%)	15 (25.9%)	32 (30.5%)
	Participants with Clinically Meaningful Score Improvement, n (%)	10 (21.3%)	11 (19.0%)	21 (20.0%)
C5D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	45 (77.6%)	83 (79.0%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	13 (22.4%)	22 (21.0%)
	Participants with Clinically Meaningful Score Improvement, n (%)	16 (34.0%)	14 (24.1%)	30 (28.6%)
C7D15	Number of Participants Completed the Assessment, n (%)	35 (74.5%)	42 (72.4%)	77 (73.3%)
	Number of Participants Missing the Assessment, n (%)	12 (25.5%)	16 (27.6%)	28 (26.7%)
	Participants with Clinically Meaningful Score Improvement, n (%)	17 (36.2%)	11 (19.0%)	28 (26.7%)
C9D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	38 (65.5%)	76 (72.4%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	20 (34.5%)	29 (27.6%)
	Participants with Clinically Meaningful Score Improvement, n (%)	20 (42.6%)	17 (29.3%)	37 (35.2%)
C13D15	Number of Participants Completed the Assessment, n (%)	33 (70.2%)	31 (53.4%)	64 (61.0%)
	Number of Participants Missing the Assessment, n (%)	14 (29.8%)	27 (46.6%)	41 (39.0%)
	Participants with Clinically Meaningful Score Improvement, n (%)	17 (36.2%)	12 (20.7%)	29 (27.6%)

PGIC: Patient Global Impression of Change.
The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".

Program Name: t_60_2_pgic_improve_nr.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 60.2: Improvement of PGIC Scores to Very Much or Moderately Better - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C17D15	Number of Participants Completed the Assessment, n (%)	23 (48.9%)	20 (34.5%)	43 (41.0%)
	Number of Participants Missing the Assessment, n (%)	24 (51.1%)	38 (65.5%)	62 (59.0%)
	Participants with Clinically Meaningful Score Improvement, n (%)	13 (27.7%)	13 (22.4%)	26 (24.8%)
C21D15	Number of Participants Completed the Assessment, n (%)	24 (51.1%)	27 (46.6%)	51 (48.6%)
	Number of Participants Missing the Assessment, n (%)	23 (48.9%)	31 (53.4%)	54 (51.4%)
	Participants with Clinically Meaningful Score Improvement, n (%)	17 (36.2%)	12 (20.7%)	29 (27.6%)
C24D21	Number of Participants Completed the Assessment, n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
	Number of Participants Missing the Assessment, n (%)	24 (51.1%)	33 (56.9%)	57 (54.3%)
	Participants with Clinically Meaningful Score Improvement, n (%)	19 (40.4%)	13 (22.4%)	32 (30.5%)
Total	Number of Participants Completed the Assessment, n (%)	45 (95.7%)	51 (87.9%)	96 (91.4%)
	Number of Participants Missing the Assessment, n (%)	2 (4.3%)	7 (12.1%)	9 (8.6%)
	Participants with Clinically Meaningful Score Improvement, n (%)	37 (78.7%)	27 (46.6%)	64 (61.0%)

PGIC: Patient Global Impression of Change.

The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".

Program Name: t_60_2_pgic_improve_nr.sas Output Generated: 2025-07-01T09:07 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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4.2.4 Table 60.4: Worsening of PGIC Scores to Moderately or Very Much Worse by Response Status - Non-Responder Imputation: Full Analysis Set

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Table 60.4: Worsening of PGIC Scores to Moderately or Very Much Worse - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C3D15	Number of Participants Completed the Assessment, n (%)	30 (63.8%)	43 (74.1%)	73 (69.5%)
	Number of Participants Missing the Assessment, n (%)	17 (36.2%)	15 (25.9%)	32 (30.5%)
	Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	0	1 (1.0%)
C5D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	45 (77.6%)	83 (79.0%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	13 (22.4%)	22 (21.0%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.7%)	1 (1.0%)
C7D15	Number of Participants Completed the Assessment, n (%)	35 (74.5%)	42 (72.4%)	77 (73.3%)
	Number of Participants Missing the Assessment, n (%)	12 (25.5%)	16 (27.6%)	28 (26.7%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.7%)	1 (1.0%)
C9D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	38 (65.5%)	76 (72.4%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	20 (34.5%)	29 (27.6%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.7%)	1 (1.0%)
C13D15	Number of Participants Completed the Assessment, n (%)	33 (70.2%)	31 (53.4%)	64 (61.0%)
	Number of Participants Missing the Assessment, n (%)	14 (29.8%)	27 (46.6%)	41 (39.0%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0

PGIC: Patient Global Impression of Change.
The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".

Program Name: t_60_4_pgic_worsen_nr.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 60.4: Worsening of PGIC Scores to Moderately or Very Much Worse - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C17D15	Number of Participants Completed the Assessment, n (%)	23 (48.9%)	20 (34.5%)	43 (41.0%)
	Number of Participants Missing the Assessment, n (%)	24 (51.1%)	38 (65.5%)	62 (59.0%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0
C21D15	Number of Participants Completed the Assessment, n (%)	24 (51.1%)	27 (46.6%)	51 (48.6%)
	Number of Participants Missing the Assessment, n (%)	23 (48.9%)	31 (53.4%)	54 (51.4%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0
C24D21	Number of Participants Completed the Assessment, n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
	Number of Participants Missing the Assessment, n (%)	24 (51.1%)	33 (56.9%)	57 (54.3%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0
Total	Number of Participants Completed the Assessment, n (%)	45 (95.7%)	51 (87.9%)	96 (91.4%)
	Number of Participants Missing the Assessment, n (%)	2 (4.3%)	7 (12.1%)	9 (8.6%)
	Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	2 (3.4%)	3 (2.9%)

PGIC: Patient Global Impression of Change.

The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".

Program Name: t_60_4_pgic_worsen_nr.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

4.2.5 Table 62: PGIC Summary by Visit: Full Analysis Set

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Table 62: PGIC Summary by Visit: Full Analysis Set

Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C3D15			
n (%)	30 (63.8%)	43 (74.1%)	73 (69.5%)
Mean (SD)	2.8 (1.21)	3.2 (1.12)	3.0 (1.17)
Median	3.0	3.0	3.0
Min, Max	1, 6	1, 5	1, 6
C5D15			
n (%)	38 (80.9%)	45 (77.6%)	83 (79.0%)
Mean (SD)	2.6 (1.10)	3.1 (1.16)	2.9 (1.15)
Median	3.0	3.0	3.0
Min, Max	1, 5	1, 6	1, 6
C7D15			
n (%)	35 (74.5%)	42 (72.4%)	77 (73.3%)
Mean (SD)	2.5 (1.20)	3.2 (1.10)	2.9 (1.19)
Median	3.0	3.0	3.0
Min, Max	1, 5	1, 6	1, 6

PGIC: Patient Global Impression of Change.

The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".

Responses are mapped as Very Much Better =1, Moderately Better = 2, A Little Better = 3, No Change = 4, A Little Worse = 5, Moderately Worse = 6, Very much Worse = 7.

Program Name: t_62_pgic_cfb.sas

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Source: ADSL, ADQS

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Table 62: PGIC Summary by Visit: Full Analysis Set

Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C9D15			
n (%)	38 (80.9%)	38 (65.5%)	76 (72.4%)
Mean (SD)	2.4 (1.22)	2.9 (1.21)	2.7 (1.23)
Median	2.0	3.0	3.0
Min, Max	1, 5	1, 6	1, 6
C13D15			
n (%)	33 (70.2%)	31 (53.4%)	64 (61.0%)
Mean (SD)	2.4 (1.30)	2.8 (1.13)	2.6 (1.23)
Median	2.0	3.0	3.0
Min, Max	1, 5	1, 5	1, 5
C17D15			
n (%)	23 (48.9%)	20 (34.5%)	43 (41.0%)
Mean (SD)	2.2 (1.20)	2.4 (1.31)	2.3 (1.24)
Median	2.0	2.0	2.0
Min, Max	1, 5	1, 5	1, 5
C21D15			
n (%)	24 (51.1%)	27 (46.6%)	51 (48.6%)
Mean (SD)	1.9 (0.93)	2.7 (1.13)	2.4 (1.11)
Median	2.0	3.0	2.0
Min, Max	1, 4	1, 5	1, 5

PGIC: Patient Global Impression of Change.

The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".

Responses are mapped as Very Much Better =1, Moderately Better =2, A Little Better =3, No Change =4, A Little Worse =5, Moderately Worse =6, Very much Worse =7.

Program Name: t_62_pgic_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 62: PGIC Summary by Visit: Full Analysis Set

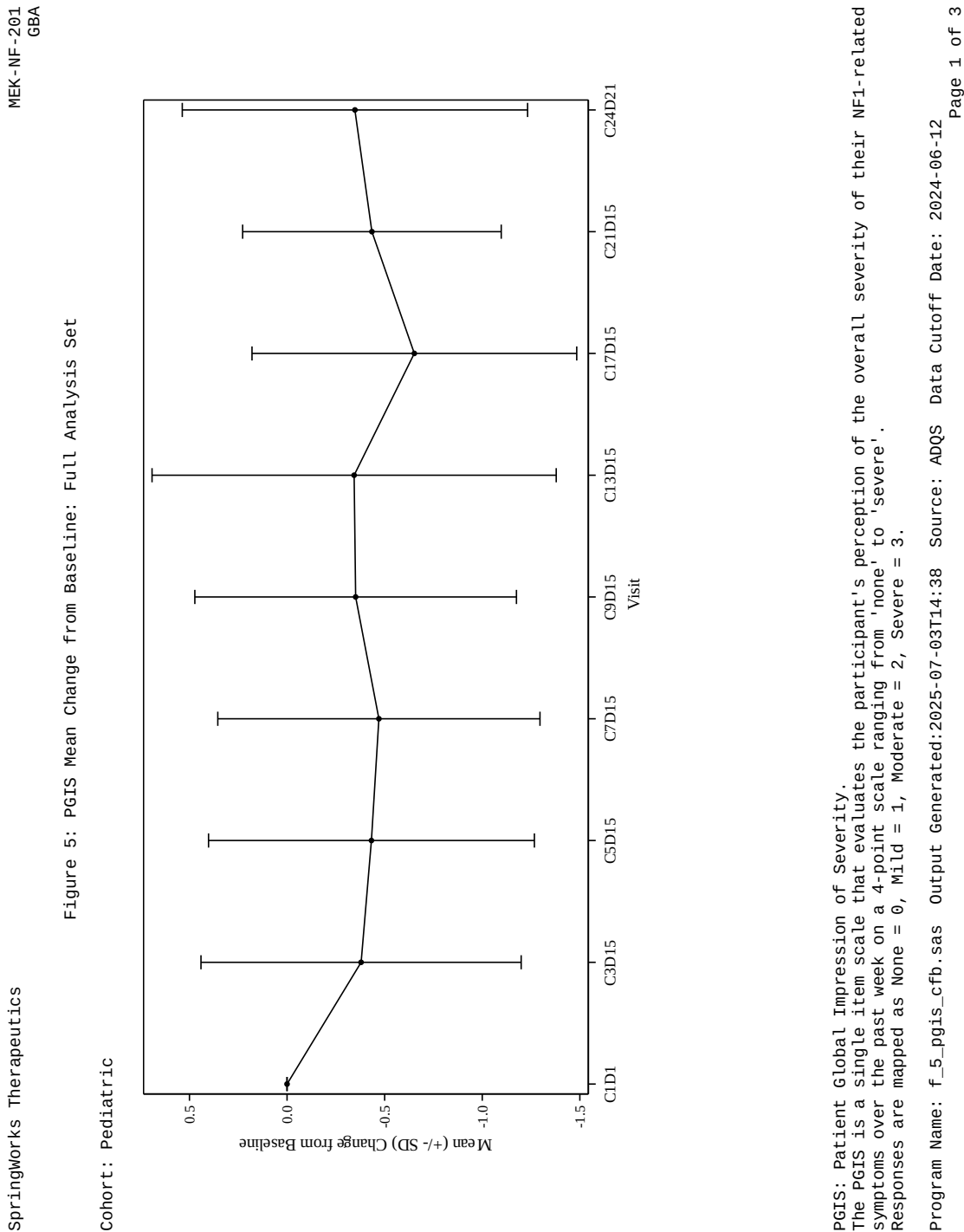
Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C24D21			
n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
Mean (SD)	1.9 (1.14)	2.6 (1.41)	2.3 (1.33)
Median	2.0	2.0	2.0
Min, Max	1, 5	1, 5	1, 5

PGIC: Patient Global Impression of Change.
The PGIC is a single item scale that evaluates the participant's perception of the overall change in their overall status since the start of the study treatment on a 7-point scale ranging from "very much better" to "very much worse".
Responses are mapped as Very Much Better =1, Moderately Better = 2, A Little Better = 3, No Change = 4, A Little Worse = 5, Moderately worse = 6, Very much Worse = 7.

Program Name: t_62_pgic_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

4.3 PGIS

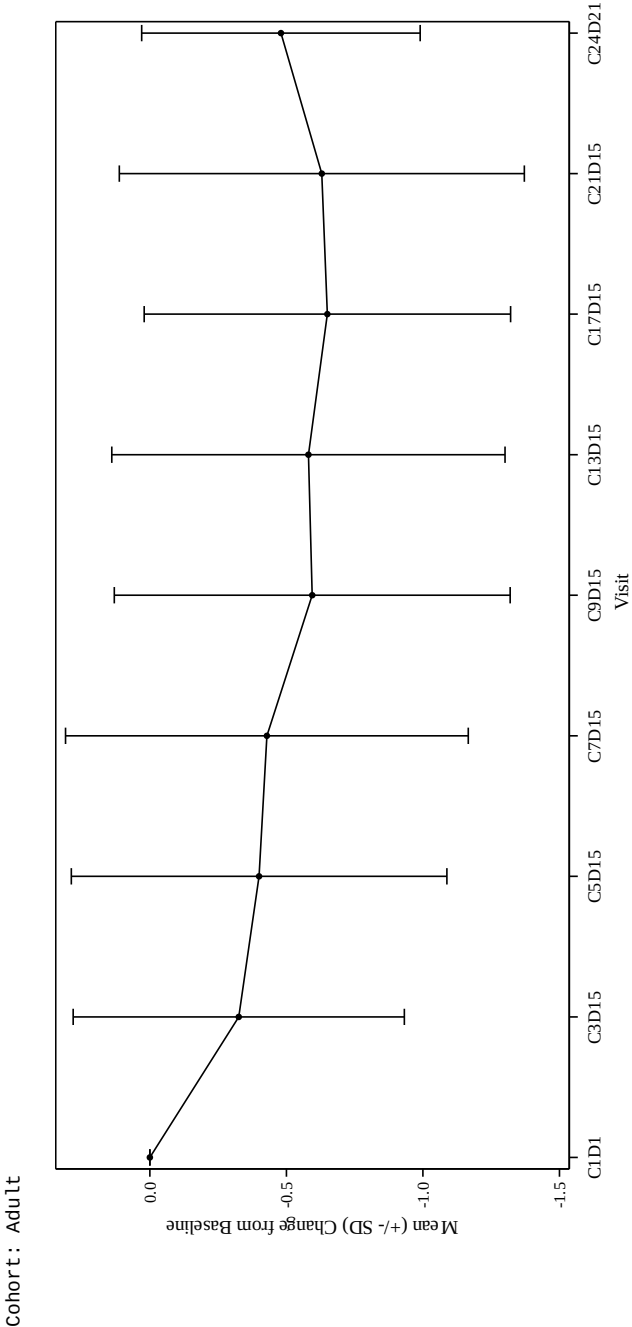
4.3.1 Figure 5: PGIS Mean Change from Baseline: Full Analysis Set



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Figure 5: PGIS Mean Change from Baseline: Full Analysis Set

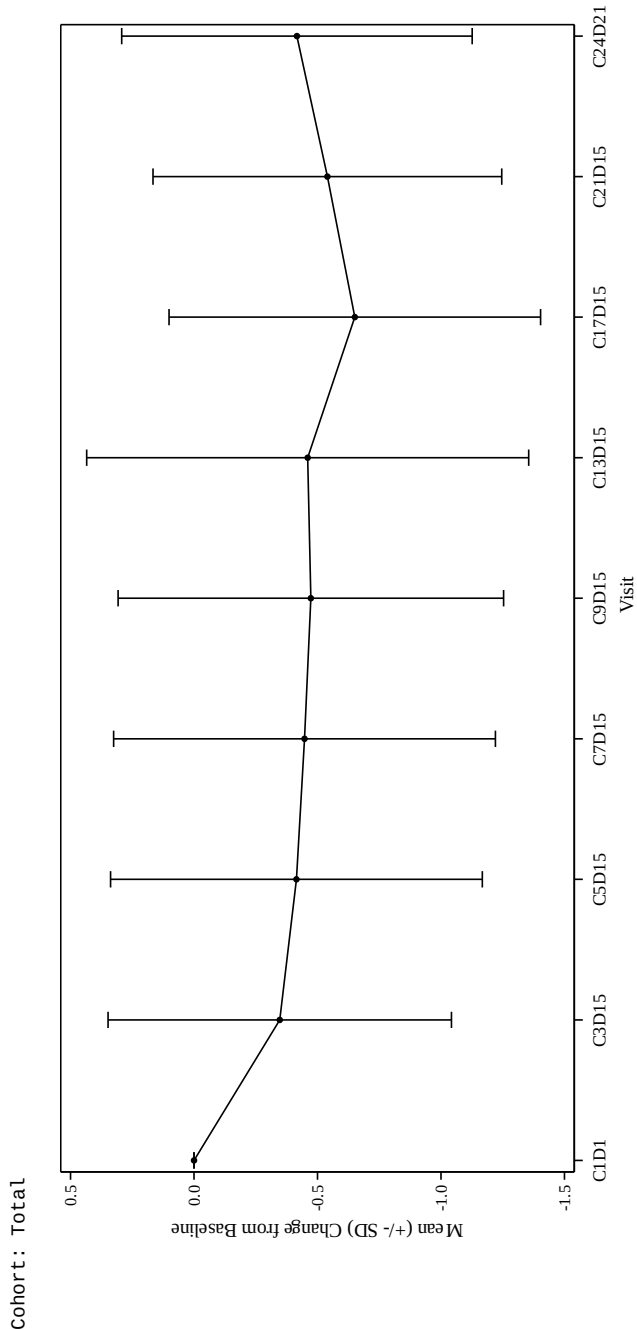


PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from 'none' to 'severe'. Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3.

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Figure 5: PGIS Mean Change from Baseline: Full Analysis Set



PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from 'none' to 'severe'. Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3.

4.3.2 Table 16: Compliance Rate for PGIS

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Table 16: Compliance Rate for PGIS by Visit: Full Analysis Set

	Pediatric (N=47)	Adult (N=58)	Total (N=105)
Baseline			
PRO Expected	47 (100%)	58 (100%)	105 (100%)
PRO Completed	46 (97.9%)	57 (98.3%)	103 (98.1%)
PRO Not Completed	1 (2.1%)	1 (1.7%)	2 (1.9%)
C3D15			
PRO Expected	45 (95.7%)	51 (87.9%)	96 (91.4%)
PRO Completed	39 (66.7%)	42 (82.4%)	72 (75.0%)
PRO Not Completed	15 (33.3%)	9 (17.6%)	24 (25.0%)
C5D15			
PRO Expected	45 (95.7%)	50 (86.2%)	95 (90.5%)
PRO Completed	38 (84.4%)	45 (90.0%)	83 (87.4%)
PRO Not Completed	7 (15.6%)	5 (10.0%)	12 (12.6%)
C7D15			
PRO Expected	41 (87.2%)	46 (79.3%)	87 (82.9%)
PRO Completed	35 (85.4%)	40 (87.0%)	75 (86.2%)
PRO Not Completed	6 (14.6%)	6 (13.0%)	12 (13.8%)

PGIS: Patient Global Impression of Severity.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 PRO assessments were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

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Table 16: Compliance Rate for PGIS by Visit: Full Analysis Set

	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C9D15			
PRO Expected	40 (85.1%)	45 (77.6%)	85 (81.0%)
PRO Completed	37 (92.5%)	37 (82.2%)	74 (87.1%)
PRO Not Completed	3 (7.5%)	8 (17.8%)	11 (12.9%)
C13D15			
PRO Expected	34 (72.3%)	36 (62.1%)	70 (66.7%)
PRO Completed	31 (91.2%)	31 (86.1%)	62 (88.6%)
PRO Not Completed	3 (8.8%)	5 (13.9%)	8 (11.4%)
C17D15			
PRO Expected	33 (70.2%)	34 (58.6%)	67 (63.8%)
PRO Completed	23 (69.7%)	20 (58.8%)	43 (64.2%)
PRO Not Completed	10 (30.3%)	14 (41.2%)	24 (35.8%)
C21D15			
PRO Expected	30 (63.8%)	32 (55.2%)	62 (59.0%)
PRO Completed	24 (80.0%)	27 (84.4%)	51 (82.3%)
PRO Not Completed	6 (20.0%)	5 (15.6%)	11 (17.7%)

PGIS: Patient Global Impression of Severity.
N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_16_pgis_comp.sas Output Generated: 2025-07-01T09:00 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 16: Compliance Rate for PGIS by Visit: Full Analysis Set

	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C24D21			
PRO Expected	30 (63.8%)	31 (53.4%)	61 (58.1%)
PRO Completed	23 (76.7%)	25 (80.6%)	48 (78.7%)
PRO Not Completed	7 (23.3%)	6 (19.4%)	13 (21.3%)
ET			
PRO Expected	17 (36.2%)	27 (46.6%)	44 (41.9%)
PRO Completed	7 (41.2%)	8 (29.6%)	15 (34.1%)
PRO Not Completed	10 (58.8%)	19 (70.4%)	29 (65.9%)
SFU			
PRO Expected	17 (36.2%)	27 (46.6%)	44 (41.9%)
PRO Completed	5 (29.4%)	6 (22.2%)	11 (25.0%)
PRO Not Completed	12 (70.6%)	21 (77.8%)	33 (75.0%)

PGIS: Patient Global Impression of Severity.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.

Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Program Name: t_16_pgis_comp.sas Output Generated: 2025-07-01T09:00 Source: ADISL, ADQS Data Cutoff Date: 2024-06-12

4.3.3 Table 59.3: Improvement of PGIS Scores from Any Category to None by Response Status - Non-Responder Imputation: Full Analysis Set

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Table 59.3: Improvement of PGIS Scores from Any Category to None - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C3D15	Number of Participants Completed the Assessment, n (%)	30 (63.8%)	43 (74.1%)	73 (69.5%)
	Number of Participants Missing the Assessment, n (%)	17 (36.2%)	15 (25.9%)	32 (30.5%)
	Participants with Clinically Meaningful Score Improvement, n (%)	9 (19.1%)	6 (10.3%)	15 (14.3%)
C5D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	45 (77.6%)	83 (79.0%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	13 (22.4%)	22 (21.0%)
	Participants with Clinically Meaningful Score Improvement, n (%)	11 (23.4%)	7 (12.1%)	18 (17.1%)
C7D15	Number of Participants Completed the Assessment, n (%)	35 (74.5%)	42 (72.4%)	77 (73.3%)
	Number of Participants Missing the Assessment, n (%)	12 (25.5%)	16 (27.6%)	28 (26.7%)
	Participants with Clinically Meaningful Score Improvement, n (%)	10 (21.3%)	10 (17.2%)	20 (19.0%)
C9D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	38 (65.5%)	76 (72.4%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	20 (34.5%)	29 (27.6%)
	Participants with Clinically Meaningful Score Improvement, n (%)	12 (25.5%)	10 (17.2%)	22 (21.0%)
C13D15	Number of Participants Completed the Assessment, n (%)	33 (70.2%)	31 (53.4%)	64 (61.0%)
	Number of Participants Missing the Assessment, n (%)	14 (29.8%)	27 (46.6%)	41 (39.0%)
	Participants with Clinically Meaningful Score Improvement, n (%)	11 (23.4%)	9 (15.5%)	20 (19.0%)

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".

Program Name: t_59_3_pgis_improve_nr.sas Output Generated: 2025-07-01T09:06 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 59.3: Improvement of PGIS Scores from Any Category to None - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C17D15	Number of Participants Completed the Assessment, n (%)	24 (51.1%)	20 (34.5%)	44 (41.9%)
	Number of Participants Missing the Assessment, n (%)	23 (48.9%)	38 (65.5%)	61 (58.1%)
	Participants with Clinically Meaningful Score Improvement, n (%)	9 (19.1%)	8 (13.8%)	17 (16.2%)
C21D15	Number of Participants Completed the Assessment, n (%)	24 (51.1%)	27 (46.6%)	51 (48.6%)
	Number of Participants Missing the Assessment, n (%)	23 (48.9%)	31 (53.4%)	54 (51.4%)
	Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.6%)	6 (10.3%)	11 (10.5%)
C24D21	Number of Participants Completed the Assessment, n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
	Number of Participants Missing the Assessment, n (%)	24 (51.1%)	33 (56.9%)	57 (54.3%)
	Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.9%)	5 (8.6%)	12 (11.4%)
Total	Number of Participants Completed the Assessment, n (%)	45 (95.7%)	51 (87.9%)	96 (91.4%)
	Number of Participants Missing the Assessment, n (%)	2 (4.3%)	7 (12.1%)	9 (8.6%)
	Participants with Clinically Meaningful Score Improvement, n (%)	22 (46.8%)	19 (32.8%)	41 (39.0%)

PGIS: Patient Global Impression of Severity.

The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".

Program Name: t_59_3_pgis_improve_nr.sas Output Generated: 2025-07-01T09:06 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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4.3.4 Table 59.7: Worsening of PGIS Scores from Any Category to Moderate or Severe by Response Status - Non-Responder Imputation: Full Analysis Set

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Table 59.7: Worsening of PGIS Scores from Any Category to Moderate or Severe - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C3D15	Number of Participants Completed the Assessment, n (%)	30 (63.8%)	43 (74.1%)	73 (69.5%)
	Number of Participants Missing the Assessment, n (%)	17 (36.2%)	15 (25.9%)	32 (30.5%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	3 (5.2%)	3 (2.9%)
C5D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	45 (77.6%)	83 (79.0%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	13 (22.4%)	22 (21.0%)
	Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	2 (3.4%)	3 (2.9%)
C7D15	Number of Participants Completed the Assessment, n (%)	35 (74.5%)	42 (72.4%)	77 (73.3%)
	Number of Participants Missing the Assessment, n (%)	12 (25.5%)	16 (27.6%)	28 (26.7%)
	Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	2 (3.4%)	3 (2.9%)
C9D15	Number of Participants Completed the Assessment, n (%)	38 (80.9%)	38 (65.5%)	76 (72.4%)
	Number of Participants Missing the Assessment, n (%)	9 (19.1%)	20 (34.5%)	29 (27.6%)
	Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.1%)	1 (1.7%)	2 (1.9%)
C13D15	Number of Participants Completed the Assessment, n (%)	33 (70.2%)	31 (53.4%)	64 (61.0%)
	Number of Participants Missing the Assessment, n (%)	14 (29.8%)	27 (46.6%)	41 (39.0%)
	Participants with Clinically Meaningful Score Worsening, n (%)	2 (4.3%)	1 (1.7%)	3 (2.9%)

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".

Program Name: t_59_7_pgis_worsen_nr.sas Output Generated: 2025-07-01T09:06 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 59.7: Worsening of PGIS Scores from Any Category to Moderate or Severe - Non-Responder Imputation: Full Analysis Set

Visit		Pediatric (N=47)	Adult (N=58)	Total (N=105)
C17D15	Number of Participants Completed the Assessment, n (%)	24 (51.1%)	20 (34.5%)	44 (41.9%)
	Number of Participants Missing the Assessment, n (%)	23 (48.9%)	38 (65.5%)	61 (58.1%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0
C21D15	Number of Participants Completed the Assessment, n (%)	24 (51.1%)	27 (46.6%)	51 (48.6%)
	Number of Participants Missing the Assessment, n (%)	23 (48.9%)	31 (53.4%)	54 (51.4%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.7%)	1 (1.0%)
C24D21	Number of Participants Completed the Assessment, n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
	Number of Participants Missing the Assessment, n (%)	24 (51.1%)	33 (56.9%)	57 (54.3%)
	Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0
Total	Number of Participants Completed the Assessment, n (%)	45 (95.7%)	51 (87.9%)	96 (91.4%)
	Number of Participants Missing the Assessment, n (%)	2 (4.3%)	7 (12.1%)	9 (8.6%)
	Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.4%)	6 (10.3%)	9 (8.6%)

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".

Program Name: t_59_7_pgis_worsen_nr.sas Output Generated: 2025-07-01T09:06 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

4.3.5 Table 61: PGIS Summary by Visit: Full Analysis Set

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Table 61: PGIS Summary by Visit: Full Analysis Set

Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
Baseline			
n (%)	46 (97.9%)	57 (98.3%)	103 (98.1%)
Mean (SD)	0.9 (0.90)	1.5 (0.80)	1.3 (0.90)
Median	1.0	2.0	1.0
Min, Max	0, 3	0, 3	0, 3
C3D15			
n (%)	30 (63.8%)	43 (74.1%)	73 (69.5%)
Mean (SD)	0.5 (0.57)	1.2 (0.93)	0.9 (0.87)
Median	0.0	1.0	1.0
Min, Max	0, 2	0, 3	0, 3
Change from Baseline at C3D15			
n (%)	29 (61.7%)	43 (74.1%)	72 (68.6%)
Mean (SD)	-0.4 (0.82)	-0.3 (0.61)	-0.3 (0.70)
Median	0.0	0.0	0.0
Min, Max	-2, 1	-1, 1	-2, 1

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".
Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3

Program Name: t_61_pgis_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 61: PGIS Summary by Visit: Full Analysis Set

Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C5D15			
n (%)	38 (80.9%)	45 (77.6%)	83 (79.0%)
Mean (SD)	0.4 (0.59)	1.1 (0.89)	0.8 (0.85)
Median	0.0	1.0	1.0
Min, Max	0, 2	0, 3	0, 3
Change from Baseline at C5D15			
n (%)	37 (78.7%)	45 (77.6%)	82 (78.1%)
Mean (SD)	-0.4 (0.83)	-0.4 (0.69)	-0.4 (0.75)
Median	0.0	0.0	0.0
Min, Max	-2, 2	-2, 1	-2, 2
C7D15			
n (%)	35 (74.5%)	42 (72.4%)	77 (73.3%)
Mean (SD)	0.5 (0.70)	1.0 (0.96)	0.8 (0.90)
Median	0.0	1.0	1.0
Min, Max	0, 3	0, 3	0, 3
Change from Baseline at C7D15			
n (%)	34 (72.3%)	42 (72.4%)	76 (72.4%)
Mean (SD)	-0.5 (0.83)	-0.4 (0.74)	-0.4 (0.77)
Median	0.0	0.0	0.0
Min, Max	-3, 1	-2, 1	-3, 1

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".
Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3

Program Name: t_61_pgis_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 61: PGIS Summary by Visit: Full Analysis Set

Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C9D15			
n (%)	38 (80.9%)	38 (65.5%)	76 (72.4%)
Mean (SD)	0.5 (0.76)	1.0 (0.93)	0.8 (0.88)
Median	0.0	1.0	1.0
Min, Max	0, 3	0, 3	0, 3
Change from Baseline at C9D15			
n (%)	37 (78.7%)	37 (63.8%)	74 (70.5%)
Mean (SD)	-0.4 (0.82)	-0.6 (0.72)	-0.5 (0.78)
Median	0.0	-1.0	0.0
Min, Max	-2, 2	-2, 1	-2, 2
C13D15			
n (%)	33 (70.2%)	31 (53.4%)	64 (61.0%)
Mean (SD)	0.5 (0.79)	0.8 (0.80)	0.7 (0.80)
Median	0.0	1.0	0.0
Min, Max	0, 3	0, 3	0, 3
Change from Baseline at C13D15			
n (%)	32 (68.1%)	31 (53.4%)	63 (60.0%)
Mean (SD)	-0.3 (1.04)	-0.6 (0.72)	-0.5 (0.89)
Median	0.0	-1.0	0.0
Min, Max	-3, 2	-2, 1	-3, 2

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".
Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3

Program Name: t_61_pgis_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 61: PGIS Summary by Visit: Full Analysis Set

Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C17D15			
n (%)	24 (51.1%)	20 (34.5%)	44 (41.9%)
Mean (SD)	0.3 (0.48)	0.6 (0.82)	0.5 (0.66)
Median	0.0	0.0	0.0
Min, Max	0, 1	0, 2	0, 2
Change from Baseline at C17D15			
n (%)	23 (48.9%)	20 (34.5%)	43 (41.0%)
Mean (SD)	-0.7 (0.83)	-0.7 (0.67)	-0.7 (0.75)
Median	-1.0	-1.0	-1.0
Min, Max	-3, 1	-2, 0	-3, 1
C21D15			
n (%)	24 (51.1%)	27 (46.6%)	51 (48.6%)
Mean (SD)	0.5 (0.59)	0.9 (0.80)	0.7 (0.72)
Median	0.5	1.0	1.0
Min, Max	0, 2	0, 3	0, 3
Change from Baseline at C21D15			
n (%)	23 (48.9%)	27 (46.6%)	50 (47.6%)
Mean (SD)	-0.4 (0.66)	-0.6 (0.74)	-0.5 (0.71)
Median	0.0	-1.0	-1.0
Min, Max	-2, 1	-2, 2	-2, 2

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".
Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3

Program Name: t_61_pgis_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 61: PGIS Summary by Visit: Full Analysis Set

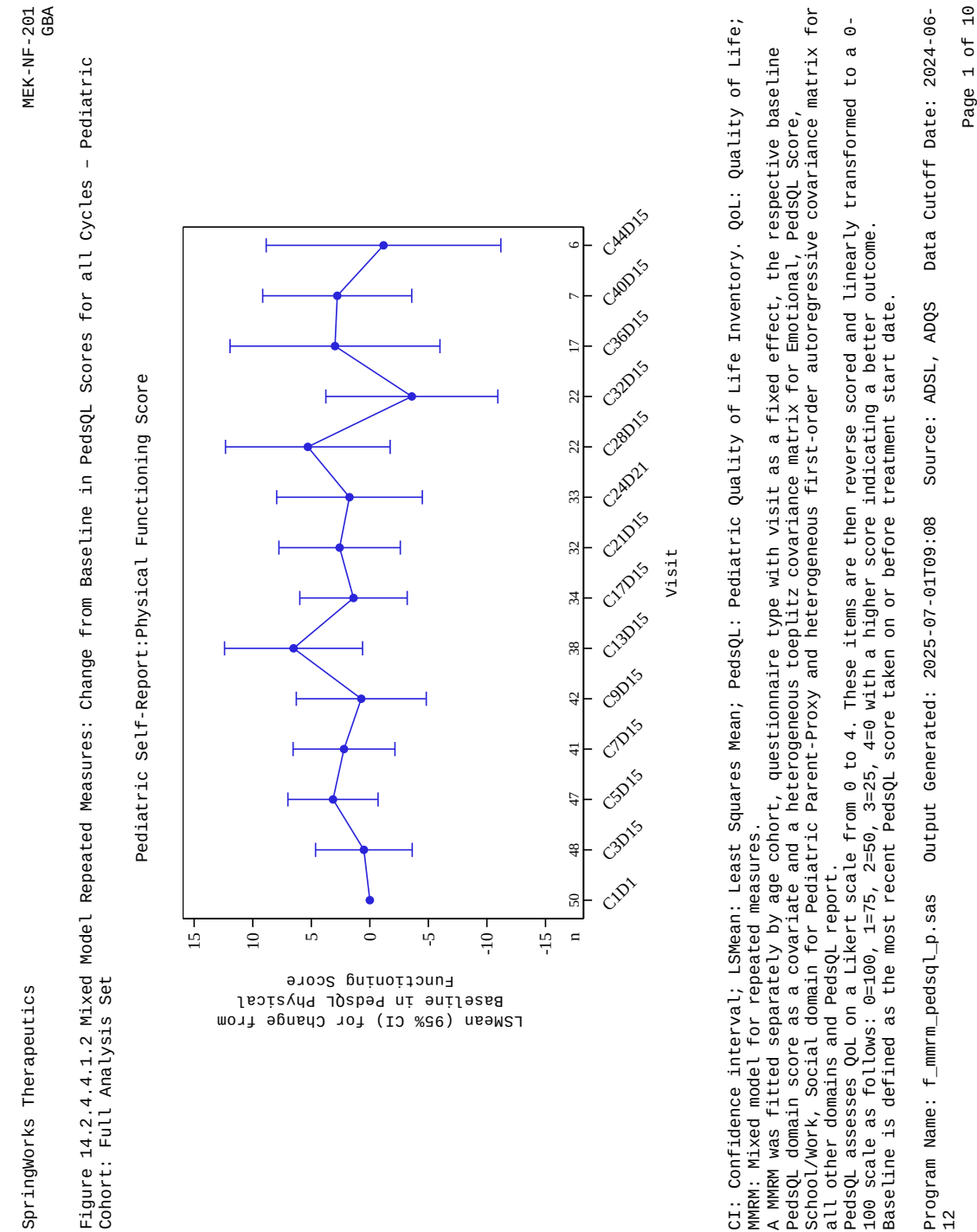
Visit	Pediatric (N=47)	Adult (N=58)	Total (N=105)
C24D21			
n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
Mean (SD)	0.5 (0.59)	0.9 (0.81)	0.7 (0.74)
Median	0.0	1.0	1.0
Min, Max	0, 2	0, 2	0, 2
Change from Baseline at C24D21			
n (%)	23 (48.9%)	25 (43.1%)	48 (45.7%)
Mean (SD)	-0.3 (0.88)	-0.5 (0.51)	-0.4 (0.71)
Median	0.0	0.0	0.0
Min, Max	-2, 1	-1, 0	-2, 1

PGIS: Patient Global Impression of Severity.
The PGIS is a single item scale that evaluates the participant's perception of the overall severity of their NF1-related symptoms over the past week on a 4-point scale ranging from "none" to "severe".
Responses are mapped as None = 0, Mild = 1, Moderate = 2, Severe = 3

Program Name: t_61_pgis_cfb.sas Output Generated: 2025-07-01T09:07 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

5 Gesundheitsbezogene Lebensqualität

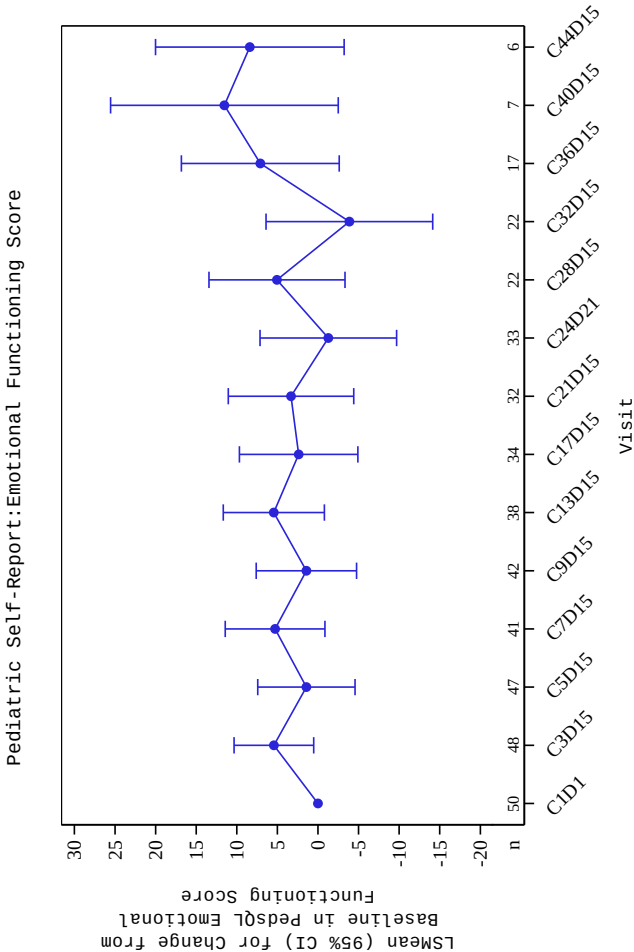
5.1 Figure 14.2.4.4.1.2: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles Pediatric Cohort: Full Analysis Set



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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles – Pediatric Cohort: Full Analysis Set



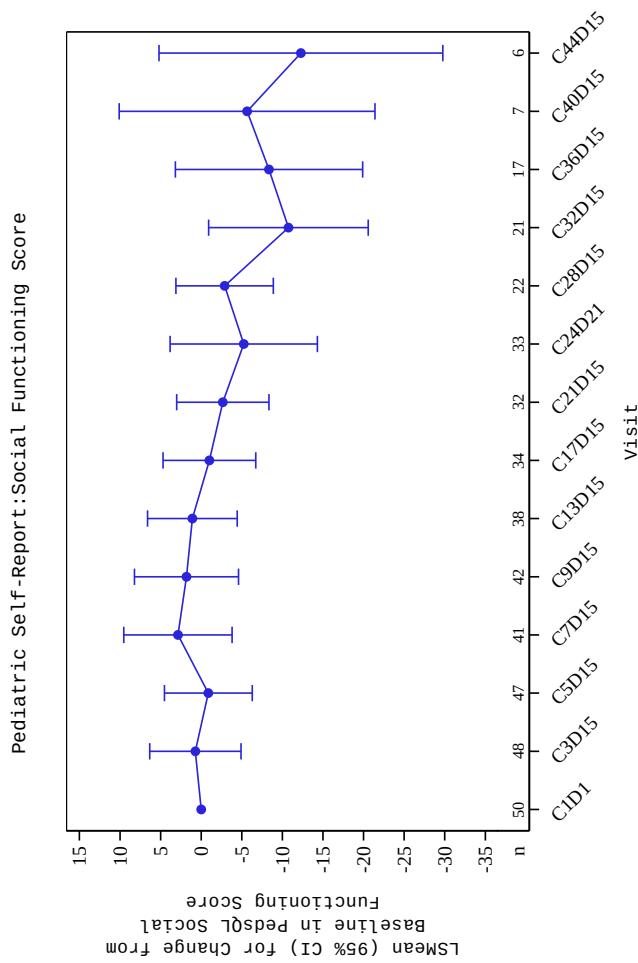
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrmm_pedsqll_p.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles - Pediatric Cohort: Full Analysis Set



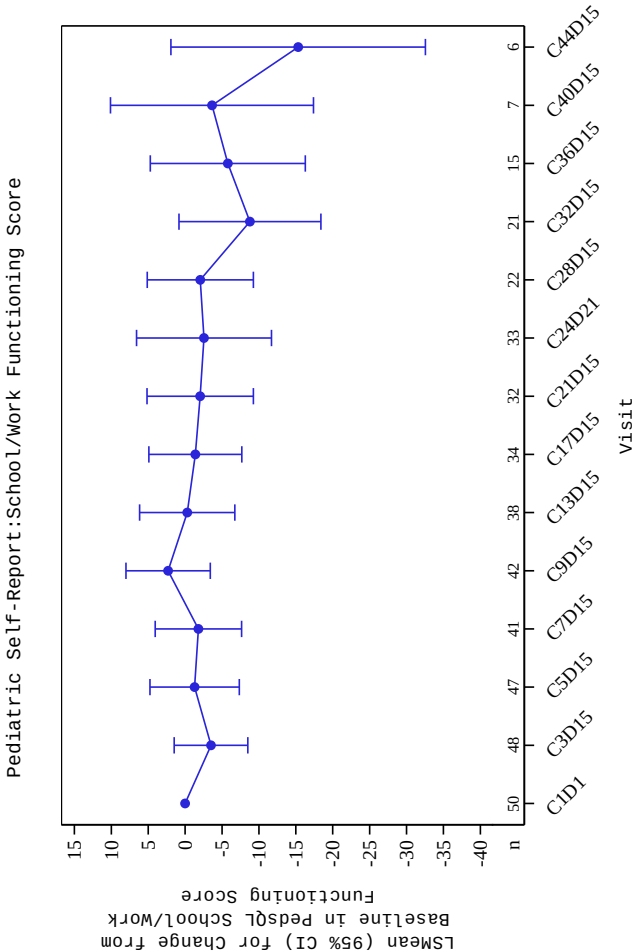
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrmm_pedsqll_p.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12 Page 3 of 10

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles – Pediatric Cohort: Full Analysis Set

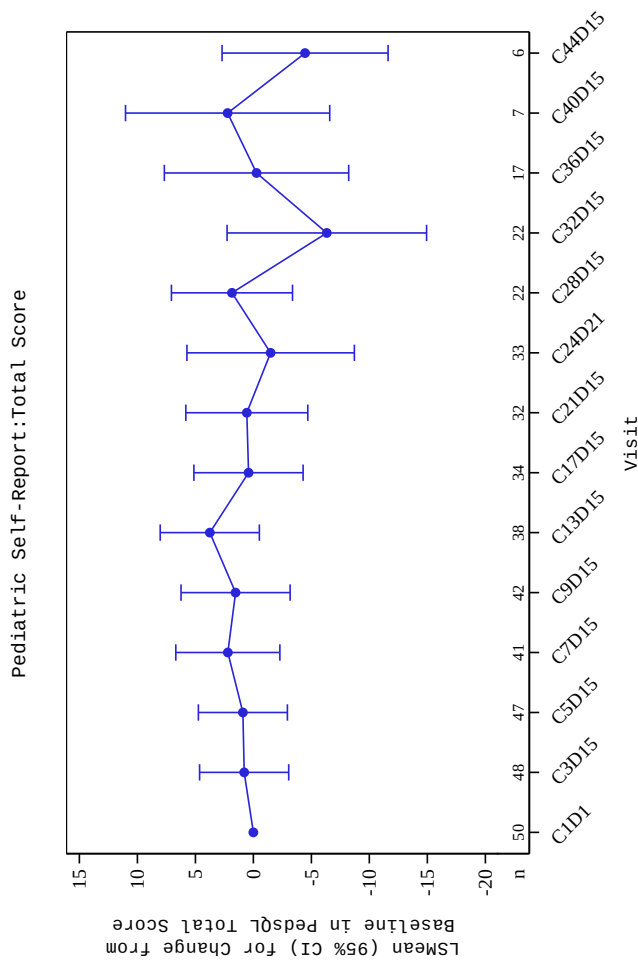


CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles - Pediatric Cohort: Full Analysis Set

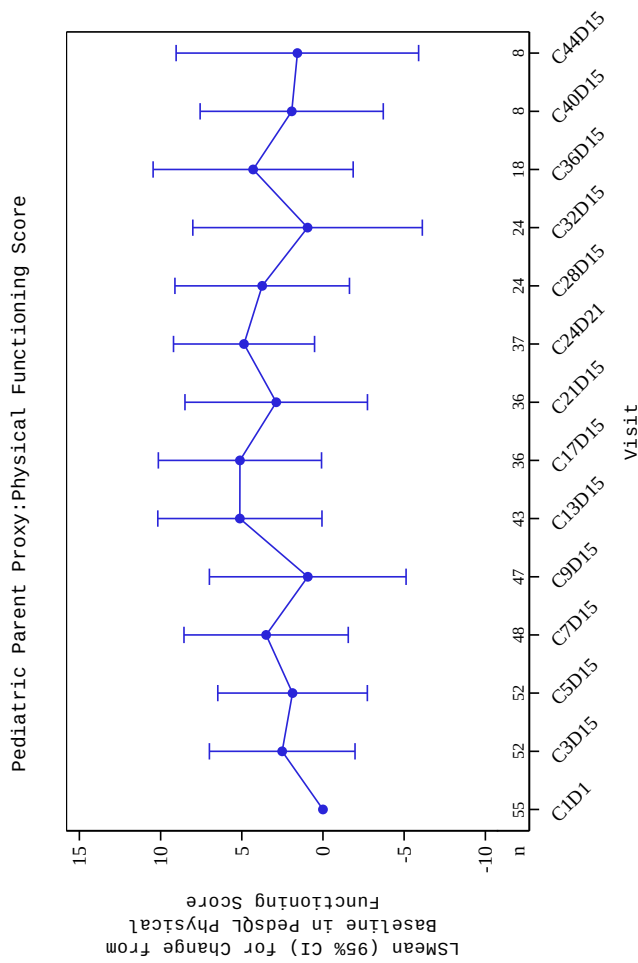


CI: Confidence interval; LSMean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles - Pediatric Cohort: Full Analysis Set

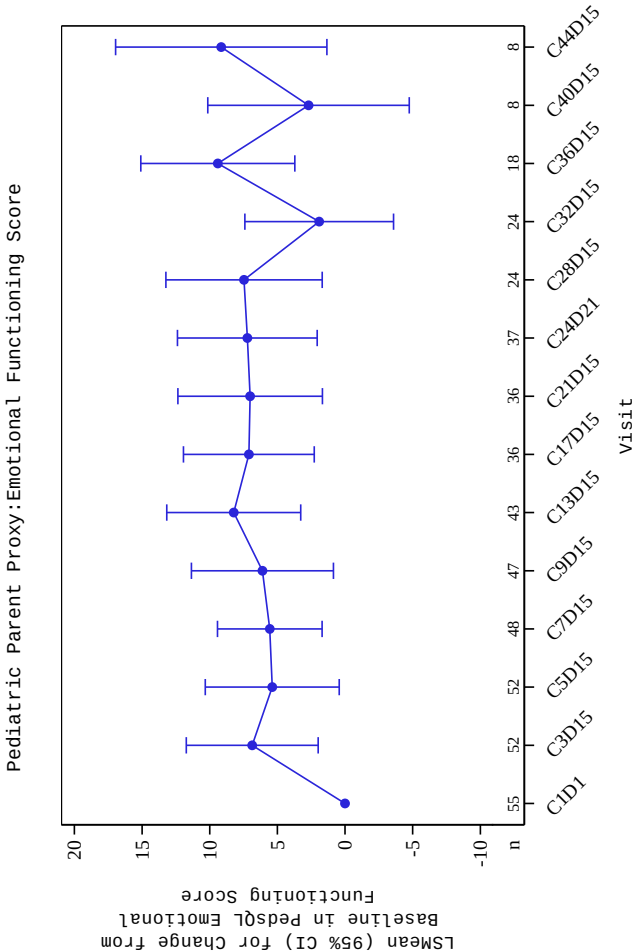


CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles – Pediatric Cohort: Full Analysis Set



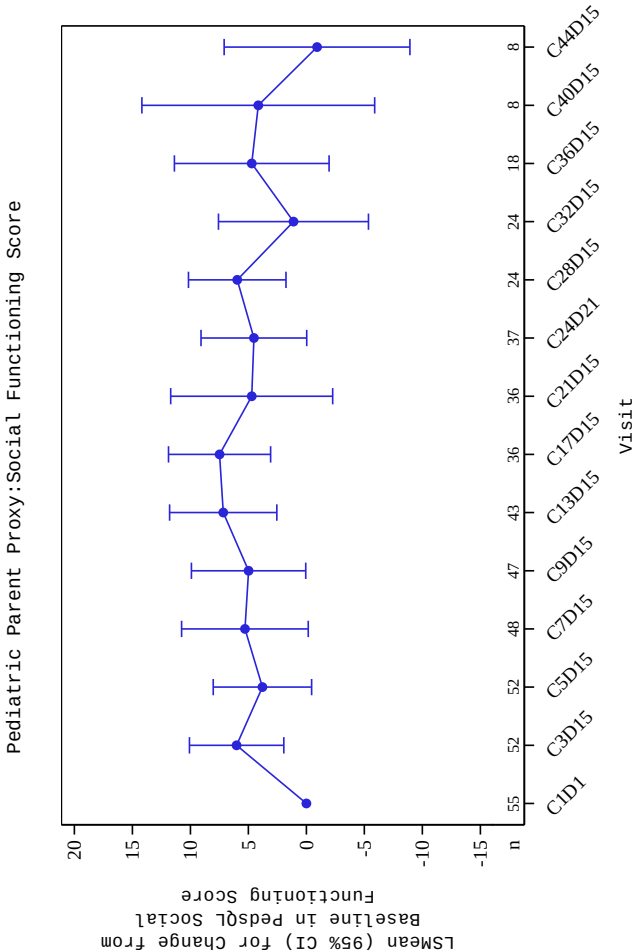
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrmm_pedsqll_p.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles – Pediatric Cohort: Full Analysis Set



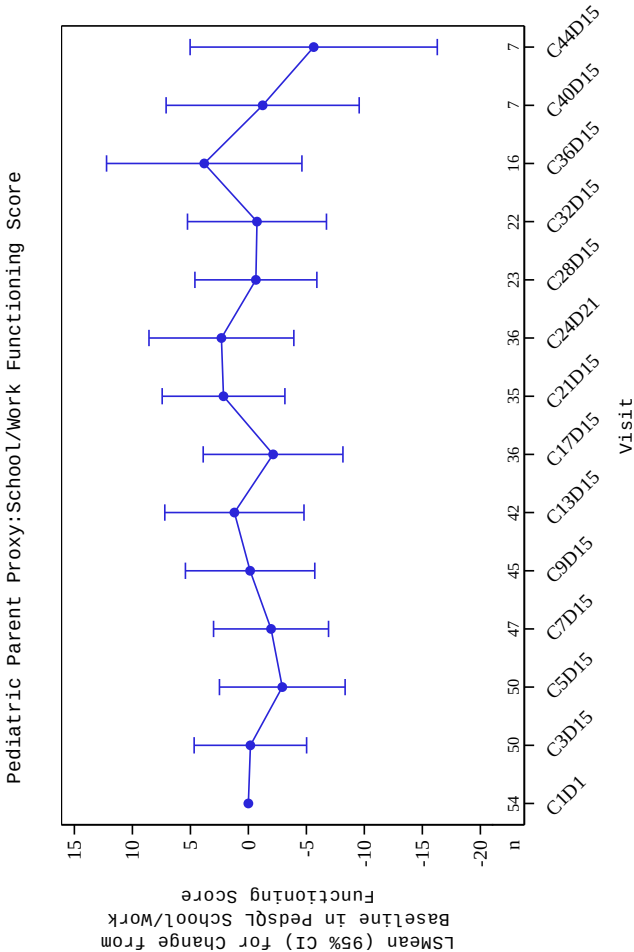
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrmm_pedsqll_p.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles – Pediatric Cohort: Full Analysis Set



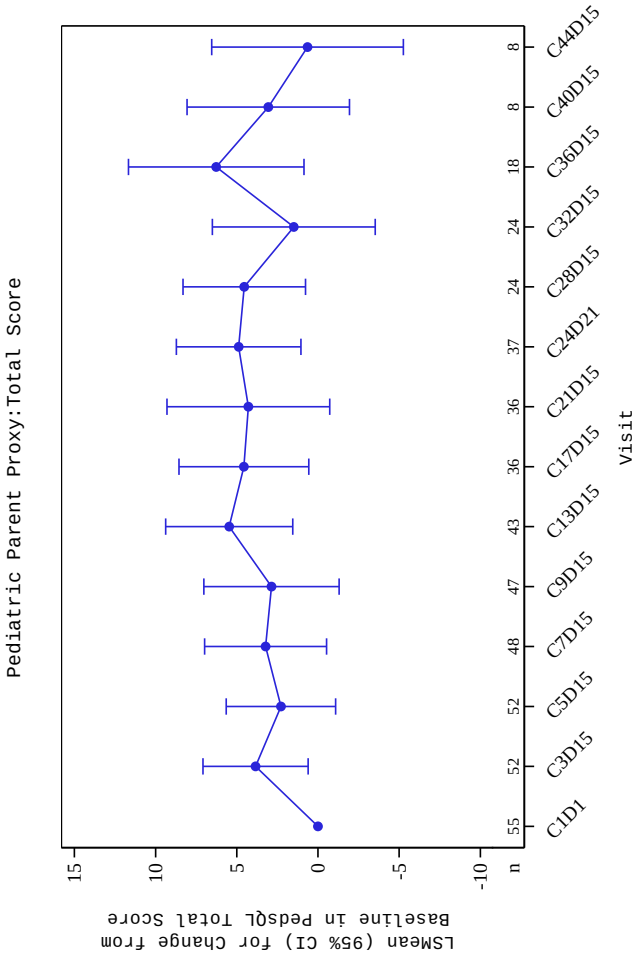
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrmm_pedsqll_p.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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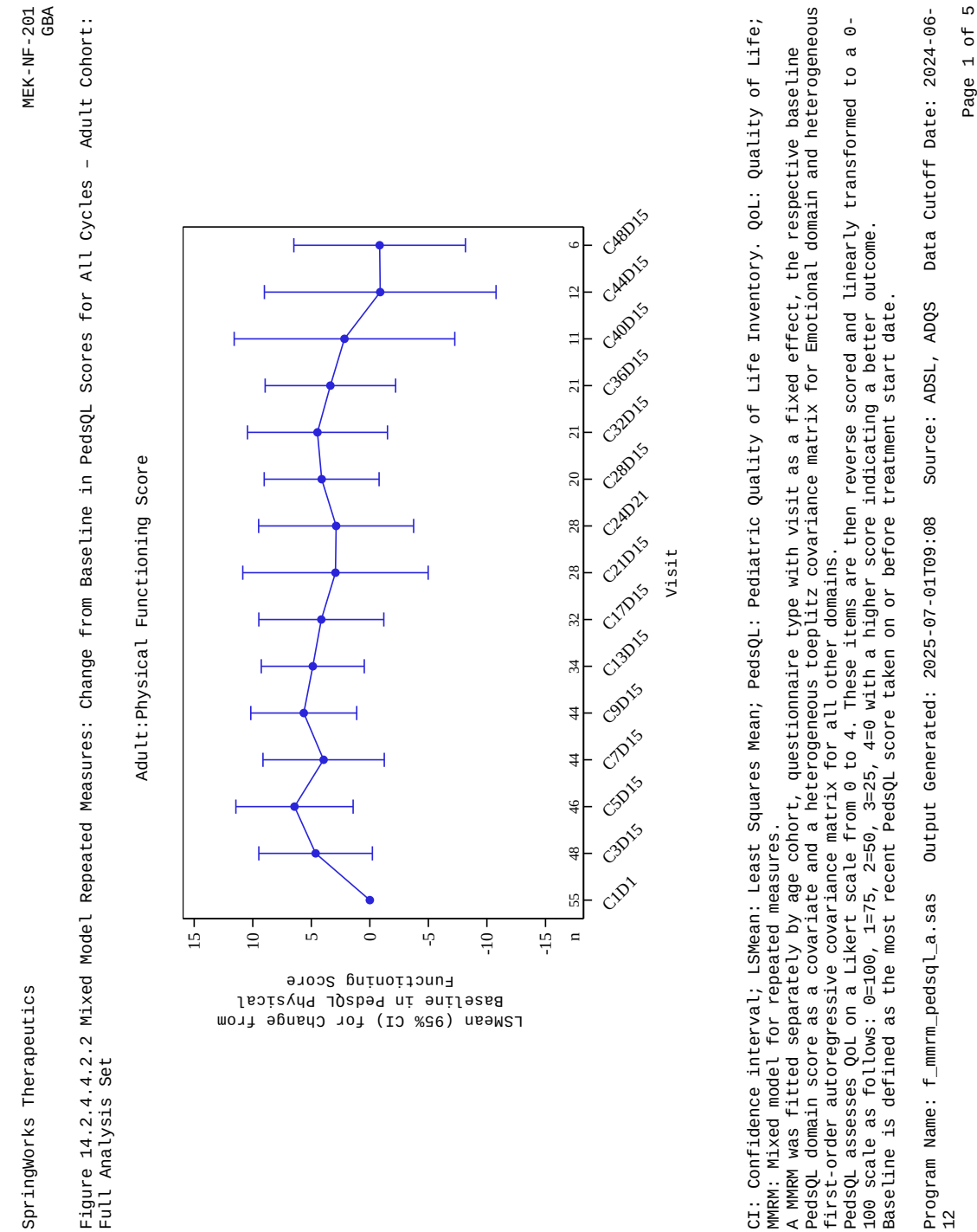
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Figure 14.2.4.4.1.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles – Pediatric Cohort: Full Analysis Set



CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional, PedsQL Score, School/Work, Social domain for Pediatric Parent-proxy and heterogeneous first-order autoregressive covariance matrix for all other domains and PedsQL report. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

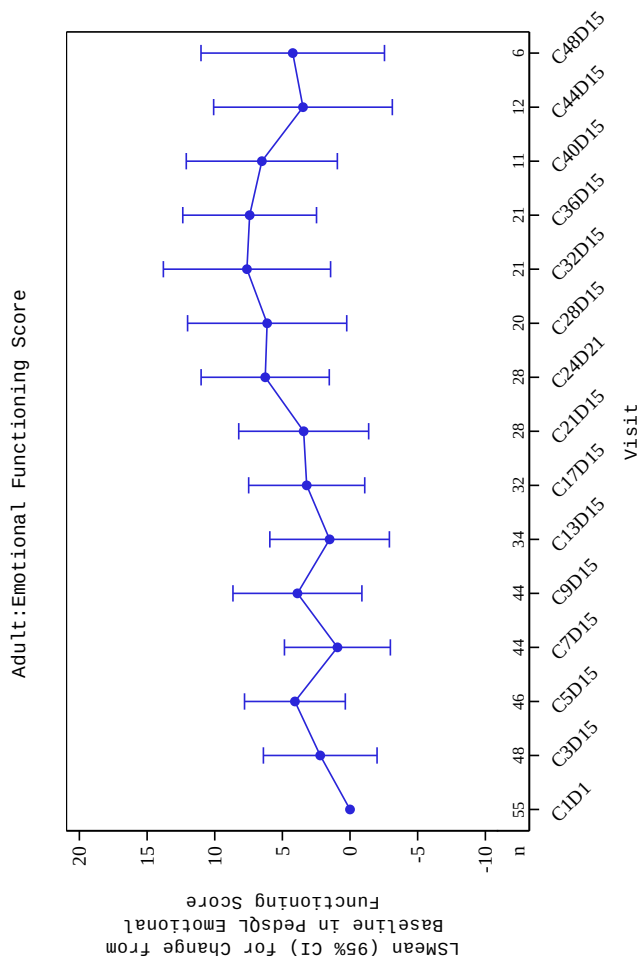
5.2 Figure 14.2.4.4.2.2: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for All Cycles Adult Cohort: Full Analysis Set



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Figure 14.2.4.4.2.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for All Cycles – Adult Cohort: Full Analysis Set



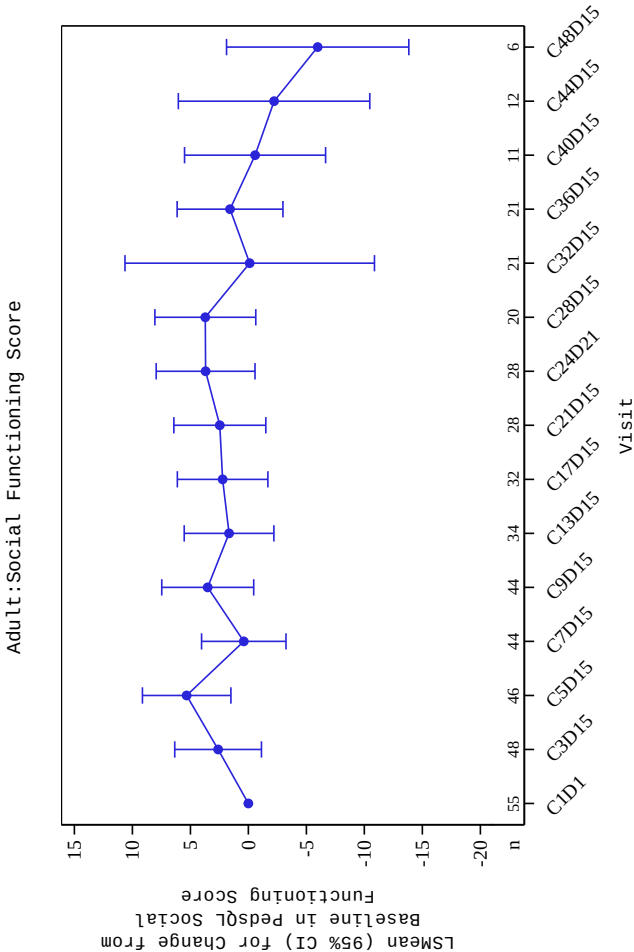
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional domain and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrp_pedsq_a.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Figure 14.2.4.4.2.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for All Cycles – Adult Cohort: Full Analysis Set



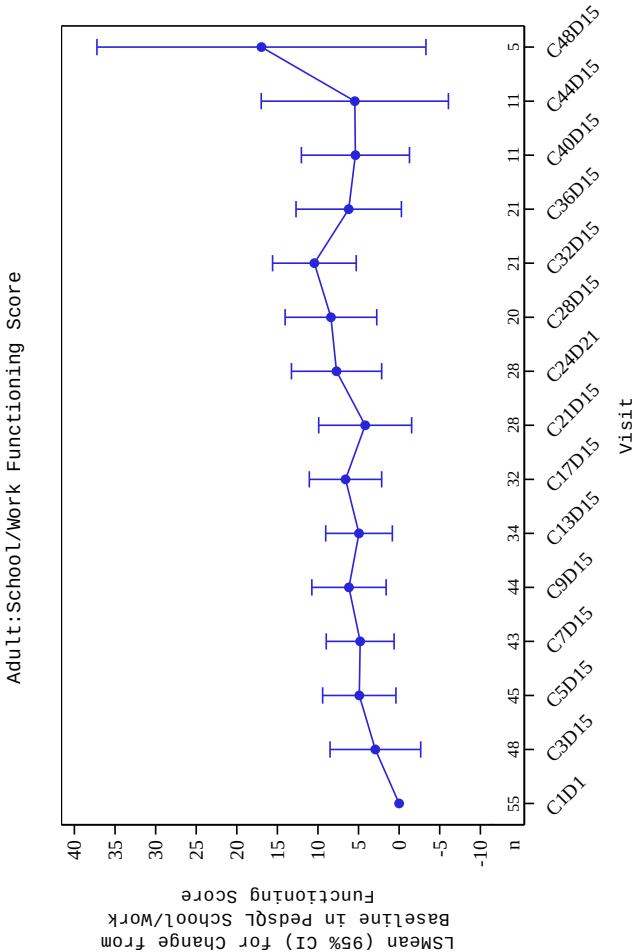
CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional domain and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrp_pedsq_a.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Figure 14.2.4.4.2.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for All Cycles – Adult Cohort: Full Analysis Set

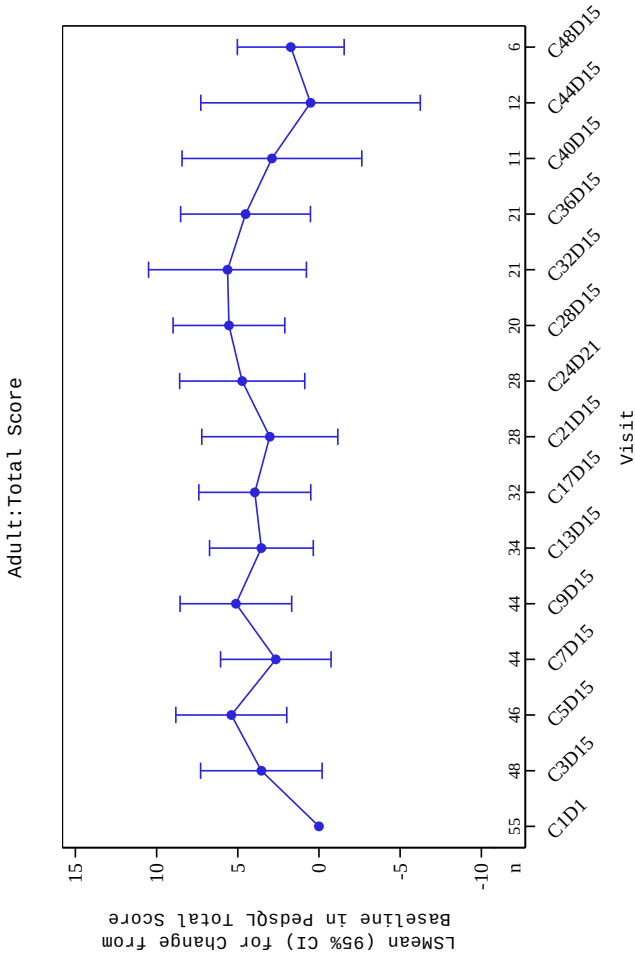


CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional domain and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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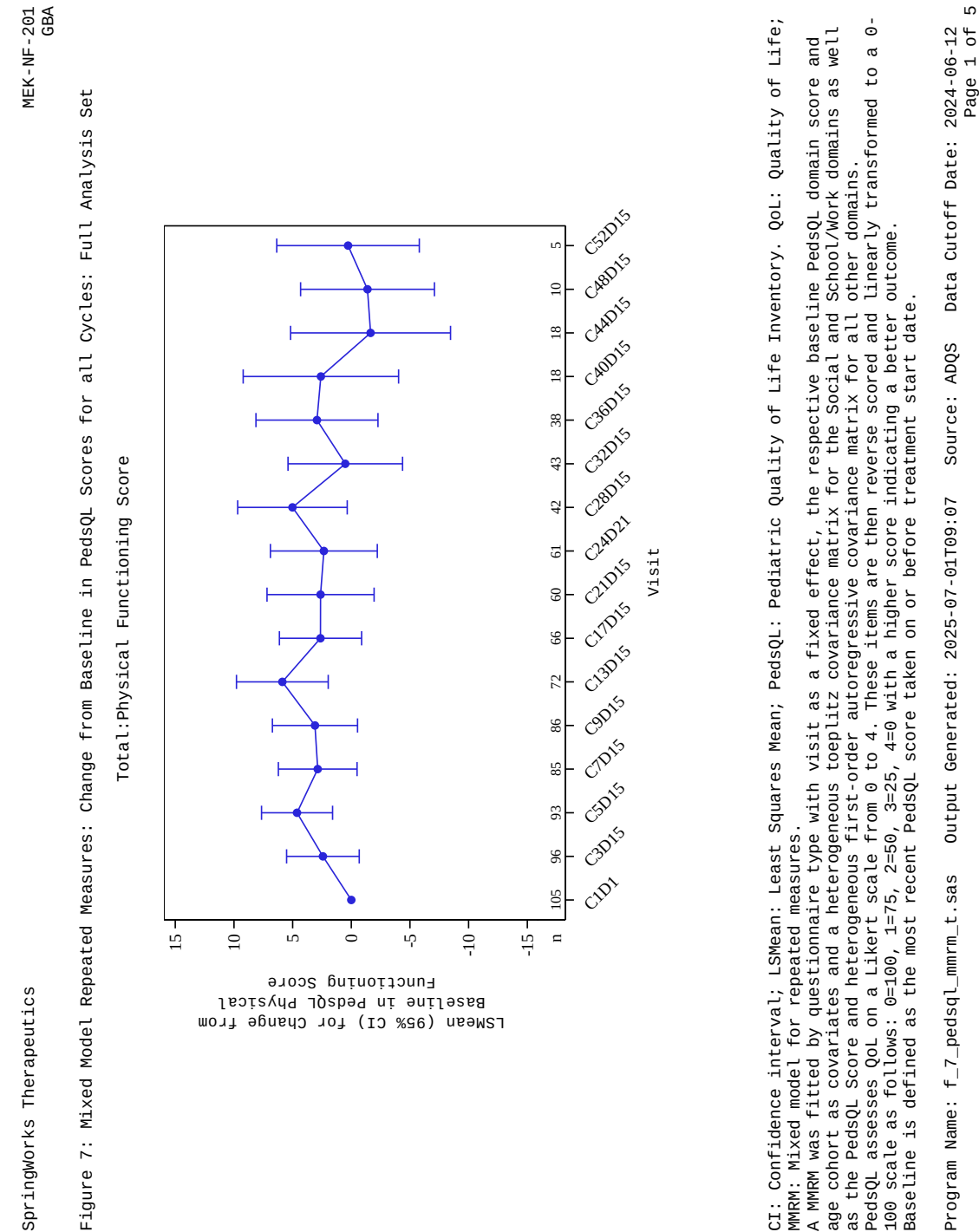
Figure 14.2.4.4.2.2 Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for All Cycles – Adult Cohort: Full Analysis Set



CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted separately by age cohort, questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score as a covariate and a heterogeneous toeplitz covariance matrix for Emotional domain and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Program Name: f_mmrmm_pedsqll_a.sas Output Generated: 2025-07-01T09:08 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

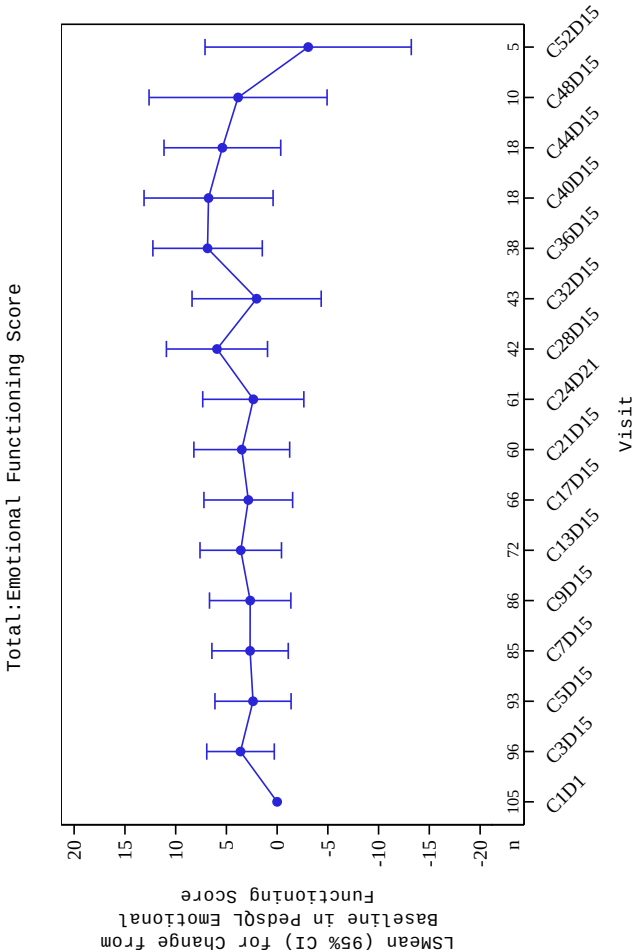
5.3 Figure 7: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles: Full Analysis Set



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Figure 7: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles: Full Analysis Set

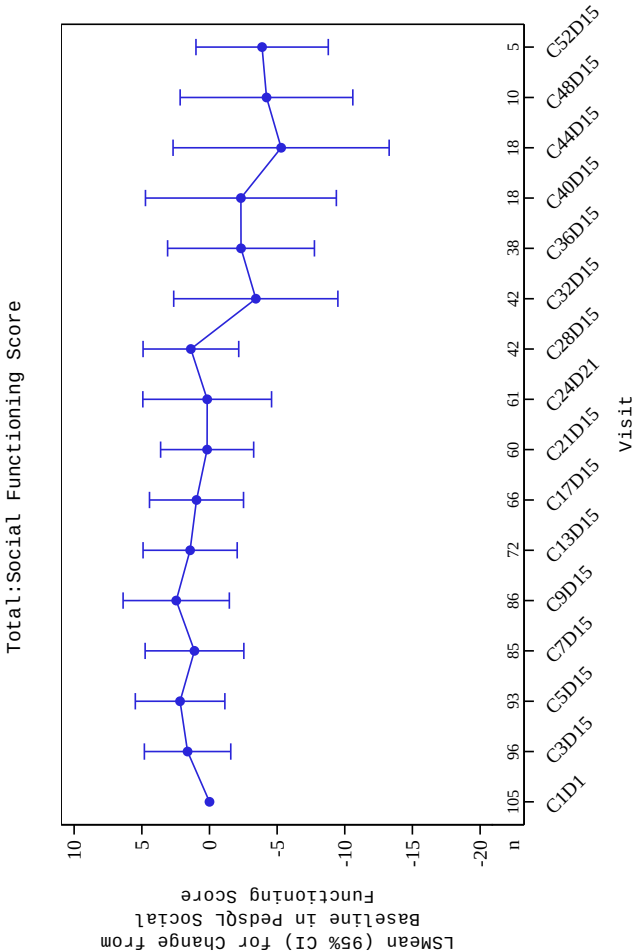


CI: Confidence interval; LSMean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted by questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score and age cohort as covariates and a heterogeneous toeplitz covariance matrix for the Social and School/Work domains as well as the PedsQL Score and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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Figure 7: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles: Full Analysis Set

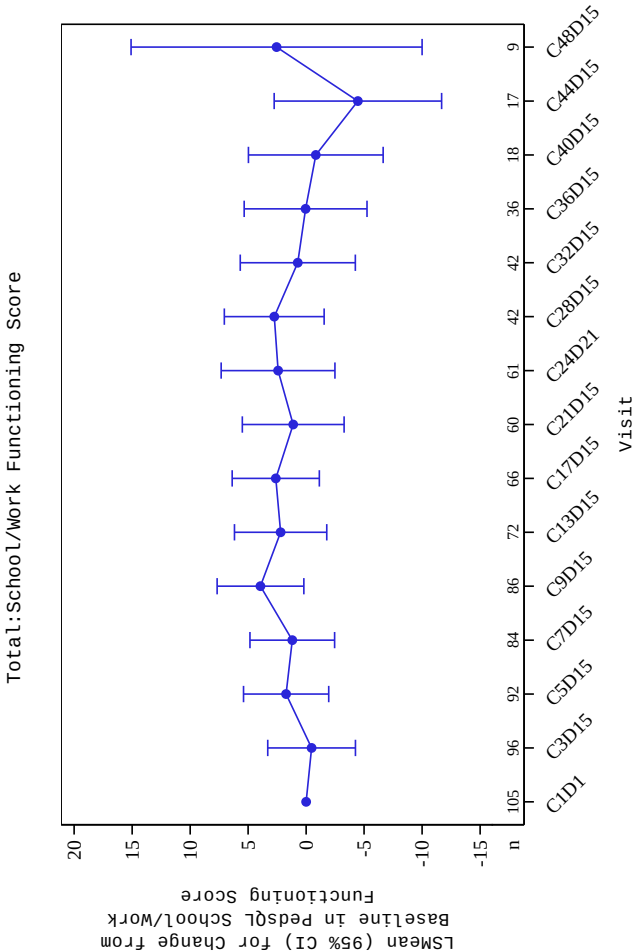


CI: Confidence interval; LSMean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted by questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score and age cohort as covariates and a heterogeneous toeplitz covariance matrix for the Social and School/Work domains as well as the PedsQL Score and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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Figure 7: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles: Full Analysis Set

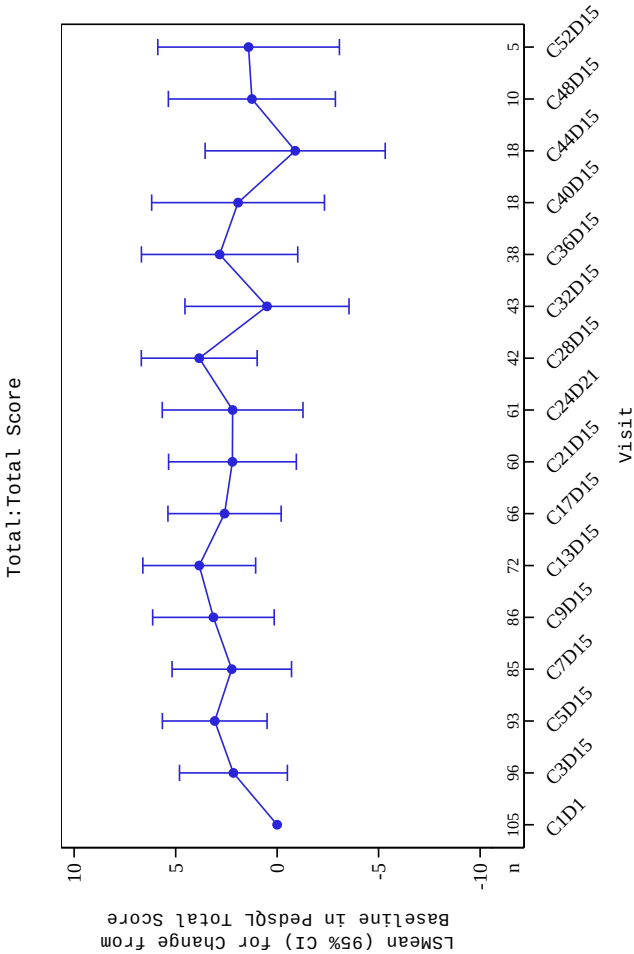


CI: Confidence interval; LS Mean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted by questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score and age cohort as covariates and a heterogeneous toeplitz covariance matrix for the Social and School/Work domains as well as the PedsQL Score and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

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Figure 7: Mixed Model Repeated Measures: Change from Baseline in PedsQL Scores for all Cycles: Full Analysis Set



CI: Confidence interval; LSMean: Least Squares Mean; PedsQL: Pediatric Quality of Life Inventory. QoL: Quality of Life; MMRM: Mixed model for repeated measures. A MMRM was fitted by questionnaire type with visit as a fixed effect, the respective baseline PedsQL domain score and age cohort as covariates and a heterogeneous toeplitz covariance matrix for the Social and School/Work domains as well as the PedsQL Score and heterogeneous first-order autoregressive covariance matrix for all other domains. PedsQL assesses QoL on a Likert scale from 0 to 4. These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with a higher score indicating a better outcome. Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

5.4 Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set (updated on 16 May)

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
PRO Expected	50 (100%)	56 (100%)	58 (100%)	108 (100%)
PRO Completed	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
PRO Not Completed	0	1 (1.8%)	3 (5.2%)	3 (2.8%)
C3D15				
PRO Expected	48 (96.0%)	54 (96.4%)	51 (87.9%)	99 (91.7%)
PRO Completed	47 (97.9%)	51 (94.4%)	47 (92.2%)	94 (94.9%)
PRO Not Completed	1 (2.1%)	3 (5.6%)	4 (7.8%)	5 (5.1%)
C5D15				
PRO Expected	48 (96.0%)	54 (96.4%)	50 (86.2%)	98 (90.7%)
PRO Completed	46 (95.8%)	52 (96.3%)	48 (96.0%)	94 (95.9%)
PRO Not Completed	2 (4.2%)	2 (3.7%)	2 (4.0%)	4 (4.1%)
C7D15				
PRO Expected	45 (90.0%)	50 (89.3%)	46 (79.3%)	91 (84.3%)
PRO Completed	41 (91.1%)	47 (94.0%)	44 (95.7%)	85 (93.4%)
PRO Not Completed	4 (8.9%)	3 (6.0%)	2 (4.3%)	6 (6.6%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.

Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
PRO Expected	43 (86.0%)	48 (85.7%)	46 (79.3%)	89 (82.4%)
PRO Completed	41 (95.3%)	45 (93.8%)	38 (82.6%)	79 (88.8%)
PRO Not Completed	2 (4.7%)	3 (6.3%)	8 (17.4%)	10 (11.2%)
C13D15				
PRO Expected	38 (76.0%)	42 (75.0%)	36 (62.1%)	74 (68.5%)
PRO Completed	36 (94.7%)	41 (97.6%)	36 (100%)	72 (97.3%)
PRO Not Completed	2 (5.3%)	1 (2.4%)	0	2 (2.7%)
C17D15				
PRO Expected	36 (72.0%)	40 (71.4%)	34 (58.6%)	70 (64.8%)
PRO Completed	33 (91.7%)	35 (87.5%)	32 (94.1%)	65 (92.9%)
PRO Not Completed	3 (8.3%)	5 (12.5%)	2 (5.9%)	5 (7.1%)
C21D15				
PRO Expected	33 (66.0%)	37 (66.1%)	32 (55.2%)	65 (60.2%)
PRO Completed	32 (97.0%)	36 (97.3%)	29 (98.6%)	61 (93.8%)
PRO Not Completed	1 (3.0%)	1 (2.7%)	3 (9.4%)	4 (6.2%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
PRO Expected	33 (66.0%)	37 (66.1%)	31 (53.4%)	64 (59.3%)
PRO Completed	33 (100%)	37 (100%)	30 (96.4%)	63 (98.4%)
PRO Not Completed	0	0	1 (3.2%)	1 (1.6%)
C28D15				
PRO Expected	29 (58.0%)	32 (57.1%)	26 (44.8%)	55 (50.9%)
PRO Completed	22 (75.9%)	24 (75.0%)	22 (84.6%)	44 (80.0%)
PRO Not Completed	7 (24.1%)	8 (25.0%)	4 (15.4%)	11 (20.0%)
C32D15				
PRO Expected	24 (48.0%)	27 (48.2%)	23 (39.7%)	47 (43.5%)
PRO Completed	22 (91.7%)	24 (88.9%)	23 (100%)	45 (95.7%)
PRO Not Completed	2 (8.3%)	3 (11.1%)	0	2 (4.3%)
C36D15				
PRO Expected	17 (34.0%)	20 (35.7%)	23 (39.7%)	40 (37.0%)
PRO Completed	17 (100%)	18 (90.0%)	23 (100%)	40 (100%)
PRO Not Completed	0	2 (10.0%)	0	0

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
PRO Expected	9 (18.0%)	11 (19.6%)	13 (22.4%)	22 (20.4%)
PRO Completed	7 (77.8%)	8 (72.7%)	11 (84.6%)	18 (81.8%)
PRO Not Completed	2 (22.2%)	3 (27.3%)	2 (15.4%)	4 (18.2%)
C44D15				
PRO Expected	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
PRO Completed	6 (100%)	8 (100%)	12 (100%)	18 (100%)
PRO Not Completed	0	0	0	0
C48D15				
PRO Expected	4 (8.0%)	4 (7.1%)	7 (12.1%)	11 (10.2%)
PRO Completed	4 (100%)	4 (100%)	6 (85.7%)	10 (90.9%)
PRO Not Completed	0	0	1 (14.3%)	1 (9.1%)
C52D15				
PRO Expected	2 (4.0%)	2 (3.6%)	4 (6.9%)	6 (5.6%)
PRO Completed	2 (100%)	2 (100%)	3 (75.0%)	5 (83.3%)
PRO Not Completed	0	0	1 (25.0%)	1 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
PRO Expected	0	0	1 (1.7%)	1 (0.9%)
PRO Completed	0	0	1 (100%)	1 (100%)
PRO Not Completed	0	0	0	0
ET				
PRO Expected	22 (44.0%)	24 (42.9%)	28 (48.3%)	50 (46.3%)
PRO Completed	11 (50.0%)	12 (50.0%)	19 (67.9%)	30 (60.0%)
PRO Not Completed	11 (50.0%)	12 (50.0%)	9 (32.1%)	20 (40.0%)
SFU				
PRO Expected	31 (62.0%)	34 (60.7%)	42 (72.4%)	73 (67.6%)
PRO Completed	18 (58.1%)	20 (58.8%)	16 (38.1%)	34 (46.6%)
PRO Not Completed	13 (41.9%)	14 (41.2%)	26 (61.9%)	39 (53.4%)
LTFU				
PRO Expected	9 (18.0%)	9 (16.1%)	7 (12.1%)	16 (14.8%)
PRO Completed	6 (66.7%)	6 (66.7%)	4 (57.1%)	10 (62.5%)
PRO Not Completed	3 (33.3%)	3 (33.3%)	3 (42.9%)	6 (37.5%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
PRO Expected	50 (100%)	56 (100%)	58 (100%)	108 (100%)
PRO Completed	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
PRO Not Completed	0	1 (1.8%)	3 (5.2%)	3 (2.8%)
C3D15				
PRO Expected	48 (96.0%)	54 (96.4%)	51 (87.9%)	99 (91.7%)
PRO Completed	47 (97.9%)	51 (94.4%)	47 (92.2%)	94 (94.9%)
PRO Not Completed	1 (2.1%)	3 (5.6%)	4 (7.8%)	5 (5.1%)
C5D15				
PRO Expected	48 (96.0%)	54 (96.4%)	50 (86.2%)	98 (90.7%)
PRO Completed	46 (95.8%)	52 (96.3%)	48 (96.0%)	94 (95.9%)
PRO Not Completed	2 (4.2%)	2 (3.7%)	2 (4.0%)	4 (4.1%)
C7D15				
PRO Expected	45 (90.0%)	50 (89.3%)	46 (79.3%)	91 (84.3%)
PRO Completed	41 (91.1%)	47 (94.0%)	44 (95.7%)	85 (93.4%)
PRO Not Completed	4 (8.9%)	3 (6.0%)	2 (4.3%)	6 (6.6%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
PRO Expected	43 (86.0%)	48 (85.7%)	46 (79.3%)	89 (82.4%)
PRO Completed	41 (95.3%)	45 (93.8%)	38 (82.6%)	79 (88.8%)
PRO Not Completed	2 (4.7%)	3 (6.3%)	8 (17.4%)	10 (11.2%)
C13D15				
PRO Expected	38 (76.0%)	42 (75.0%)	36 (62.1%)	74 (68.5%)
PRO Completed	36 (94.7%)	41 (97.6%)	36 (100%)	72 (97.3%)
PRO Not Completed	2 (5.3%)	1 (2.4%)	0	2 (2.7%)
C17D15				
PRO Expected	36 (72.0%)	40 (71.4%)	34 (58.6%)	70 (64.8%)
PRO Completed	33 (91.7%)	35 (87.5%)	32 (94.1%)	65 (92.9%)
PRO Not Completed	3 (8.3%)	5 (12.5%)	2 (5.9%)	5 (7.1%)
C21D15				
PRO Expected	33 (66.0%)	37 (66.1%)	32 (55.2%)	65 (60.2%)
PRO Completed	32 (97.0%)	36 (97.3%)	29 (98.6%)	61 (93.8%)
PRO Not Completed	1 (3.0%)	1 (2.7%)	3 (9.4%)	4 (6.2%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
PRO Expected	33 (66.0%)	37 (66.1%)	31 (53.4%)	64 (59.3%)
PRO Completed	33 (100%)	37 (100%)	30 (96.4%)	63 (98.4%)
PRO Not Completed	0	0	1 (3.2%)	1 (1.6%)
C28D15				
PRO Expected	29 (58.0%)	32 (57.1%)	26 (44.8%)	55 (50.9%)
PRO Completed	22 (75.9%)	24 (75.0%)	22 (84.6%)	44 (80.0%)
PRO Not Completed	7 (24.1%)	8 (25.0%)	4 (15.4%)	11 (20.0%)
C32D15				
PRO Expected	24 (48.0%)	27 (48.2%)	23 (39.7%)	47 (43.5%)
PRO Completed	22 (91.7%)	24 (88.9%)	23 (100%)	45 (95.7%)
PRO Not Completed	2 (8.3%)	3 (11.1%)	0	2 (4.3%)
C36D15				
PRO Expected	17 (34.0%)	20 (35.7%)	23 (39.7%)	40 (37.0%)
PRO Completed	17 (100%)	18 (90.0%)	23 (100%)	40 (100%)
PRO Not Completed	0	2 (10.0%)	0	0

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
PRO Expected	9 (18.0%)	11 (19.6%)	13 (22.4%)	22 (20.4%)
PRO Completed	7 (77.8%)	8 (72.7%)	11 (84.6%)	18 (81.8%)
PRO Not Completed	2 (22.2%)	3 (27.3%)	2 (15.4%)	4 (18.2%)
C44D15				
PRO Expected	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
PRO Completed	6 (100%)	8 (100%)	12 (100%)	18 (100%)
PRO Not Completed	0	0	0	0
C48D15				
PRO Expected	4 (8.0%)	4 (7.1%)	7 (12.1%)	11 (10.2%)
PRO Completed	4 (100%)	4 (100%)	6 (85.7%)	10 (90.9%)
PRO Not Completed	0	0	1 (14.3%)	1 (9.1%)
C52D15				
PRO Expected	2 (4.0%)	2 (3.6%)	4 (6.9%)	6 (5.6%)
PRO Completed	2 (100%)	2 (100%)	3 (75.0%)	5 (83.3%)
PRO Not Completed	0	0	1 (25.0%)	1 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
PRO Expected	0	0	1 (1.7%)	1 (0.9%)
PRO Completed	0	0	1 (100%)	1 (100%)
PRO Not Completed	0	0	0	0
ET				
PRO Expected	22 (44.0%)	24 (42.9%)	28 (48.3%)	50 (46.3%)
PRO Completed	11 (50.0%)	12 (50.0%)	19 (67.9%)	30 (60.0%)
PRO Not Completed	11 (50.0%)	12 (50.0%)	9 (32.1%)	20 (40.0%)
SFU				
PRO Expected	31 (62.0%)	34 (60.7%)	42 (72.4%)	73 (67.6%)
PRO Completed	18 (58.1%)	20 (58.8%)	16 (38.1%)	34 (46.6%)
PRO Not Completed	13 (41.9%)	14 (41.2%)	26 (61.9%)	39 (53.4%)
LTFU				
PRO Expected	9 (18.0%)	9 (16.1%)	7 (12.1%)	16 (14.8%)
PRO Completed	6 (66.7%)	6 (66.7%)	4 (57.1%)	10 (62.5%)
PRO Not Completed	3 (33.3%)	3 (33.3%)	3 (42.9%)	6 (37.5%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
PRO Expected	50 (100%)	56 (100%)	58 (100%)	108 (100%)
PRO Completed	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
PRO Not Completed	0	1 (1.8%)	3 (5.2%)	3 (2.8%)
C3D15				
PRO Expected	48 (96.0%)	54 (96.4%)	51 (87.9%)	99 (91.7%)
PRO Completed	47 (97.9%)	51 (94.4%)	47 (92.2%)	94 (94.9%)
PRO Not Completed	1 (2.1%)	3 (5.6%)	4 (7.8%)	5 (5.1%)
C5D15				
PRO Expected	48 (96.0%)	54 (96.4%)	50 (86.2%)	98 (90.7%)
PRO Completed	46 (95.8%)	52 (96.3%)	48 (96.0%)	94 (95.9%)
PRO Not Completed	2 (4.2%)	2 (3.7%)	2 (4.0%)	4 (4.1%)
C7D15				
PRO Expected	45 (90.0%)	50 (89.3%)	46 (79.3%)	91 (84.3%)
PRO Completed	41 (91.1%)	47 (94.0%)	44 (95.7%)	85 (93.4%)
PRO Not Completed	4 (8.9%)	3 (6.0%)	2 (4.3%)	6 (6.6%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
PRO Expected	43 (86.0%)	48 (85.7%)	46 (79.3%)	89 (82.4%)
PRO Completed	41 (95.3%)	45 (93.8%)	38 (82.6%)	79 (88.8%)
PRO Not Completed	2 (4.7%)	3 (6.3%)	8 (17.4%)	10 (11.2%)
C13D15				
PRO Expected	38 (76.0%)	42 (75.0%)	36 (62.1%)	74 (68.5%)
PRO Completed	36 (94.7%)	41 (97.6%)	36 (100%)	72 (97.3%)
PRO Not Completed	2 (5.3%)	1 (2.4%)	0	2 (2.7%)
C17D15				
PRO Expected	36 (72.0%)	40 (71.4%)	34 (58.6%)	70 (64.8%)
PRO Completed	33 (91.7%)	35 (87.5%)	32 (94.1%)	65 (92.9%)
PRO Not Completed	3 (8.3%)	5 (12.5%)	2 (5.9%)	5 (7.1%)
C21D15				
PRO Expected	33 (66.0%)	37 (66.1%)	32 (55.2%)	65 (60.2%)
PRO Completed	32 (97.0%)	36 (97.3%)	29 (90.6%)	61 (93.8%)
PRO Not Completed	1 (3.0%)	1 (2.7%)	3 (9.4%)	4 (6.2%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
PRO Expected	33 (66.0%)	37 (66.1%)	31 (53.4%)	64 (59.3%)
PRO Completed	33 (100%)	37 (100%)	30 (96.4%)	63 (98.4%)
PRO Not Completed	0	0	1 (3.2%)	1 (1.6%)
C28D15				
PRO Expected	29 (58.0%)	32 (57.1%)	26 (44.8%)	55 (50.9%)
PRO Completed	22 (75.9%)	24 (75.0%)	22 (84.6%)	44 (80.0%)
PRO Not Completed	7 (24.1%)	8 (25.0%)	4 (15.4%)	11 (20.0%)
C32D15				
PRO Expected	24 (48.0%)	27 (48.2%)	23 (39.7%)	47 (43.5%)
PRO Completed	21 (87.5%)	24 (88.9%)	23 (100%)	44 (93.6%)
PRO Not Completed	3 (12.5%)	3 (11.1%)	0	3 (6.4%)
C36D15				
PRO Expected	17 (34.0%)	20 (35.7%)	23 (39.7%)	40 (37.0%)
PRO Completed	17 (100%)	18 (90.0%)	23 (100%)	40 (100%)
PRO Not Completed	0	2 (10.0%)	0	0

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
PRO Expected	9 (18.0%)	11 (19.6%)	13 (22.4%)	22 (20.4%)
PRO Completed	7 (77.8%)	8 (72.7%)	11 (84.6%)	18 (81.8%)
PRO Not Completed	2 (22.2%)	3 (27.3%)	2 (15.4%)	4 (18.2%)
C44D15				
PRO Expected	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
PRO Completed	6 (100%)	8 (100%)	12 (100%)	18 (100%)
PRO Not Completed	0	0	0	0
C48D15				
PRO Expected	4 (8.0%)	4 (7.1%)	7 (12.1%)	11 (10.2%)
PRO Completed	4 (100%)	4 (100%)	6 (85.7%)	10 (90.9%)
PRO Not Completed	0	0	1 (14.3%)	1 (9.1%)
C52D15				
PRO Expected	2 (4.0%)	2 (3.6%)	4 (6.9%)	6 (5.6%)
PRO Completed	2 (100%)	2 (100%)	3 (75.0%)	5 (83.3%)
PRO Not Completed	0	0	1 (25.0%)	1 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
PRO Expected	0	0	1 (1.7%)	1 (0.9%)
PRO Completed	0	0	1 (100%)	1 (100%)
PRO Not Completed	0	0	0	0
ET				
PRO Expected	22 (44.0%)	24 (42.9%)	28 (48.3%)	50 (46.3%)
PRO Completed	11 (50.0%)	12 (50.0%)	19 (67.9%)	30 (60.0%)
PRO Not Completed	11 (50.0%)	12 (50.0%)	9 (32.1%)	20 (40.0%)
SFU				
PRO Expected	31 (62.0%)	34 (60.7%)	42 (72.4%)	73 (67.6%)
PRO Completed	18 (58.1%)	20 (58.8%)	16 (38.1%)	34 (46.6%)
PRO Not Completed	13 (41.9%)	14 (41.2%)	26 (61.9%)	39 (53.4%)
LTFU				
PRO Expected	9 (18.0%)	9 (16.1%)	7 (12.1%)	16 (14.8%)
PRO Completed	6 (66.7%)	6 (66.7%)	4 (57.1%)	10 (62.5%)
PRO Not Completed	3 (33.3%)	3 (33.3%)	3 (42.9%)	6 (37.5%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
PRO Expected	50 (100%)	56 (100%)	58 (100%)	108 (100%)
PRO Completed	50 (100%)	54 (96.4%)	55 (94.8%)	105 (97.2%)
PRO Not Completed	0	2 (3.6%)	3 (5.2%)	3 (2.8%)
C3D15				
PRO Expected	48 (96.0%)	54 (96.4%)	51 (87.9%)	99 (91.7%)
PRO Completed	47 (97.9%)	50 (92.6%)	47 (92.2%)	94 (94.9%)
PRO Not Completed	1 (2.1%)	4 (7.4%)	4 (7.8%)	5 (5.1%)
C5D15				
PRO Expected	48 (96.0%)	54 (96.4%)	50 (86.2%)	98 (90.7%)
PRO Completed	46 (95.8%)	50 (92.6%)	47 (94.0%)	93 (94.9%)
PRO Not Completed	2 (4.2%)	4 (7.4%)	3 (6.0%)	5 (5.1%)
C7D15				
PRO Expected	45 (90.0%)	50 (89.3%)	46 (79.3%)	91 (84.3%)
PRO Completed	41 (91.1%)	46 (92.0%)	43 (93.5%)	84 (92.3%)
PRO Not Completed	4 (8.9%)	4 (8.0%)	3 (6.5%)	7 (7.7%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
PRO Expected	43 (86.0%)	48 (85.7%)	46 (79.3%)	89 (82.4%)
PRO Completed	41 (95.3%)	44 (91.7%)	38 (82.6%)	79 (88.8%)
PRO Not Completed	2 (4.7%)	4 (8.3%)	8 (17.4%)	10 (11.2%)
C13D15				
PRO Expected	38 (76.0%)	42 (75.0%)	36 (62.1%)	74 (68.5%)
PRO Completed	36 (94.7%)	41 (97.6%)	36 (100%)	72 (97.3%)
PRO Not Completed	2 (5.3%)	1 (2.4%)	0	2 (2.7%)
C17D15				
PRO Expected	36 (72.0%)	40 (71.4%)	34 (58.6%)	70 (64.8%)
PRO Completed	33 (91.7%)	35 (87.5%)	32 (94.1%)	65 (92.9%)
PRO Not Completed	3 (8.3%)	5 (12.5%)	2 (5.9%)	5 (7.1%)
C21D15				
PRO Expected	33 (66.0%)	37 (66.1%)	32 (55.2%)	65 (60.2%)
PRO Completed	32 (97.0%)	36 (97.3%)	29 (90.6%)	61 (93.8%)
PRO Not Completed	1 (3.0%)	1 (2.7%)	3 (9.4%)	4 (6.2%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
PRO Expected	33 (66.0%)	37 (66.1%)	31 (53.4%)	64 (59.3%)
PRO Completed	33 (100%)	37 (100%)	30 (96.4%)	63 (98.4%)
PRO Not Completed	0	0	1 (3.2%)	1 (1.6%)
C28D15				
PRO Expected	29 (58.0%)	32 (57.1%)	26 (44.8%)	55 (50.9%)
PRO Completed	22 (75.9%)	24 (75.0%)	22 (84.6%)	44 (80.0%)
PRO Not Completed	7 (24.1%)	8 (25.0%)	4 (15.4%)	11 (20.0%)
C32D15				
PRO Expected	24 (48.0%)	27 (48.2%)	23 (39.7%)	47 (43.5%)
PRO Completed	21 (87.5%)	23 (85.2%)	23 (100%)	44 (93.6%)
PRO Not Completed	3 (12.5%)	4 (14.8%)	0	3 (6.4%)
C36D15				
PRO Expected	17 (34.0%)	20 (35.7%)	23 (39.7%)	40 (37.0%)
PRO Completed	15 (88.2%)	17 (85.0%)	23 (100%)	38 (95.0%)
PRO Not Completed	2 (11.8%)	3 (15.0%)	0	2 (5.0%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
PRO Expected	9 (18.0%)	11 (19.6%)	13 (22.4%)	22 (20.4%)
PRO Completed	7 (77.8%)	8 (72.7%)	11 (84.6%)	18 (81.8%)
PRO Not Completed	2 (22.2%)	3 (27.3%)	2 (15.4%)	4 (18.2%)
C44D15				
PRO Expected	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
PRO Completed	6 (100%)	8 (100%)	11 (91.7%)	17 (94.4%)
PRO Not Completed	0	0	1 (8.3%)	1 (5.6%)
C48D15				
PRO Expected	4 (8.0%)	4 (7.1%)	7 (12.1%)	11 (10.2%)
PRO Completed	4 (100%)	4 (100%)	5 (71.4%)	9 (81.8%)
PRO Not Completed	0	0	2 (28.6%)	2 (18.2%)
C52D15				
PRO Expected	2 (4.0%)	2 (3.6%)	4 (6.9%)	6 (5.6%)
PRO Completed	2 (100%)	2 (100%)	2 (50.0%)	4 (66.7%)
PRO Not Completed	0	0	2 (50.0%)	2 (33.3%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
PRO Expected	0	0	1 (1.7%)	1 (0.9%)
PRO Completed	0	0	1 (100%)	1 (100%)
PRO Not Completed	0	0	0	0
ET				
PRO Expected	22 (44.0%)	24 (42.9%)	28 (48.3%)	50 (46.3%)
PRO Completed	11 (50.0%)	11 (45.8%)	19 (67.9%)	30 (60.0%)
PRO Not Completed	11 (50.0%)	13 (54.2%)	9 (32.1%)	20 (40.0%)
SFU				
PRO Expected	31 (62.0%)	34 (60.7%)	42 (72.4%)	73 (67.6%)
PRO Completed	18 (58.1%)	19 (55.9%)	16 (38.1%)	34 (46.6%)
PRO Not Completed	13 (41.9%)	15 (44.1%)	26 (61.9%)	39 (53.4%)
LTFU				
PRO Expected	9 (18.0%)	9 (16.1%)	7 (12.1%)	16 (14.8%)
PRO Completed	6 (66.7%)	6 (66.7%)	4 (57.1%)	10 (62.5%)
PRO Not Completed	3 (33.3%)	3 (33.3%)	3 (42.9%)	6 (37.5%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

SpringWorks Therapeutics

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Total PedsQL Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
PRO Expected	50 (100%)	56 (100%)	58 (100%)	108 (100%)
PRO Completed	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
PRO Not Completed	0	1 (1.8%)	3 (5.2%)	3 (2.8%)
C3D15				
PRO Expected	48 (96.0%)	54 (96.4%)	51 (87.9%)	99 (91.7%)
PRO Completed	47 (97.9%)	51 (94.4%)	47 (92.2%)	94 (94.9%)
PRO Not Completed	1 (2.1%)	3 (5.6%)	4 (7.8%)	5 (5.1%)
C5D15				
PRO Expected	48 (96.0%)	54 (96.4%)	50 (86.2%)	98 (90.7%)
PRO Completed	46 (95.8%)	52 (96.3%)	48 (96.0%)	94 (95.9%)
PRO Not Completed	2 (4.2%)	2 (3.7%)	2 (4.0%)	4 (4.1%)
C7D15				
PRO Expected	45 (90.0%)	50 (89.3%)	46 (79.3%)	91 (84.3%)
PRO Completed	41 (91.1%)	47 (94.0%)	44 (95.7%)	85 (93.4%)
PRO Not Completed	4 (8.9%)	3 (6.0%)	2 (4.3%)	6 (6.6%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Total PedsQL Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
PRO Expected	43 (86.0%)	48 (85.7%)	46 (79.3%)	89 (82.4%)
PRO Completed	41 (95.3%)	45 (93.8%)	38 (82.6%)	79 (88.8%)
PRO Not Completed	2 (4.7%)	3 (6.3%)	8 (17.4%)	10 (11.2%)
C13D15				
PRO Expected	38 (76.0%)	42 (75.0%)	36 (62.1%)	74 (68.5%)
PRO Completed	36 (94.7%)	41 (97.6%)	36 (100%)	72 (97.3%)
PRO Not Completed	2 (5.3%)	1 (2.4%)	0	2 (2.7%)
C17D15				
PRO Expected	36 (72.0%)	40 (71.4%)	34 (58.6%)	70 (64.8%)
PRO Completed	33 (91.7%)	35 (87.5%)	32 (94.1%)	65 (92.9%)
PRO Not Completed	3 (8.3%)	5 (12.5%)	2 (5.9%)	5 (7.1%)
C21D15				
PRO Expected	33 (66.0%)	37 (66.1%)	32 (55.2%)	65 (60.2%)
PRO Completed	32 (97.0%)	36 (97.3%)	29 (90.6%)	61 (93.8%)
PRO Not Completed	1 (3.0%)	1 (2.7%)	3 (9.4%)	4 (6.2%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Total PedsQL Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
PRO Expected	33 (66.0%)	37 (66.1%)	31 (53.4%)	64 (59.3%)
PRO Completed	33 (100%)	37 (100%)	30 (96.8%)	63 (98.4%)
PRO Not Completed	0	0	1 (3.2%)	1 (1.6%)
C28D15				
PRO Expected	29 (58.0%)	32 (57.1%)	26 (44.8%)	55 (50.9%)
PRO Completed	22 (75.9%)	24 (75.0%)	22 (84.6%)	44 (80.0%)
PRO Not Completed	7 (24.1%)	8 (25.0%)	4 (15.4%)	11 (20.0%)
C32D15				
PRO Expected	24 (48.0%)	27 (48.2%)	23 (39.7%)	47 (43.5%)
PRO Completed	22 (91.7%)	24 (88.9%)	23 (100%)	45 (95.7%)
PRO Not Completed	2 (8.3%)	3 (11.1%)	0	2 (4.3%)
C36D15				
PRO Expected	17 (34.0%)	20 (35.7%)	23 (39.7%)	40 (37.0%)
PRO Completed	17 (100%)	18 (90.0%)	23 (100%)	40 (100%)
PRO Not Completed	0	2 (10.0%)	0	0

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Total PedsQL Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
PRO Expected	9 (18.0%)	11 (19.6%)	13 (22.4%)	22 (20.4%)
PRO Completed	7 (77.8%)	8 (72.7%)	11 (84.6%)	18 (81.8%)
PRO Not Completed	2 (22.2%)	3 (27.3%)	2 (15.4%)	4 (18.2%)
C44D15				
PRO Expected	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
PRO Completed	6 (100%)	8 (100%)	12 (100%)	18 (100%)
PRO Not Completed	0	0	0	0
C48D15				
PRO Expected	4 (8.0%)	4 (7.1%)	7 (12.1%)	11 (10.2%)
PRO Completed	4 (100%)	4 (100%)	6 (85.7%)	10 (90.9%)
PRO Not Completed	0	0	1 (14.3%)	1 (9.1%)
C52D15				
PRO Expected	2 (4.0%)	2 (3.6%)	4 (6.9%)	6 (5.6%)
PRO Completed	2 (100%)	2 (100%)	3 (75.0%)	5 (83.3%)
PRO Not Completed	0	0	1 (25.0%)	1 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.
 N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire.
 Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.
 Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.
 Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.
 Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 14: Compliance Rate for PedsQL by Visit: Full Analysis Set

Domain: Total PedsQL Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
PRO Expected	0	0	1 (1.7%)	1 (0.9%)
PRO Completed	0	0	1 (100%)	1 (100%)
PRO Not Completed	0	0	0	0
ET				
PRO Expected	22 (44.0%)	24 (42.9%)	28 (48.3%)	50 (46.3%)
PRO Completed	11 (50.0%)	12 (50.0%)	19 (67.9%)	30 (60.0%)
PRO Not Completed	11 (50.0%)	12 (50.0%)	9 (32.1%)	20 (40.0%)
SFU				
PRO Expected	31 (62.0%)	34 (60.7%)	42 (72.4%)	73 (67.6%)
PRO Completed	18 (58.1%)	20 (58.8%)	16 (38.1%)	34 (46.6%)
PRO Not Completed	13 (41.9%)	14 (41.2%)	26 (61.9%)	39 (53.4%)
LTFU				
PRO Expected	9 (18.0%)	9 (16.1%)	7 (12.1%)	16 (14.8%)
PRO Completed	6 (66.7%)	6 (66.7%)	4 (57.1%)	10 (62.5%)
PRO Not Completed	3 (33.3%)	3 (33.3%)	3 (42.9%)	6 (37.5%)

PedsQL: Pediatric Quality of Life Inventory; PRO: Patient Reported Outcome; ET: Early Termination; SFU: Safety Follow-Up; LTFU: Long-Term Follow-Up.

N represents the number of participants in the Full Analysis Set eligible for the corresponding questionnaire. Compliance rates are calculated as participants with minimum requirements for scoring divided by the number of participants with PRO assessments expected.

Participants were expected to complete a PRO assessment as long as they were alive and had not discontinued study at the given cycle and satisfied the age eligibility criteria.

Participants are considered as having minimum requirements for scoring a PedsQL domain at a given visit if <=50% of the questions in that domain are missing at that visit.

Percentages completed/not completed are calculated out of those expected, and percentages for reasons not completed are calculated out of the total not completed.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_pedcomp.sas Output Generated: 2025-07-01T08:59 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

5.5 Table 4: PedsQL Scores by Visit : Full Analysis Set (updated on 16 May)

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline n (%)	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
Mean (SD)	77.50 (22.106)	73.81 (23.765)	57.73 (25.093)	67.14 (25.605)
Median	82.81	78.13	59.38	71.88
Min, Max	12.5, 100.0	0.0, 100.0	0.0, 100.0	0.0, 100.0

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C3D15				
n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)	78.39 (21.697)	76.92 (23.156)	61.00 (26.509)	69.69 (25.630)
Median	84.38	85.94	64.06	75.00
Min, Max	0.0, 100.0	0.0, 100.0	0.0, 100.0	0.0, 100.0
Change from Baseline at				
C3D15				
n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)	0.59 (15.044)	3.25 (19.003)	5.47 (15.757)	3.03 (15.519)
Median	0.00	3.13	4.69	0.00
Min, Max	-37.5, 40.6	-59.4, 65.6	-37.5, 37.5	-37.5, 40.6
LS Mean (SE)	0.51 (2.099)	2.51 (2.281)	4.63 (2.466)	2.42 (1.576)
95% CI	(-3.62, 4.63)	(-1.97, 7.00)	(-0.22, 9.48)	(-0.68, 5.51)
p-value	0.809	0.271	0.061	0.125

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

SpringWorks Therapeutics

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
CSD15				
n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Mean (SD)	81.91 (20.646)	77.91 (20.843)	64.11 (27.381)	73.11 (25.689)
Median	90.63	84.38	68.75	78.13
Min, Max	0.0, 100.0	0.0, 100.0	0.0, 100.0	0.0, 100.0
Change from Baseline at				
CSD15				
n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Mean (SD)	3.06 (13.769)	3.03 (19.328)	7.11 (15.100)	5.06 (14.508)
Median	3.13	3.13	6.25	3.13
Min, Max	-31.3, 43.8	-50.0, 68.8	-34.4, 43.8	-34.4, 43.8
LS Mean (SE)	3.15 (1.957)	1.87 (2.342)	6.43 (2.544)	4.62 (1.541)
95% CI	(-0.70, 7.00)	(-2.73, 6.48)	(1.43, 11.44)	(1.60, 7.65)
p-value	0.109	0.424	0.012	0.003

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C7D15				
n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Mean (SD)	80.95 (19.712)	79.04 (21.273)	61.87 (27.852)	71.07 (25.963)
Median	87.50	82.81	64.06	75.00
Min, Max	0.0, 100.0	0.0, 100.0	0.0, 100.0	0.0, 100.0
Change from Baseline at				
C7D15				
n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Mean (SD)	1.98 (17.198)	3.97 (19.088)	3.92 (17.429)	2.98 (17.242)
Median	0.00	0.00	3.13	3.13
Min, Max	-34.4, 62.5	-56.3, 53.1	-34.4, 40.6	-34.4, 62.5
LS Mean (SE)	2.21 (2.210)	3.50 (2.572)	3.95 (2.635)	2.87 (1.708)
95% CI	(-2.14, 6.55)	(-1.56, 8.56)	(-1.24, 9.13)	(-0.49, 6.22)
p-value	0.319	0.175	0.135	0.094

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	79.24 (22.448)	76.53 (22.581)	64.63 (26.506)	71.77 (25.543)
Median	85.94	78.13	65.63	75.00
Min, Max	0.0, 100.0	15.6, 100.0	3.1, 100.0	0.0, 100.0
Change from Baseline at				
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	0.82 (20.288)	1.53 (24.380)	5.61 (16.857)	3.27 (18.657)
Median	0.00	3.13	3.13	0.00
Min, Max	-75.0, 37.5	-68.8, 59.4	-25.0, 43.8	-75.0, 43.8
LS Mean (SE)	0.73 (2.823)	0.94 (3.080)	5.64 (2.299)	3.10 (1.849)
95% CI	(-4.82, 6.28)	(-5.12, 6.99)	(1.12, 10.16)	(-0.54, 6.73)
p-value	0.796	0.762	0.015	0.095

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	84.35 (18.397)	80.16 (21.477)	68.29 (21.965)	76.77 (21.583)
Median	93.30	87.50	67.19	81.25
Min, Max	31.3, 100.0	0.0, 100.0	25.0, 100.0	25.0, 100.0
Change from Baseline at				
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	6.56 (23.363)	5.74 (22.254)	4.60 (16.414)	5.63 (20.264)
Median	0.00	3.13	3.13	1.56
Min, Max	-31.3, 87.5	-62.5, 71.9	-25.0, 46.9	-31.3, 87.5
LS Mean (SE)	6.52 (2.996)	5.12 (2.571)	4.87 (2.236)	5.88 (1.990)
95% CI	(0.62, 12.41)	(0.06, 10.17)	(0.47, 9.27)	(1.97, 9.79)
p-value	0.030	0.047	0.030	0.003

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

SpringWorks Therapeutics

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	80.51 (17.695)	82.55 (19.910)	67.68 (24.253)	74.29 (21.939)
Median	85.94	87.50	65.63	81.25
Min, Max	43.8, 100.0	21.9, 100.0	18.8, 100.0	18.8, 100.0
Change from Baseline at				
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	1.93 (18.141)	4.77 (20.695)	1.95 (16.106)	1.94 (17.053)
Median	0.00	3.13	0.00	0.00
Min, Max	-46.9, 37.5	-65.6, 43.8	-28.1, 34.4	-46.9, 37.5
LS Mean (SE)	1.40 (2.332)	5.11 (2.556)	4.14 (2.714)	2.63 (1.784)
95% CI	(-3.19, 5.99)	(0.09, 10.14)	(-1.20, 9.48)	(-0.88, 6.13)
p-value	0.550	0.046	0.128	0.142

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C21D15				
n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Mean (SD)	80.76 (17.301)	79.43 (21.094)	67.63 (26.259)	74.64 (22.726)
Median	82.81	87.50	73.44	78.13
Min, Max	50.0, 100.0	25.0, 100.0	15.6, 100.0	15.6, 100.0
Change from Baseline at				
C21D15				
n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Mean (SD)	3.13 (20.330)	0.69 (20.309)	1.12 (22.793)	2.19 (21.353)
Median	4.69	3.13	3.13	3.13
Min, Max	-43.8, 37.5	-75.0, 28.1	-65.6, 31.3	-65.6, 37.5
LS Mean (SE)	2.58 (2.635)	2.88 (2.857)	2.94 (4.024)	2.62 (2.325)
95% CI	(-2.60, 7.77)	(-2.74, 8.50)	(-4.98, 10.85)	(-1.94, 7.19)
p-value	0.328	0.314	0.466	0.260

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Mean (SD)	80.11 (22.694)	82.26 (18.459)	66.52 (26.144)	73.87 (25.078)
Median	87.50	87.50	68.75	75.00
Min, Max	21.9, 100.0	37.5, 100.0	6.3, 100.0	6.3, 100.0
Change from Baseline at				
C24D21				
n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Mean (SD)	1.99 (20.844)	3.38 (15.012)	1.90 (18.987)	1.95 (19.848)
Median	0.00	3.13	3.13	0.00
Min, Max	-46.9, 43.8	-34.4, 37.5	-34.4, 34.4	-46.9, 43.8
LS Mean (SE)	1.74 (3.162)	4.86 (2.208)	2.88 (3.364)	2.34 (2.321)
95% CI	(-4.48, 7.96)	(0.52, 9.21)	(-3.74, 9.49)	(-2.22, 6.89)
p-value	0.583	0.028	0.393	0.314

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	83.24 (16.635)	80.73 (19.692)	67.66 (23.545)	75.82 (21.463)
Median	87.50	87.50	68.75	78.13
Min, Max	28.1, 100.0	37.5, 100.0	9.4, 100.0	9.4, 100.0
Change from Baseline at				
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	5.82 (22.396)	1.95 (15.052)	1.56 (13.200)	3.79 (18.501)
Median	0.00	1.56	0.00	0.00
Min, Max	-28.1, 75.0	-28.1, 34.4	-21.9, 34.4	-28.1, 75.0
LS Mean (SE)	5.30 (3.573)	3.74 (2.734)	4.11 (2.493)	5.02 (2.378)
95% CI	(-1.73, 12.33)	(-1.63, 9.12)	(-0.79, 9.02)	(0.35, 9.69)
p-value	0.139	0.172	0.100	0.035

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C32D15				
n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Mean (SD)	73.86 (22.505)	76.17 (22.719)	67.03 (23.189)	70.53 (22.831)
Median	79.69	85.94	68.75	75.00
Min, Max	12.5, 100.0	28.1, 100.0	21.9, 100.0	12.5, 100.0
Change from Baseline at				
C32D15				
n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Mean (SD)	-3.27 (17.238)	0.39 (16.849)	2.89 (17.134)	-0.26 (17.264)
Median	0.00	3.13	3.13	1.34
Min, Max	-53.1, 31.3	-46.9, 25.0	-31.3, 34.4	-53.1, 34.4
LS Mean (SE)	-3.58 (3.733)	0.95 (3.595)	4.47 (3.039)	0.51 (2.487)
95% CI	(-10.93, 3.76)	(-6.12, 8.02)	(-1.51, 10.45)	(-4.37, 5.40)
p-value	0.338	0.792	0.142	0.837

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C36D15				
n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Mean (SD)	80.20 (18.915)	79.51 (19.829)	66.33 (23.711)	72.53 (22.527)
Median	82.14	89.06	62.50	70.31
Min, Max	28.1, 100.0	40.6, 100.0	25.0, 100.0	25.0, 100.0
Change from Baseline at				
C36D15				
n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Mean (SD)	2.81 (23.358)	1.91 (14.741)	2.19 (15.009)	2.47 (18.916)
Median	4.02	1.56	0.00	1.56
Min, Max	-28.1, 56.3	-31.3, 28.1	-25.0, 34.4	-28.1, 56.3
LS Mean (SE)	2.98 (4.557)	4.30 (3.132)	3.37 (2.832)	2.93 (2.648)
95% CI	(-5.99, 11.94)	(-1.86, 10.46)	(-2.20, 8.94)	(-2.27, 8.13)
p-value	0.514	0.171	0.235	0.269

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	85.27 (10.476)	80.86 (18.179)	56.82 (27.201)	67.88 (26.031)
Median	84.38	85.94	56.25	68.75
Min, Max	68.8, 100.0	43.8, 100.0	21.9, 100.0	21.9, 100.0
Change from Baseline at				
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	-3.57 (8.733)	-1.56 (7.655)	1.14 (22.109)	-0.69 (17.889)
Median	-6.25	0.00	3.13	0.00
Min, Max	-12.5, 12.5	-15.6, 9.4	-34.4, 34.4	-34.4, 34.4
LS Mean (SE)	2.78 (3.236)	1.92 (2.869)	2.17 (4.789)	2.59 (3.374)
95% CI	(-3.58, 9.15)	(-3.72, 7.57)	(-7.25, 11.59)	(-4.03, 9.22)
p-value	0.390	0.503	0.651	0.443

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C44D15				
n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Mean (SD)	83.33 (11.468)	81.25 (21.326)	59.08 (27.756)	67.16 (25.992)
Median	81.25	90.63	62.50	71.65
Min, Max	71.9, 100.0	43.8, 100.0	18.8, 100.0	18.8, 100.0
Change from Baseline at				
C44D15				
n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Mean (SD)	-4.69 (13.073)	1.17 (8.507)	-3.42 (18.609)	-3.84 (16.574)
Median	-9.38	1.56	-1.56	-4.69
Min, Max	-18.8, 15.6	-15.6, 12.5	-37.5, 34.4	-37.5, 34.4
LS Mean (SE)	-1.17 (5.094)	1.58 (3.797)	-0.89 (5.027)	-1.64 (3.473)
95% CI	(-11.19, 8.85)	(-5.89, 9.04)	(-10.78, 9.00)	(-8.46, 5.18)
p-value	0.818	0.678	0.860	0.637

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C48D15				
n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Mean (SD)	85.16 (14.292)	81.25 (22.244)	51.04 (30.469)	64.69 (29.903)
Median	85.94	84.38	46.88	67.19
Min, Max	68.8, 100.0	56.3, 100.0	9.4, 100.0	9.4, 100.0
Change from Baseline at				
C48D15				
n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Mean (SD)	-0.78 (10.938)	7.81 (5.984)	-3.13 (10.458)	-2.19 (10.105)
Median	-6.25	9.38	-1.56	-4.69
Min, Max	-6.3, 15.6	0.0, 12.5	-21.9, 6.3	-21.9, 15.6
LS Mean (SE)	NA	NA	-0.84 (3.724)	-1.38 (2.905)
95% CI	(NA, NA)	(NA, NA)	(-8.16, 6.49)	(-7.09, 4.32)
p-value	NA	NA	0.822	0.634

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Mean (SD)	87.50 (17.678)	84.38 (8.839)	53.13 (42.962)	66.88 (36.817)
Median	87.50	84.38	43.75	75.00
Min, Max	75.0, 100.0	78.1, 90.6	15.6, 100.0	15.6, 100.0
Change from Baseline at				
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Mean (SD)	-4.69 (6.629)	3.13 (8.839)	3.13 (5.413)	0.00 (6.629)
Median	-4.69	3.13	0.00	0.00
Min, Max	-9.4, 0.0	-3.1, 9.4	0.0, 9.4	-9.4, 9.4
LS Mean (SE)	NA	NA	NA	0.28 (3.095)
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(-5.80, 6.35)
p-value	NA	NA	NA	0.929

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Physical Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	46.88	46.88
Median	NA	NA	46.88	46.88
Min, Max	(NA, NA)	(NA, NA)	46.9, 46.9	46.9, 46.9
Change from Baseline at				
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	12.50	12.50
Median	NA	NA	12.50	12.50
Min, Max	(NA, NA)	(NA, NA)	12.5, 12.5	12.5, 12.5
LS Mean (SE)	NA	NA	NA	NA
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(NA, NA)
p-value	NA	NA	NA	NA

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
n (%)	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
Mean (SD)	74.90 (21.818)	73.27 (19.418)	68.27 (21.240)	71.43 (21.670)
Median	80.00	75.00	70.00	70.00
Min, Max	5.0, 100.0	35.0, 100.0	5.0, 100.0	5.0, 100.0

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADQL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C3D15				
n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)	80.10 (20.460)	79.62 (17.955)	70.42 (21.997)	75.26 (21.684)
Median	87.50	85.00	70.00	80.00
Min, Max	25.0, 100.0	35.0, 100.0	15.0, 100.0	15.0, 100.0
Change from Baseline at				
C3D15				
n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)	5.21 (21.536)	6.15 (19.418)	3.54 (14.802)	4.38 (18.400)
Median	0.00	5.00	5.00	0.00
Min, Max	-50.0, 70.0	-45.0, 45.0	-35.0, 35.0	-50.0, 70.0
LS Mean (SE)	5.43 (2.492)	6.86 (2.478)	2.20 (2.134)	3.61 (1.693)
95% CI	(0.53, 10.33)	(1.99, 11.73)	(-2.00, 6.40)	(0.28, 6.93)
p-value	0.030	0.006	0.303	0.033

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
CSD15				
n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Mean (SD)	75.96 (22.999)	78.65 (20.198)	73.51 (19.097)	74.74 (21.080)
Median	80.00	82.50	75.00	80.00
Min, Max	15.0, 100.0	25.0, 100.0	30.0, 100.0	15.0, 100.0
Change from Baseline at				
CSD15				
n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Mean (SD)	0.32 (25.905)	5.48 (18.949)	5.14 (14.357)	2.70 (21.029)
Median	0.00	5.00	5.00	5.00
Min, Max	-80.0, 60.0	-35.0, 55.0	-35.0, 35.0	-80.0, 60.0
LS Mean (SE)	1.43 (3.044)	5.38 (2.516)	4.07 (1.892)	2.38 (1.911)
95% CI	(-4.56, 7.42)	(0.43, 10.33)	(0.35, 7.80)	(-1.38, 6.13)
p-value	0.639	0.033	0.032	0.214

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C7D15				
n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Mean (SD)	80.12 (23.116)	78.75 (17.760)	71.14 (19.703)	75.47 (21.762)
Median	90.00	80.00	70.00	80.00
Min, Max	0.0, 100.0	35.0, 100.0	30.0, 100.0	0.0, 100.0
Change from Baseline at				
C7D15				
n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Mean (SD)	3.41 (27.121)	5.21 (16.534)	1.93 (14.516)	2.65 (21.417)
Median	0.00	5.00	0.00	0.00
Min, Max	-100.0, 60.0	-30.0, 45.0	-25.0, 40.0	-100.0, 60.0
LS Mean (SE)	5.28 (3.120)	5.56 (1.968)	0.93 (1.990)	2.67 (1.915)
95% CI	(-0.85, 11.42)	(1.69, 9.43)	(-2.98, 4.84)	(-1.09, 6.43)
p-value	0.091	0.005	0.640	0.164

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	76.19 (23.107)	79.44 (20.562)	74.55 (19.878)	75.35 (21.404)
Median	80.00	80.00	75.00	77.50
Min, Max	0.0, 100.0	25.0, 100.0	30.0, 100.0	0.0, 100.0
Change from Baseline at				
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	0.24 (26.479)	6.04 (21.085)	4.43 (17.294)	2.38 (22.225)
Median	0.00	5.00	0.00	0.00
Min, Max	-100.0, 50.0	-40.0, 55.0	-35.0, 50.0	-100.0, 50.0
LS Mean (SE)	1.43 (3.141)	6.10 (2.670)	3.89 (2.422)	2.65 (2.042)
95% CI	(-4.75, 7.61)	(0.85, 11.35)	(-0.88, 8.65)	(-1.36, 6.66)
p-value	0.650	0.023	0.110	0.194

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	79.61 (22.037)	81.28 (16.442)	74.08 (19.568)	77.00 (20.947)
Median	87.50	85.00	72.50	82.50
Min, Max	30.0, 100.0	45.0, 100.0	30.0, 100.0	30.0, 100.0
Change from Baseline at				
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	5.13 (24.891)	7.21 (19.127)	0.70 (13.676)	3.04 (20.366)
Median	0.00	5.00	0.00	0.00
Min, Max	-50.0, 60.0	-50.0, 50.0	-35.0, 25.0	-50.0, 60.0
LS Mean (SE)	5.44 (3.166)	8.22 (2.519)	1.51 (2.246)	3.58 (2.044)
95% CI	(-0.79, 11.67)	(3.27, 13.18)	(-2.91, 5.92)	(-0.43, 7.60)
p-value	0.087	0.001	0.503	0.080

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	76.91 (24.215)	81.81 (18.942)	76.72 (20.344)	76.82 (22.251)
Median	82.50	87.50	80.00	82.50
Min, Max	10.0, 100.0	40.0, 100.0	45.0, 100.0	10.0, 100.0
Change from Baseline at				
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	1.91 (25.376)	7.78 (16.144)	2.19 (14.139)	2.05 (20.550)
Median	0.00	5.00	0.00	0.00
Min, Max	-80.0, 45.0	-25.0, 45.0	-20.0, 30.0	-80.0, 45.0
LS Mean (SE)	2.37 (3.709)	7.11 (2.457)	3.20 (2.181)	2.84 (2.224)
95% CI	(-4.92, 9.67)	(2.28, 11.94)	(-1.09, 7.49)	(-1.53, 7.21)
p-value	0.523	0.004	0.143	0.202

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C21D15				
n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Mean (SD)	79.06 (21.419)	80.28 (17.806)	78.13 (20.846)	78.63 (20.979)
Median	82.50	77.50	85.00	85.00
Min, Max	25.0, 100.0	40.0, 100.0	30.0, 100.0	25.0, 100.0
Change from Baseline at				
C21D15				
n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Mean (SD)	3.28 (26.323)	5.69 (21.783)	2.59 (14.711)	2.96 (21.523)
Median	7.50	10.00	0.00	0.00
Min, Max	-60.0, 60.0	-40.0, 45.0	-35.0, 40.0	-60.0, 60.0
LS Mean (SE)	3.32 (3.928)	7.01 (2.715)	3.43 (2.441)	3.48 (2.404)
95% CI	(-4.41, 11.05)	(1.67, 12.35)	(-1.67, 8.23)	(-1.24, 8.20)
p-value	0.399	0.010	0.161	0.148

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Mean (SD)	74.09 (23.732)	80.81 (20.633)	79.64 (18.605)	76.64 (21.539)
Median	70.00	90.00	85.00	80.00
Min, Max	10.0, 100.0	30.0, 100.0	35.0, 100.0	10.0, 100.0
Change from Baseline at				
C24D21				
n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Mean (SD)	-1.21 (24.400)	6.76 (21.992)	5.71 (16.085)	1.97 (21.120)
Median	0.00	10.00	5.00	0.00
Min, Max	-90.0, 35.0	-40.0, 45.0	-30.0, 40.0	-90.0, 40.0
LS Mean (SE)	-1.27 (4.275)	7.22 (2.626)	6.27 (2.408)	2.35 (2.537)
95% CI	(-9.68, 7.14)	(2.06, 12.38)	(1.53, 11.01)	(-2.63, 7.33)
p-value	0.766	0.006	0.010	0.355

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	76.59 (20.724)	80.63 (20.972)	77.50 (19.229)	77.02 (19.787)
Median	80.00	90.00	80.00	80.00
Min, Max	35.0, 100.0	40.0, 100.0	35.0, 100.0	35.0, 100.0
Change from Baseline at				
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	4.77 (22.226)	8.54 (20.349)	5.50 (17.313)	5.12 (19.800)
Median	0.00	10.00	5.00	2.50
Min, Max	-40.0, 50.0	-40.0, 45.0	-30.0, 45.0	-40.0, 50.0
LS Mean (SE)	5.05 (4.258)	7.47 (2.937)	6.12 (2.988)	5.93 (2.536)
95% CI	(-3.32, 13.43)	(1.69, 13.24)	(0.25, 12.00)	(0.95, 10.91)
p-value	0.236	0.011	0.041	0.020

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C32D15				
n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Mean (SD)	67.73 (25.295)	73.33 (21.400)	78.33 (20.021)	72.91 (23.228)
Median	67.50	72.50	80.00	75.00
Min, Max	20.0, 100.0	40.0, 100.0	25.0, 100.0	20.0, 100.0
Change from Baseline at				
C32D15				
n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Mean (SD)	-3.64 (26.956)	3.13 (16.604)	7.38 (18.413)	1.74 (23.576)
Median	5.00	0.00	0.00	5.00
Min, Max	-80.0, 25.0	-35.0, 40.0	-40.0, 40.0	-80.0, 40.0
LS Mean (SE)	-3.87 (5.220)	1.91 (2.794)	7.62 (3.142)	2.02 (3.240)
95% CI	(-14.14, 6.40)	(-3.59, 7.40)	(1.44, 13.80)	(-4.34, 8.38)
p-value	0.459	0.495	0.016	0.533

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C36D15				
n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Mean (SD)	77.94 (23.523)	78.82 (20.795)	77.86 (18.410)	77.89 (20.554)
Median	90.00	85.00	75.00	80.00
Min, Max	30.0, 100.0	45.0, 100.0	40.0, 100.0	30.0, 100.0
Change from Baseline at				
C36D15				
n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Mean (SD)	7.06 (25.376)	8.82 (21.181)	6.90 (15.123)	6.97 (20.052)
Median	10.00	4.38	5.00	5.00
Min, Max	-40.0, 45.0	-30.0, 45.0	-20.0, 50.0	-40.0, 50.0
LS Mean (SE)	7.10 (4.943)	9.40 (2.896)	7.42 (2.511)	6.85 (2.747)
95% CI	(-2.62, 16.83)	(3.71, 15.10)	(2.48, 12.36)	(1.46, 12.25)
p-value	0.152	0.001	0.003	0.013

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	73.57 (23.929)	72.50 (24.495)	71.36 (22.259)	72.22 (22.243)
Median	80.00	67.50	65.00	72.50
Min, Max	40.0, 100.0	50.0, 100.0	40.0, 100.0	40.0, 100.0
Change from Baseline at				
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	3.57 (20.959)	1.88 (17.716)	5.45 (11.282)	4.72 (15.192)
Median	10.00	0.00	5.00	5.00
Min, Max	-40.0, 20.0	-30.0, 30.0	-10.0, 30.0	-40.0, 30.0
LS Mean (SE)	11.53 (7.128)	2.70 (3.786)	6.52 (2.838)	6.76 (3.238)
95% CI	(-2.49, 25.55)	(-4.75, 10.14)	(0.94, 12.10)	(0.40, 13.11)
p-value	0.107	0.477	0.022	0.037

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult Proxy (N=58)	Total (N=108)
C44D15	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
n (%)	86.67 (18.886)	83.75 (22.480)	73.75 (19.321)	78.06 (19.639)
Mean (SD)	97.50	97.50	85.00	85.00
Median	60.0, 100.0	50.0, 100.0	45.0, 100.0	45.0, 100.0
Min, Max				
Change from Baseline at				
C44D15	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
n (%)	10.00 (17.607)	10.00 (17.525)	4.17 (12.762)	6.11 (14.303)
Mean (SD)	7.50	5.00	2.50	2.50
Median	-10.0, 40.0	-10.0, 45.0	-15.0, 20.0	-15.0, 40.0
Min, Max	8.39 (5.902)	9.15 (3.969)	3.48 (3.358)	5.40 (2.929)
LS Mean (SE)	(-3.22, 20.00)	(1.34, 16.95)	(-3.13, 10.08)	(-0.36, 11.15)
95% CI	0.156	0.022	0.301	0.066
p-value				
SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if 50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes. Baseline is defined as the most recent PedsQL score taken on or before treatment start date. Total column is comprised of the Pediatric Self-Report and Adult cohorts.				
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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult Proxy (N=58)	Total (N=108)
C48D15	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
n (%)	80.00 (24.495)	75.00 (28.868)	70.83 (18.280)	74.50 (20.200)
Mean (SD)	85.00	75.00	70.00	72.50
Median	50.0, 100.0	50.0, 100.0	50.0, 100.0	50.0, 100.0
Min, Max				
Change from Baseline at				
C48D15	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
n (%)	3.75 (17.970)	12.50 (23.274)	1.67 (18.886)	2.50 (17.520)
Mean (SD)	7.50	7.50	2.50	2.50
Median	-20.0, 20.0	-10.0, 45.0	-30.0, 25.0	-30.0, 25.0
Min, Max	NA	NA	4.23 (3.446)	3.85 (4.465)
LS Mean (SE)	(NA, NA)	(NA, NA)	(-2.55, 11.01)	(-4.92, 12.62)
95% CI	NA	NA	0.220	0.389
p-value				
SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if 50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes. Baseline is defined as the most recent PedsQL score taken on or before treatment start date. Total column is comprised of the Pediatric Self-Report and Adult cohorts.				
Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12				

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Mean (SD)	77.50 (31.820)	75.00 (7.071)	68.33 (27.538)	72.00 (25.642)
Median	77.50	75.00	55.00	55.00
Min, Max	55.0, 100.0	70.0, 80.0	50.0, 100.0	50.0, 100.0
Change from Baseline at				
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Mean (SD)	2.50 (3.536)	7.50 (31.820)	-1.67 (7.638)	0.00 (6.124)
Median	2.50	7.50	0.00	0.00
Min, Max	0.0, 5.0	-15.0, 30.0	-10.0, 5.0	-10.0, 5.0
LS Mean (SE)	NA	NA	NA	-3.06 (5.176)
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(-13.22, 7.10)
p-value	NA	NA	NA	0.555

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Emotional Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult Proxy (N=58)	Total (N=108)
C56D15	0	0	1 (1.7%)	1 (0.9%)
n (%)	NA	NA	70.00	70.00
Mean (SD)	NA	NA	70.00	70.00
Median	NA	NA	70.00	70.00
Min, Max	(NA, NA)	(NA, NA)	70.0, 70.0	70.0, 70.0
Change from Baseline at				
C56D15	0	0	1 (1.7%)	1 (0.9%)
n (%)	NA	NA	20.00	20.00
Mean (SD)	NA	NA	20.00	20.00
Median	(NA, NA)	(NA, NA)	20.0, 20.0	20.0, 20.0
Min, Max	NA	NA	NA	NA
LS Mean (SE)	(NA, NA)	(NA, NA)	(NA, NA)	(NA, NA)
95% CI	NA	NA	NA	NA
p-value	NA	NA	NA	NA

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Baseline is defined as the most recent PedsQL score taken on or before treatment start date.

Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
n (%)	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
Mean (SD)	80.90 (19.915)	72.64 (24.111)	80.27 (21.396)	80.57 (20.608)
Median	90.00	75.00	80.00	90.00
Min, Max	20.0, 100.0	5.0, 100.0	10.0, 100.0	10.0, 100.0

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADQL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C3D15				
n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)	81.77 (21.475)	79.52 (20.006)	80.83 (20.088)	81.30 (20.689)
Median	87.50	80.00	85.00	85.00
Min, Max	15.0, 100.0	25.0, 100.0	25.0, 100.0	15.0, 100.0
Change from Baseline at				
C3D15				
n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)	1.25 (19.611)	6.73 (18.065)	3.33 (13.461)	2.29 (16.763)
Median	0.00	0.00	0.00	0.00
Min, Max	-80.0, 60.0	-20.0, 55.0	-40.0, 30.0	-80.0, 60.0
LS Mean (SE)	0.72 (2.855)	6.02 (2.068)	2.61 (1.900)	1.62 (1.626)
95% CI	(-4.90, 6.33)	(1.95, 10.00)	(-1.13, 6.35)	(-1.57, 4.81)
p-value	0.802	0.004	0.171	0.320

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult Proxy (N=58)	Total (N=108)
C5D15				
n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Mean (SD)	81.28 (19.010)	78.46 (20.497)	84.78 (17.825)	83.01 (18.418)
Median	85.00	80.00	90.00	90.00
Min, Max	10.0, 100.0	25.0, 100.0	15.0, 100.0	10.0, 100.0
Change from Baseline at				
C5D15				
n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Mean (SD)	-0.21 (17.784)	4.71 (16.845)	5.54 (13.631)	2.63 (16.043)
Median	0.00	0.00	0.00	0.00
Min, Max	-45.0, 50.0	-40.0, 45.0	-25.0, 45.0	-45.0, 50.0
LS Mean (SE)	-0.88 (2.750)	3.79 (2.156)	5.32 (1.939)	2.17 (1.685)
95% CI	(-6.29, 4.53)	(-0.45, 8.03)	(1.51, 9.14)	(-1.14, 5.48)
p-value	0.749	0.080	0.006	0.198
SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if 50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes. Baseline is defined as the most recent PedsQL score taken on or before treatment start date. Total column is comprised of the Pediatric Self-Report and Adult cohorts.				
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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C7D15				
n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Mean (SD)	84.02 (21.337)	80.31 (20.380)	79.80 (18.076)	81.84 (19.712)
Median	90.00	87.50	80.63	90.00
Min, Max	0.0, 100.0	30.0, 100.0	25.0, 100.0	0.0, 100.0
Change from Baseline at				
C7D15				
n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Mean (SD)	2.20 (24.951)	4.38 (21.577)	0.60 (13.304)	1.37 (19.690)
Median	5.00	0.00	0.00	0.00
Min, Max	-100.0, 70.0	-60.0, 50.0	-35.0, 35.0	-100.0, 70.0
LS Mean (SE)	2.86 (3.391)	5.30 (2.776)	0.39 (1.851)	1.11 (1.857)
95% CI	(-3.81, 9.53)	(-0.16, 10.76)	(-3.25, 4.03)	(-2.54, 4.75)
p-value	0.400	0.057	0.832	0.551

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	82.92 (20.166)	79.04 (19.100)	83.64 (18.813)	83.28 (19.374)
Median	90.00	80.00	90.00	90.00
Min, Max	0.0, 100.0	35.0, 100.0	30.0, 100.0	0.0, 100.0
Change from Baseline at				
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	2.20 (28.489)	5.00 (22.674)	3.52 (15.234)	2.88 (22.569)
Median	0.00	0.00	0.00	0.00
Min, Max	-100.0, 80.0	-40.0, 60.0	-25.0, 35.0	-100.0, 80.0
LS Mean (SE)	1.82 (3.259)	4.98 (2.506)	3.51 (2.016)	2.46 (1.999)
95% CI	(-4.59, 8.23)	(0.06, 9.91)	(-0.46, 7.47)	(-1.47, 6.38)
p-value	0.578	0.047	0.083	0.220

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	82.66 (19.878)	81.98 (18.713)	82.65 (17.720)	82.66 (18.758)
Median	92.50	85.00	90.00	90.00
Min, Max	35.0, 100.0	50.0, 100.0	35.0, 100.0	35.0, 100.0
Change from Baseline at				
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	1.48 (24.436)	6.28 (19.275)	1.32 (15.438)	1.41 (20.542)
Median	0.00	0.00	0.00	0.00
Min, Max	-50.0, 80.0	-40.0, 50.0	-30.0, 45.0	-50.0, 80.0
LS Mean (SE)	1.08 (2.807)	7.17 (2.351)	1.66 (1.966)	1.43 (1.773)
95% CI	(-4.44, 6.60)	(2.55, 11.79)	(-2.20, 5.53)	(-2.05, 4.91)
p-value	0.701	0.002	0.398	0.420

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	81.62 (18.898)	82.78 (17.462)	83.13 (19.124)	82.35 (18.877)
Median	87.50	85.00	87.50	87.50
Min, Max	40.0, 100.0	35.0, 100.0	25.0, 100.0	25.0, 100.0
Change from Baseline at				
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	-1.47 (24.075)	5.83 (18.303)	1.09 (14.959)	-0.23 (20.066)
Median	0.00	0.00	0.00	0.00
Min, Max	-60.0, 70.0	-40.0, 55.0	-25.0, 45.0	-60.0, 70.0
LS Mean (SE)	-1.01 (2.901)	7.48 (2.239)	2.22 (1.985)	0.96 (1.770)
95% CI	(-6.72, 4.70)	(3.08, 11.88)	(-1.68, 6.13)	(-2.52, 4.43)
p-value	0.728	<0.001	0.263	0.589

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C21D15				
n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Mean (SD)	79.38 (18.217)	79.03 (24.048)	83.75 (17.407)	81.42 (17.829)
Median	80.00	85.00	87.50	85.00
Min, Max	45.0, 100.0	0.0, 100.0	40.0, 100.0	40.0, 100.0
Change from Baseline at				
C21D15				
n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Mean (SD)	-4.84 (22.486)	0.83 (25.171)	1.43 (15.803)	-1.92 (19.746)
Median	0.00	0.00	0.00	0.00
Min, Max	-50.0, 80.0	-100.0, 50.0	-25.0, 45.0	-50.0, 80.0
LS Mean (SE)	-2.66 (2.886)	4.71 (3.550)	2.46 (2.016)	0.17 (1.753)
95% CI	(-8.34, 3.02)	(-2.27, 11.69)	(-1.50, 6.43)	(-3.27, 3.61)
p-value	0.357	0.185	0.222	0.922

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Mean (SD)	76.52 (26.882)	79.86 (19.702)	84.64 (17.635)	80.25 (23.281)
Median	80.00	80.00	90.00	90.00
Min, Max	0.0, 100.0	40.0, 100.0	45.0, 100.0	0.0, 100.0
Change from Baseline at				
C24D21				
n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Mean (SD)	-7.88 (31.500)	2.16 (16.689)	3.39 (15.399)	-2.70 (25.845)
Median	0.00	0.00	0.00	0.00
Min, Max	-100.0, 80.0	-45.0, 45.0	-25.0, 45.0	-100.0, 80.0
LS Mean (SE)	-5.24 (4.612)	4.52 (2.318)	3.69 (2.167)	0.17 (2.424)
95% CI	(-14.32, 3.83)	(-0.03, 9.08)	(-0.57, 7.95)	(-4.59, 4.93)
p-value	0.256	0.052	0.089	0.945

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult Proxy (N=58)	Total (N=108)
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	77.73 (17.439)	78.75 (20.337)	84.25 (14.980)	80.83 (16.451)
Median	80.00	82.50	85.00	80.00
Min, Max	40.0, 100.0	40.0, 100.0	55.0, 100.0	40.0, 100.0
Change from Baseline at				
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	-3.64 (22.103)	4.58 (13.015)	2.75 (13.026)	-0.60 (18.419)
Median	-2.50	0.00	2.50	0.00
Min, Max	-50.0, 60.0	-20.0, 40.0	-25.0, 30.0	-50.0, 60.0
LS Mean (SE)	-2.89 (3.052)	5.96 (2.137)	3.71 (2.211)	1.37 (1.800)
95% CI	(-8.89, 3.12)	(1.76, 10.17)	(-0.63, 8.06)	(-2.16, 4.91)
p-value	0.345	0.006	0.094	0.445
SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if 50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes. Baseline is defined as the most recent PedsQL score taken on or before treatment start date. Total column is comprised of the Pediatric Self-Report and Adult cohorts.				
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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C32D15				
n (%)	21 (42.0%)	24 (42.9%)	21 (36.2%)	42 (38.9%)
Mean (SD)	66.67 (25.166)	73.33 (24.833)	78.57 (25.157)	72.62 (25.572)
Median	70.00	70.00	90.00	75.00
Min, Max	0.0, 100.0	15.0, 100.0	0.0, 100.0	0.0, 100.0
Change from Baseline at				
C32D15				
n (%)	21 (42.0%)	24 (42.9%)	21 (36.2%)	42 (38.9%)
Mean (SD)	-12.86 (30.065)	-1.67 (17.046)	-0.48 (20.670)	-6.67 (26.242)
Median	0.00	0.00	0.00	0.00
Min, Max	-100.0, 40.0	-40.0, 35.0	-75.0, 25.0	-100.0, 40.0
LS Mean (SE)	-10.75 (4.995)	1.11 (3.289)	-0.11 (5.466)	-3.42 (3.088)
95% CI	(-20.57, -0.92)	(-5.36, 7.58)	(-10.87, 10.64)	(-9.49, 2.64)
p-value	0.032	0.736	0.983	0.268

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C36D15				
n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Mean (SD)	70.29 (28.200)	75.28 (24.939)	80.77 (20.678)	76.09 (24.554)
Median	70.00	80.00	90.00	82.50
Min, Max	5.0, 100.0	15.0, 100.0	40.0, 100.0	5.0, 100.0
Change from Baseline at				
C36D15				
n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Mean (SD)	-10.00 (34.551)	0.00 (17.657)	1.73 (8.948)	-3.52 (24.381)
Median	0.00	0.00	0.00	0.00
Min, Max	-70.0, 70.0	-30.0, 30.0	-10.0, 25.0	-70.0, 70.0
LS Mean (SE)	-8.35 (5.864)	4.71 (3.393)	1.59 (2.319)	-2.33 (2.762)
95% CI	(-19.89, 3.18)	(-1.96, 11.38)	(-2.98, 6.15)	(-7.76, 3.09)
p-value	0.155	0.166	0.495	0.399

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	67.86 (23.780)	75.00 (24.928)	75.00 (23.022)	72.22 (22.895)
Median	70.00	80.00	80.00	77.50
Min, Max	30.0, 90.0	35.0, 100.0	40.0, 100.0	30.0, 100.0
Change from Baseline at				
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	-17.14 (34.382)	0.63 (22.903)	-2.27 (10.090)	-8.06 (23.082)
Median	-10.00	0.00	0.00	-5.00
Min, Max	-70.0, 35.0	-30.0, 35.0	-20.0, 15.0	-70.0, 35.0
LS Mean (SE)	-5.66 (8.008)	4.15 (5.103)	-0.58 (3.091)	-2.32 (3.592)
95% CI	(-21.41, 10.10)	(-5.89, 14.18)	(-6.66, 5.50)	(-9.38, 4.73)
p-value	0.480	0.417	0.852	0.518

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C44D15				
n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Mean (SD)	69.17 (28.358)	73.75 (24.604)	79.58 (21.262)	76.11 (23.549)
Median	77.50	70.00	80.00	80.00
Min, Max	30.0, 100.0	35.0, 100.0	40.0, 100.0	30.0, 100.0
Change from Baseline at				
C44D15				
n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Mean (SD)	-18.33 (28.752)	-4.38 (16.995)	-2.92 (15.442)	-8.06 (21.292)
Median	-15.00	0.00	-2.50	-5.00
Min, Max	-70.0, 10.0	-30.0, 25.0	-30.0, 25.0	-70.0, 25.0
LS Mean (SE)	-12.28 (8.887)	-0.92 (4.073)	-2.21 (4.195)	-5.30 (4.067)
95% CI	(-29.76, 5.20)	(-8.93, 7.09)	(-10.47, 6.04)	(-13.28, 2.69)
p-value	0.168	0.821	0.598	0.193

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C48D15				
n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Mean (SD)	75.00 (23.805)	65.00 (24.152)	70.00 (25.690)	72.00 (23.711)
Median	75.00	57.50	67.50	70.00
Min, Max	50.0, 100.0	45.0, 100.0	35.0, 100.0	35.0, 100.0
Change from Baseline at				
C48D15				
n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Mean (SD)	-13.75 (18.875)	2.50 (39.686)	-6.67 (6.055)	-9.50 (12.349)
Median	-10.00	-2.50	-7.50	-10.00
Min, Max	-40.0, 5.0	-40.0, 55.0	-15.0, 0.0	-40.0, 5.0
LS Mean (SE)	NA	NA	-5.98 (3.996)	-4.21 (3.249)
95% CI	(NA, NA)	(NA, NA)	(-13.83, 1.88)	(-10.59, 2.17)
p-value	NA	NA	0.136	0.195

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Mean (SD)	65.00 (35.355)	67.50 (3.536)	80.00 (20.000)	74.00 (24.083)
Median	65.00	67.50	80.00	80.00
Min, Max	40.0, 90.0	65.0, 70.0	60.0, 100.0	40.0, 100.0
Change from Baseline at				
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Mean (SD)	-15.00 (7.071)	-7.50 (31.820)	-1.67 (7.638)	-7.00 (9.747)
Median	-15.00	-7.50	0.00	-10.00
Min, Max	-20.0, -10.0	-30.0, 15.0	-10.0, 5.0	-20.0, 5.0
LS Mean (SE)	NA	NA	NA	-3.89 (2.490)
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(-8.78, 1.00)
p-value	NA	NA	NA	0.119

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Social Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	85.00	85.00
Median	NA	NA	85.00	85.00
Min, Max	(NA, NA)	(NA, NA)	85.0, 85.0	85.0, 85.0
Change from Baseline at				
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	-5.00	-5.00
Median	NA	NA	-5.00	-5.00
Min, Max	(NA, NA)	(NA, NA)	-5.0, -5.0	-5.0, -5.0
LS Mean (SE)	NA	NA	NA	NA
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(NA, NA)
p-value	NA	NA	NA	NA

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
n (%)	50 (100%)	54 (96.4%)	55 (94.8%)	105 (97.2%)
Mean (SD)	69.63 (24.811)	66.48 (26.142)	66.82 (23.714)	68.16 (24.167)
Median	67.50	65.00	70.00	70.00
Min, Max	15.0, 100.0	0.0, 100.0	15.0, 100.0	15.0, 100.0

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C3D15				
n (%)	48 (96.0%)	50 (89.3%)	48 (82.8%)	96 (88.9%)
Mean (SD)	67.81 (22.501)	67.97 (23.667)	69.17 (24.437)	68.49 (23.375)
Median	70.00	72.50	72.50	70.00
Min, Max	15.0, 100.0	0.0, 100.0	0.0, 100.0	0.0, 100.0
Change from Baseline at				
C3D15				
n (%)	48 (96.0%)	50 (89.3%)	48 (82.8%)	96 (88.9%)
Mean (SD)	-2.74 (18.475)	0.97 (18.973)	4.48 (21.319)	0.87 (20.172)
Median	0.00	0.00	5.00	0.00
Min, Max	-65.0, 35.0	-50.0, 50.0	-50.0, 55.0	-65.0, 55.0
LS Mean (SE)	-3.51 (2.537)	-0.17 (2.465)	2.93 (2.839)	-0.47 (1.926)
95% CI	(-8.50, 1.48)	(-5.02, 4.68)	(-2.65, 8.52)	(-4.25, 3.31)
p-value	0.168	0.944	0.302	0.806

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
CSD15				
n (%)	47 (94.0%)	50 (89.3%)	45 (77.6%)	92 (85.2%)
Mean (SD)	69.68 (22.273)	66.23 (23.103)	73.33 (21.079)	71.47 (21.656)
Median	70.00	62.50	80.00	77.50
Min, Max	0.0, 100.0	25.0, 100.0	25.0, 100.0	0.0, 100.0
Change from Baseline at				
CSD15				
n (%)	47 (94.0%)	50 (89.3%)	45 (77.6%)	92 (85.2%)
Mean (SD)	-0.46 (24.328)	-1.37 (22.294)	5.22 (15.846)	2.32 (20.706)
Median	0.00	0.00	0.00	0.00
Min, Max	-90.0, 50.0	-65.0, 33.3	-35.0, 40.0	-90.0, 50.0
LS Mean (SE)	-1.29 (3.079)	-2.92 (2.755)	4.91 (2.296)	1.73 (1.870)
95% CI	(-7.34, 4.77)	(-8.34, 2.49)	(0.40, 9.43)	(-1.95, 5.40)
p-value	0.676	0.289	0.033	0.356

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C7D15				
n (%)	41 (82.0%)	47 (83.9%)	43 (74.1%)	84 (77.8%)
Mean (SD)	69.63 (24.223)	67.98 (23.015)	73.84 (19.421)	71.79 (21.865)
Median	75.00	70.00	75.00	75.00
Min, Max	0.0, 100.0	20.0, 100.0	30.0, 100.0	0.0, 100.0
Change from Baseline at				
C7D15				
n (%)	41 (82.0%)	47 (83.9%)	43 (74.1%)	84 (77.8%)
Mean (SD)	-3.58 (23.972)	-1.81 (17.953)	4.53 (16.103)	0.58 (20.611)
Median	-5.00	0.00	0.00	0.00
Min, Max	-90.0, 60.0	-50.0, 30.0	-35.0, 40.0	-90.0, 60.0
LS Mean (SE)	-1.79 (2.975)	-1.96 (2.519)	4.80 (2.124)	1.19 (1.859)
95% CI	(-7.65, 4.06)	(-6.91, 3.00)	(0.62, 8.97)	(-2.46, 4.84)
p-value	0.547	0.438	0.025	0.522

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
n (%)	42 (84.0%)	45 (80.4%)	44 (75.9%)	86 (79.6%)
Mean (SD)	73.93 (23.929)	68.26 (23.268)	74.66 (18.937)	74.30 (21.395)
Median	80.00	66.67	75.00	80.00
Min, Max	0.0, 100.0	15.0, 100.0	30.0, 100.0	0.0, 100.0
Change from Baseline at				
C9D15				
n (%)	42 (84.0%)	45 (80.4%)	44 (75.9%)	86 (79.6%)
Mean (SD)	2.10 (25.575)	0.70 (20.996)	7.05 (18.842)	4.63 (22.389)
Median	5.00	5.00	0.00	0.00
Min, Max	-90.0, 40.0	-60.0, 50.0	-25.0, 50.0	-90.0, 50.0
LS Mean (SE)	2.31 (2.906)	-0.15 (2.838)	6.19 (2.326)	3.94 (1.904)
95% CI	(-3.41, 8.02)	(-5.73, 5.43)	(1.61, 10.76)	(0.20, 7.68)
p-value	0.428	0.958	0.008	0.039

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C13D15				
n (%)	38 (76.0%)	42 (75.0%)	34 (58.6%)	72 (66.7%)
Mean (SD)	71.58 (24.635)	70.08 (23.596)	74.01 (20.211)	72.73 (22.531)
Median	75.00	75.00	75.00	75.00
Min, Max	0.0, 100.0	25.0, 100.0	31.3, 100.0	0.0, 100.0
Change from Baseline at				
C13D15				
n (%)	38 (76.0%)	42 (75.0%)	34 (58.6%)	72 (66.7%)
Mean (SD)	1.14 (28.353)	1.63 (21.119)	4.15 (14.683)	2.56 (22.835)
Median	0.00	0.00	0.00	0.00
Min, Max	-90.0, 50.0	-60.0, 55.0	-20.0, 50.0	-90.0, 50.0
LS Mean (SE)	-0.28 (3.281)	1.20 (3.052)	4.95 (2.087)	2.20 (2.027)
95% CI	(-6.74, 6.17)	(-4.80, 7.20)	(0.84, 9.05)	(-1.78, 6.18)
p-value	0.931	0.694	0.018	0.278

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	71.03 (22.319)	67.41 (19.613)	76.88 (18.741)	73.86 (20.714)
Median	70.00	70.00	80.00	77.50
Min, Max	20.0, 100.0	20.0, 100.0	35.0, 100.0	20.0, 100.0
Change from Baseline at				
C17D15				
n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Mean (SD)	0.83 (25.973)	-1.20 (24.481)	5.47 (16.331)	3.08 (21.798)
Median	1.67	2.50	2.50	1.67
Min, Max	-70.0, 60.0	-60.0, 50.0	-15.0, 65.0	-70.0, 65.0
LS Mean (SE)	-1.39 (3.199)	-2.13 (3.062)	6.61 (2.267)	2.62 (1.913)
95% CI	(-7.68, 4.91)	(-8.15, 3.89)	(2.15, 11.07)	(-1.14, 6.37)
p-value	0.665	0.487	0.004	0.172

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult Proxy (N=58)	Total (N=108)
C21D15	32 (64.0%)	35 (62.5%)	28 (48.3%)	60 (55.6%)
n (%)	71.09 (22.061)	72.67 (20.021)	74.46 (18.774)	72.67 (20.491)
Mean (SD)	75.00	70.00	75.00	75.00
Median	20.0, 100.0	40.0, 100.0	35.0, 100.0	20.0, 100.0
Min, Max				
Change from Baseline at				
C21D15	32 (64.0%)	35 (62.5%)	28 (48.3%)	60 (55.6%)
n (%)	-0.99 (25.445)	0.67 (20.204)	3.57 (20.943)	1.14 (23.371)
Mean (SD)	0.00	0.00	0.00	0.00
Median	-60.0, 50.0	-55.0, 40.0	-25.0, 55.0	-60.0, 55.0
Min, Max	-2.04 (3.662)	2.14 (2.691)	4.18 (2.910)	1.11 (2.235)
LS Mean (SE)	(-9.24, 5.16)	(-3.15, 7.44)	(-1.54, 9.91)	(-3.28, 5.50)
95% CI	0.578	0.426	0.152	0.619
p-value				
SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes. Baseline is defined as the most recent PedsQL score taken on or before treatment start date. Total column is comprised of the Pediatric Self-Report and Adult cohorts.				
Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADQL, ADQS Data Cutoff Date: 2024-06-12				

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21				
n (%)	33 (66.0%)	36 (64.3%)	28 (48.3%)	61 (56.5%)
Mean (SD)	70.30 (25.432)	73.01 (22.442)	77.37 (20.442)	73.55 (23.358)
Median	75.00	75.00	78.13	75.00
Min, Max	10.0, 100.0	25.0, 100.0	40.0, 100.0	10.0, 100.0
Change from Baseline at				
C24D21				
n (%)	33 (66.0%)	36 (64.3%)	28 (48.3%)	61 (56.5%)
Mean (SD)	-2.63 (28.541)	0.79 (22.802)	8.08 (18.483)	2.29 (24.842)
Median	0.00	0.00	2.50	0.00
Min, Max	-80.0, 60.0	-55.0, 55.0	-35.0, 55.0	-80.0, 60.0
LS Mean (SE)	-2.56 (4.646)	2.32 (3.176)	7.71 (2.827)	2.42 (2.499)
95% CI	(-11.70, 6.58)	(-3.92, 8.57)	(2.15, 13.27)	(-2.49, 7.32)
p-value	0.583	0.465	0.007	0.333

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C28D15				
n (%)	22 (44.0%)	23 (41.1%)	20 (34.5%)	42 (38.9%)
Mean (SD)	69.77 (21.184)	67.61 (19.167)	78.00 (18.525)	73.69 (20.154)
Median	65.00	65.00	80.00	80.00
Min, Max	25.0, 100.0	35.0, 100.0	40.0, 100.0	25.0, 100.0
Change from Baseline at				
C28D15				
n (%)	22 (44.0%)	23 (41.1%)	20 (34.5%)	42 (38.9%)
Mean (SD)	-4.55 (21.980)	-1.96 (18.874)	8.50 (18.855)	1.67 (21.347)
Median	-2.50	0.00	5.00	0.00
Min, Max	-55.0, 40.0	-45.0, 45.0	-30.0, 60.0	-55.0, 60.0
LS Mean (SE)	-2.06 (3.656)	-0.65 (2.674)	8.40 (2.868)	2.75 (2.190)
95% CI	(-9.25, 5.14)	(-5.91, 4.61)	(2.76, 14.04)	(-1.55, 7.05)
p-value	0.574	0.808	0.004	0.210

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C32D15				
n (%)	21 (42.0%)	22 (39.3%)	21 (36.2%)	42 (38.9%)
Mean (SD)	61.19 (24.794)	66.29 (20.797)	78.57 (17.899)	69.88 (23.098)
Median	60.00	67.50	75.00	70.00
Min, Max	0.0, 100.0	30.0, 100.0	45.0, 100.0	0.0, 100.0
Change from Baseline at				
C32D15				
n (%)	21 (42.0%)	22 (39.3%)	21 (36.2%)	42 (38.9%)
Mean (SD)	-10.00 (28.810)	-2.88 (21.114)	10.95 (17.792)	0.48 (25.918)
Median	0.00	0.00	5.00	5.00
Min, Max	-90.0, 20.0	-50.0, 30.0	-15.0, 60.0	-90.0, 60.0
LS Mean (SE)	-8.78 (4.887)	-0.74 (3.047)	10.44 (2.619)	0.72 (2.527)
95% CI	(-18.39, 0.84)	(-6.74, 5.25)	(5.29, 15.59)	(-4.24, 5.68)
p-value	0.073	0.807	<0.001	0.776

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C36D15				
n (%)	15 (30.0%)	16 (28.6%)	21 (36.2%)	36 (33.3%)
Mean (SD)	60.25 (24.276)	65.10 (22.064)	74.29 (19.576)	68.44 (22.449)
Median	65.00	60.00	70.00	69.38
Min, Max	30.0, 100.0	35.0, 100.0	30.0, 100.0	30.0, 100.0
Change from Baseline at				
C36D15				
n (%)	15 (30.0%)	16 (28.6%)	21 (36.2%)	36 (33.3%)
Mean (SD)	-10.42 (32.306)	-3.13 (23.866)	6.67 (20.696)	-0.45 (27.114)
Median	-15.00	-5.00	0.00	0.00
Min, Max	-60.0, 45.0	-45.0, 60.0	-20.0, 60.0	-60.0, 60.0
LS Mean (SE)	-5.78 (5.340)	3.81 (4.281)	6.21 (3.299)	0.05 (2.696)
95% CI	(-16.29, 4.72)	(-4.61, 12.23)	(-0.28, 12.70)	(-5.25, 5.34)
p-value	0.280	0.374	0.061	0.986

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
n (%)	7 (14.0%)	7 (12.5%)	11 (19.0%)	18 (16.7%)
Mean (SD)	65.00 (23.452)	68.57 (18.867)	71.82 (20.769)	69.17 (21.437)
Median	55.00	70.00	70.00	70.00
Min, Max	40.0, 100.0	45.0, 100.0	35.0, 100.0	35.0, 100.0
Change from Baseline at				
C40D15				
n (%)	7 (14.0%)	7 (12.5%)	11 (19.0%)	18 (16.7%)
Mean (SD)	-11.43 (37.049)	-5.71 (25.728)	11.36 (18.178)	2.50 (28.453)
Median	-10.00	-10.00	5.00	5.00
Min, Max	-50.0, 30.0	-40.0, 40.0	-10.0, 60.0	-50.0, 60.0
LS Mean (SE)	-3.64 (6.992)	-1.23 (4.233)	5.39 (3.384)	-0.03 (2.960)
95% CI	(-17.40, 10.11)	(-9.56, 7.09)	(-1.27, 12.04)	(-6.65, 4.98)
p-value	0.603	0.771	0.112	0.778

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C44D15				
n (%)	6 (12.0%)	7 (12.5%)	11 (19.0%)	17 (15.7%)
Mean (SD)	62.50 (22.528)	61.90 (24.389)	76.36 (18.986)	71.47 (20.749)
Median	57.50	55.00	75.00	75.00
Min, Max	40.0, 100.0	40.0, 100.0	45.0, 100.0	40.0, 100.0
Change from Baseline at				
C44D15				
n (%)	6 (12.0%)	7 (12.5%)	11 (19.0%)	17 (15.7%)
Mean (SD)	-10.83 (35.555)	-3.57 (23.223)	7.73 (20.900)	1.18 (27.416)
Median	-7.50	0.00	5.00	5.00
Min, Max	-50.0, 30.0	-45.0, 25.0	-35.0, 35.0	-50.0, 35.0
LS Mean (SE)	-15.32 (8.763)	-5.63 (5.418)	5.46 (5.862)	-4.46 (3.677)
95% CI	(-32.56, 1.92)	(-16.29, 5.03)	(-6.07, 16.99)	(-11.68, 2.76)
p-value	0.081	0.299	0.352	0.225

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C48D15				
n (%)	4 (8.0%)	4 (7.1%)	5 (8.6%)	9 (8.3%)
Mean (SD)	66.25 (34.004)	60.00 (27.386)	83.00 (21.389)	75.56 (27.208)
Median	72.50	50.00	95.00	80.00
Min, Max	20.0, 100.0	40.0, 100.0	55.0, 100.0	20.0, 100.0
Change from Baseline at				
C48D15				
n (%)	4 (8.0%)	4 (7.1%)	5 (8.6%)	9 (8.3%)
Mean (SD)	-17.50 (38.622)	-3.75 (40.285)	22.00 (24.648)	4.44 (36.007)
Median	-10.00	-10.00	15.00	0.00
Min, Max	-70.0, 20.0	-45.0, 50.0	0.0, 55.0	-70.0, 55.0
LS Mean (SE)	NA	NA	16.96 (10.301)	2.55 (6.392)
95% CI	(NA, NA)	(NA, NA)	(-3.31, 37.22)	(-10.00, 15.10)
p-value	NA	NA	0.101	0.690

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	2 (3.4%)	4 (3.7%)
Mean (SD)	82.50 (24.749)	70.00 (7.071)	77.50 (31.820)	80.00 (23.452)
Median	82.50	70.00	77.50	82.50
Min, Max	65.0, 100.0	65.0, 75.0	55.0, 100.0	55.0, 100.0
Change from Baseline at				
C52D15				
n (%)	2 (4.0%)	2 (3.6%)	2 (3.4%)	4 (3.7%)
Mean (SD)	10.00 (14.142)	-2.50 (31.820)	0.00 (0.000)	5.00 (10.000)
Median	10.00	-2.50	0.00	0.00
Min, Max	0.0, 20.0	-25.0, 20.0	0.0, 0.0	0.0, 20.0
LS Mean (SE)	NA	NA	NA	NA
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(NA, NA)
p-value	NA	NA	NA	NA

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: School/Work Functioning

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	50.00	50.00
Median	NA	NA	50.00	50.00
Min, Max	(NA, NA)	(NA, NA)	50.0, 50.0	50.0, 50.0
Change from Baseline at				
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	-5.00	-5.00
Median	NA	NA	-5.00	-5.00
Min, Max	(NA, NA)	(NA, NA)	-5.0, -5.0	-5.0, -5.0
LS Mean (SE)	NA	NA	NA	NA
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(NA, NA)
p-value	NA	NA	NA	NA

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
Baseline				
n (%)	50 (100%)	55 (98.2%)	55 (94.8%)	105 (97.2%)
Mean (SD)	75.97 (17.022)	71.94 (18.058)	66.90 (19.398)	71.22 (18.778)
Median	75.00	69.57	66.30	70.65
Min, Max	18.5, 100.0	22.8, 98.9	23.9, 100.0	18.5, 100.0

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C3D15					
n (%)		48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)		77.20 (17.986)	76.26 (16.914)	69.13 (20.325)	73.17 (19.515)
Median		77.17	76.63	74.46	76.63
Min, Max		23.9, 100.0	22.8, 100.0	18.5, 100.0	18.5, 100.0
Change from Baseline at					
C3D15					
n (%)		48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Mean (SD)		1.01 (13.736)	4.14 (13.052)	4.37 (12.410)	2.69 (13.130)
Median		2.17	2.17	4.35	3.26
Min, Max		-43.5, 26.1	-32.6, 33.7	-26.1, 32.6	-43.5, 32.6
LS Mean (SE)		0.80 (1.954)	3.84 (1.645)	3.55 (1.902)	2.15 (1.354)
95% CI		(-3.05, 4.64)	(0.61, 7.08)	(-0.19, 7.29)	(-0.51, 4.81)
p-value		0.684	0.020	0.063	0.112

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
CSD15	n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
	Mean (SD)	77.82 (16.716)	75.86 (16.241)	72.43 (19.414)	75.15 (18.205)
	Median	81.52	75.54	75.54	77.17
	Min, Max	17.4, 100.0	37.0, 100.0	26.1, 100.0	17.4, 100.0
Change from Baseline at					
CSD15	n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
	Mean (SD)	0.98 (14.250)	3.05 (12.999)	5.94 (10.910)	3.43 (12.883)
	Median	5.43	4.89	4.89	5.43
	Min, Max	-50.0, 27.2	-37.0, 28.8	-18.5, 28.3	-50.0, 28.3
	LS Mean (SE)	0.91 (1.951)	2.28 (1.713)	5.40 (1.737)	3.07 (1.314)
	95% CI	(-2.93, 4.75)	(-1.09, 5.65)	(1.98, 8.81)	(0.49, 5.65)
p-value		0.641	0.184	0.002	0.020

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C7D15	n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
	Mean (SD)	78.98 (19.130)	77.04 (15.961)	70.16 (19.525)	74.41 (19.724)
	Median	82.61	79.35	72.83	78.26
	Min, Max	0.0, 100.0	47.8, 100.0	23.9, 100.0	0.0, 100.0
Change from Baseline at					
C7D15	n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
	Mean (SD)	1.12 (17.953)	3.16 (13.436)	2.92 (11.743)	2.05 (14.996)
	Median	2.17	3.27	1.09	1.09
	Min, Max	-67.4, 43.5	-38.0, 28.3	-19.9, 29.3	-67.4, 43.5
	LS Mean (SE)	2.20 (2.282)	3.22 (1.910)	2.66 (1.730)	2.23 (1.499)
	95% CI	(-2.29, 6.69)	(-0.53, 6.98)	(-0.75, 6.06)	(-0.71, 5.18)
p-value		0.335	0.092	0.125	0.136

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	78.23 (18.991)	76.21 (15.583)	73.09 (18.031)	75.60 (18.578)
Median	83.15	73.91	75.00	77.72
Min, Max	0.0, 100.0	45.7, 100.0	32.6, 100.0	0.0, 100.0
Change from Baseline at				
C9D15				
n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Mean (SD)	1.28 (19.386)	3.10 (16.845)	5.20 (12.759)	3.29 (16.356)
Median	1.63	4.35	1.63	1.63
Min, Max	-67.4, 39.1	-41.3, 33.7	-19.6, 30.1	-67.4, 39.1
LS Mean (SE)	1.54 (2.391)	2.86 (2.119)	5.11 (1.747)	3.14 (1.525)
95% CI	(-3.16, 6.24)	(-1.31, 7.03)	(1.68, 8.55)	(0.14, 6.13)
p-value	0.520	0.178	0.004	0.040

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	80.17 (16.492)	78.74 (15.240)	73.95 (17.050)	77.23 (16.930)
Median	80.43	82.61	75.54	78.80
Min, Max	50.0, 100.0	48.9, 100.0	44.6, 100.0	44.6, 100.0
Change from Baseline at				
C13D15				
n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Mean (SD)	3.95 (17.395)	5.24 (15.471)	2.98 (11.669)	3.49 (14.873)
Median	1.09	3.26	-0.54	0.00
Min, Max	-32.6, 52.2	-43.5, 32.6	-18.5, 26.1	-32.6, 52.2
LS Mean (SE)	3.76 (2.172)	5.47 (1.989)	3.55 (1.624)	3.84 (1.415)
95% CI	(-0.52, 8.03)	(1.55, 9.38)	(0.35, 6.74)	(1.06, 6.62)
p-value	0.085	0.006	0.030	0.007

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C17D15	n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
	Mean (SD)	77.91 (17.277)	79.21 (15.266)	75.90 (18.572)	76.50 (17.838)
	Median	78.26	82.07	75.54	77.17
	Min, Max	34.8, 100.0	28.3, 98.9	39.1, 100.0	34.8, 100.0
Change from Baseline at					
C17D15	n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
	Mean (SD)	0.94 (17.877)	4.38 (14.897)	2.58 (11.214)	1.74 (14.930)
	Median	2.72	2.82	0.54	2.17
	Min, Max	-52.2, 50.0	-44.6, 41.3	-14.1, 30.4	-52.2, 50.0
	LS Mean (SE)	0.42 (2.394)	4.57 (2.033)	3.95 (1.752)	2.59 (1.421)
	95% CI	(-4.29, 5.13)	(0.57, 8.56)	(0.50, 7.40)	(-0.20, 5.38)
	p-value	0.861	0.025	0.025	0.069

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C21D15	n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
	Mean (SD)	77.99 (16.760)	78.25 (18.206)	74.92 (18.101)	76.55 (17.318)
	Median	78.80	83.70	73.91	77.72
	Min, Max	43.5, 100.0	35.9, 100.0	41.3, 100.0	41.3, 100.0
Change from Baseline at					
C21D15	n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
	Mean (SD)	0.52 (18.419)	1.81 (17.707)	2.05 (13.660)	1.24 (16.255)
	Median	1.09	3.26	4.35	3.16
	Min, Max	-40.2, 45.7	-62.0, 33.7	-32.6, 31.5	-40.2, 45.7
	LS Mean (SE)	0.57 (2.673)	4.29 (2.548)	3.03 (2.130)	2.20 (1.603)
	95% CI	(-4.69, 5.82)	(-0.72, 9.30)	(-1.16, 7.22)	(-0.94, 5.35)
p-value		0.832	0.093	0.156	0.170

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C24D21	n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
	Mean (SD)	75.89 (21.713)	79.51 (17.472)	75.69 (17.902)	75.80 (19.891)
	Median	80.43	81.52	75.00	78.26
	Min, Max	17.4, 100.0	33.7, 100.0	46.7, 100.0	17.4, 100.0
Change from Baseline at					
C24D21	n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
	Mean (SD)	-1.86 (20.810)	3.20 (13.235)	4.41 (12.649)	1.02 (17.689)
	Median	0.00	3.26	4.89	1.09
	Min, Max	-53.3, 52.2	-35.9, 38.0	-15.2, 31.2	-53.3, 52.2
	LS Mean (SE)	-1.49 (3.669)	4.88 (1.951)	4.73 (1.958)	2.19 (1.766)
	95% CI	(-8.70, 5.73)	(1.05, 8.72)	(0.88, 8.58)	(-1.27, 5.66)
p-value		0.685	0.013	0.016	0.215

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	77.67 (15.023)	77.87 (18.010)	75.65 (16.108)	76.71 (15.391)
Median	77.17	78.80	75.00	75.54
Min, Max	40.2, 100.0	44.6, 100.0	47.8, 100.0	40.2, 100.0
Change from Baseline at				
C28D15				
n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Mean (SD)	1.28 (14.853)	3.21 (11.755)	4.18 (9.800)	2.67 (12.635)
Median	3.26	3.71	3.26	3.26
Min, Max	-31.5, 37.0	-18.5, 34.8	-14.1, 20.7	-31.5, 37.0
LS Mean (SE)	1.85 (2.655)	4.54 (1.917)	5.55 (1.749)	3.84 (1.453)
95% CI	(-3.38, 7.07)	(0.77, 8.31)	(2.11, 8.99)	(0.98, 6.69)
p-value	0.487	0.018	0.002	0.008

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C32D15				
n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Mean (SD)	68.28 (21.436)	72.97 (19.740)	74.55 (17.438)	71.34 (19.612)
Median	69.57	76.09	70.65	70.65
Min, Max	8.7, 100.0	35.9, 100.0	42.4, 100.0	8.7, 100.0
Change from Baseline at				
C32D15				
n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Mean (SD)	-7.02 (20.549)	-0.23 (13.936)	4.94 (12.314)	-1.18 (17.886)
Median	-2.17	-0.54	4.35	2.17
Min, Max	-58.7, 26.1	-35.9, 21.7	-22.8, 23.9	-58.7, 26.1
LS Mean (SE)	-6.33 (4.371)	1.49 (2.550)	5.63 (2.472)	0.50 (2.058)
95% CI	(-14.93, 2.27)	(-3.53, 6.50)	(0.77, 10.50)	(-3.54, 4.54)
p-value	0.148	0.560	0.023	0.809

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C36D15	n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
	Mean (SD)	73.93 (19.288)	75.65 (19.585)	73.70 (18.447)	73.80 (18.570)
	Median	75.00	81.52	72.83	74.46
	Min, Max	34.8, 100.0	39.8, 100.0	39.1, 100.0	34.8, 100.0
Change from Baseline at					
C36D15	n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
	Mean (SD)	-1.58 (21.133)	1.90 (14.263)	4.08 (9.267)	1.55 (15.737)
	Median	-4.35	1.98	4.13	0.00
	Min, Max	-41.3, 39.1	-32.6, 27.2	-12.0, 20.7	-41.3, 39.1
	LS Mean (SE)	-0.27 (4.040)	6.27 (2.748)	4.52 (2.032)	2.83 (1.962)
	95% CI	(-8.22, 7.68)	(0.86, 11.67)	(0.52, 8.52)	(-1.02, 6.69)
	p-value	0.947	0.023	0.027	0.149

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	74.53 (15.700)	75.18 (19.133)	67.19 (20.071)	70.05 (18.372)
Median	71.74	80.98	63.04	70.11
Min, Max	56.5, 97.8	43.5, 100.0	45.7, 100.0	45.7, 100.0
Change from Baseline at				
C40D15				
n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Mean (SD)	-6.68 (19.398)	-1.74 (13.192)	3.56 (11.411)	-0.42 (15.354)
Median	-6.52	-0.45	3.26	3.26
Min, Max	-33.7, 18.5	-23.9, 15.2	-14.1, 20.7	-33.7, 20.7
LS Mean (SE)	2.22 (4.474)	3.06 (2.544)	2.90 (2.814)	1.92 (2.169)
95% CI	(-6.58, 11.03)	(-1.94, 8.06)	(-2.64, 8.43)	(-2.33, 6.18)
p-value	0.620	0.230	0.304	0.375

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsq1.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C44D15		6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
n (%)		76.45 (14.882)	76.23 (21.043)	69.53 (22.010)	71.91 (19.737)
Mean (SD)		79.35	84.78	69.57	74.46
Median		56.5, 93.5	42.4, 97.6	32.9, 100.0	32.9, 100.0
Min, Max					
Change from Baseline at					
C44D15		6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
n (%)		-5.80 (12.482)	0.21 (12.194)	0.79 (12.764)	-1.40 (12.707)
Mean (SD)		-1.63	0.54	0.54	-0.54
Median		-26.1, 7.6	-15.2, 25.0	-22.8, 19.6	-26.1, 19.6
Min, Max		-4.45 (3.639)	0.64 (3.000)	0.52 (3.437)	-0.89 (2.260)
LS Mean (SE)		(-11.61, 2.71)	(-5.26, 6.54)	(-6.24, 7.28)	(-5.33, 3.55)
95% CI		0.222	0.831	0.881	0.694
p-value					

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C48D15					
n (%)		4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Mean (SD)		77.72 (21.911)	71.74 (23.431)	64.44 (21.532)	69.75 (21.555)
Median		79.35	69.02	59.78	63.59
Min, Max		52.2, 100.0	48.9, 100.0	35.5, 100.0	35.5, 100.0
Change from Baseline at					
C48D15					
n (%)		4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Mean (SD)		-6.25 (17.891)	5.16 (22.511)	2.12 (3.910)	-1.23 (11.570)
Median		-2.17	-0.54	1.46	1.46
Min, Max		-30.4, 9.8	-15.2, 37.0	-3.3, 7.6	-30.4, 9.8
LS Mean (SE)		NA	NA	1.74 (1.672)	1.24 (2.096)
95% CI		(NA, NA)	(NA, NA)	(-1.55, 5.03)	(-2.87, 5.36)
p-value		NA	NA	0.299	0.553

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

Domain: Total Score		Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C52D15	n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
	Mean (SD)	79.35 (26.132)	75.54 (6.917)	65.09 (31.511)	70.79 (26.985)
	Median	79.35	75.54	56.52	60.87
	Min, Max	60.9, 97.8	70.7, 80.4	38.8, 100.0	38.8, 100.0
Change from Baseline at					
C52D15	n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
	Mean (SD)	-2.17 (0.000)	0.54 (23.826)	2.05 (1.987)	0.36 (2.705)
	Median	-2.17	0.54	2.17	0.00
	Min, Max	-2.2, -2.2	-16.3, 17.4	0.0, 4.0	-2.2, 4.0
	LS Mean (SE)	NA	NA	NA	1.41 (2.279)
	95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(-3.07, 5.88)
p-value		NA	NA	NA	0.537

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

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Table 4: PedsQL Scores by Visit : Full Analysis Set

Domain: Total Score

	Pediatric Self-Report (N=50)	Pediatric Parent Proxy (N=56)	Adult (N=58)	Total (N=108)
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	60.87	60.87
Median	NA	NA	60.87	60.87
Min, Max	(NA, NA)	(NA, NA)	60.9, 60.9	60.9, 60.9
Change from Baseline at				
C56D15				
n (%)	0	0	1 (1.7%)	1 (0.9%)
Mean (SD)	NA	NA	6.52	6.52
Median	NA	NA	6.52	6.52
Min, Max	(NA, NA)	(NA, NA)	6.5, 6.5	6.5, 6.5
LS Mean (SE)	NA	NA	NA	NA
95% CI	(NA, NA)	(NA, NA)	(NA, NA)	(NA, NA)
p-value	NA	NA	NA	NA

SD: Standard deviation; Min: Minimum; Max: Maximum; PedsQL: Pediatric Quality of Life Inventory.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Baseline is defined as the most recent PedsQL score taken on or before treatment start date.
Total column is comprised of the Pediatric Self-Report and Adult cohorts.

Program Name: t_pedsql.sas Output Generated: 2025-07-01T08:58 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

5.6 Table 55.11: Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	6 (10.7%)	6 (10.3%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	9 (16.1%)	3 (5.2%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	7 (12.5%)	7 (12.1%)	13 (12.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	10 (17.9%)	5 (8.6%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	4 (8.0%)	4 (7.1%)	4 (6.9%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	4 (7.1%)	5 (8.6%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	4 (7.1%)	6 (10.3%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	5 (8.9%)	2 (3.4%)	5 (4.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)	65 (60.2%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	4 (7.1%)	4 (6.9%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	2 (3.6%)	3 (5.2%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.8%)	3 (5.2%)	3 (2.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.0%)	1 (1.8%)	3 (5.2%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	1 (1.7%)	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	17 (34.0%)	18 (32.1%)	17 (29.3%)	34 (31.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	7 (12.5%)	6 (10.3%)	12 (11.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	10 (20.0%)	7 (12.5%)	4 (6.9%)	14 (13.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	7 (12.5%)	8 (13.8%)	14 (13.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	10 (20.0%)	9 (16.1%)	6 (10.3%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	3 (5.4%)	6 (10.3%)	13 (12.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	2 (3.6%)	5 (8.6%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	7 (12.5%)	2 (3.4%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	7 (12.5%)	3 (5.2%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	3 (5.4%)	2 (3.4%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)	65 (60.2%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	2 (3.6%)	1 (1.7%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	2 (3.6%)	1 (1.7%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.0%)	1 (1.8%)	0	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	1 (1.7%)	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.0%)	0	1 (1.7%)	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	19 (38.0%)	22 (39.3%)	19 (32.8%)	38 (35.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	8 (14.3%)	4 (6.9%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	4 (7.1%)	2 (3.4%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	6 (10.7%)	4 (6.9%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	9 (16.1%)	5 (8.6%)	12 (11.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	8 (16.0%)	3 (5.4%)	3 (5.2%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	3 (5.4%)	6 (10.3%)	12 (11.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	10 (20.0%)	8 (14.3%)	4 (6.9%)	14 (13.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	11 (22.0%)	6 (10.7%)	4 (6.9%)	15 (13.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	3 (5.4%)	2 (3.4%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	21 (42.0%)	24 (42.9%)	21 (36.2%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	29 (58.0%)	32 (57.1%)	37 (63.8%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	5 (8.9%)	2 (3.4%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	4 (7.1%)	0	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	3 (5.4%)	1 (1.7%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	3 (5.4%)	3 (5.2%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.0%)	1 (1.8%)	1 (1.7%)	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.0%)	1 (1.8%)	0	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	22 (44.0%)	20 (35.7%)	16 (27.6%)	38 (35.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	50 (89.3%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	6 (10.7%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	10 (20.0%)	8 (14.3%)	8 (13.8%)	18 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	50 (89.3%)	45 (77.6%)	92 (85.2%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	6 (10.7%)	13 (22.4%)	16 (14.8%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	10 (20.0%)	10 (17.9%)	4 (6.9%)	14 (13.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	47 (83.9%)	43 (74.1%)	84 (77.8%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	9 (16.1%)	15 (25.9%)	24 (22.2%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	11 (22.0%)	10 (17.9%)	2 (3.4%)	13 (12.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	45 (80.4%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	11 (19.6%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	8 (16.0%)	6 (10.7%)	5 (8.6%)	13 (12.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	42 (75.0%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	14 (25.0%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	8 (16.0%)	7 (12.5%)	3 (5.2%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	10 (17.9%)	3 (5.2%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15): Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	35 (62.5%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	21 (37.5%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	9 (18.0%)	6 (10.7%)	7 (12.1%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	36 (64.3%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	20 (35.7%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	7 (12.5%)	2 (3.4%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	23 (41.1%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	33 (58.9%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	5 (8.9%)	2 (3.4%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	21 (42.0%)	22 (39.3%)	21 (36.2%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	29 (58.0%)	34 (60.7%)	37 (63.8%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	4 (7.1%)	2 (3.4%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	15 (30.0%)	16 (28.6%)	21 (36.2%)	36 (33.3%)
Number of Participants Missing the Assessment, n (%)	35 (70.0%)	40 (71.4%)	37 (63.8%)	72 (66.7%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	8 (16.0%)	6 (10.7%)	2 (3.4%)	10 (9.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	7 (12.5%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	49 (87.5%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	3 (5.4%)	0	3 (2.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	7 (12.5%)	11 (19.0%)	17 (15.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	49 (87.5%)	47 (81.0%)	91 (84.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	2 (3.6%)	1 (1.7%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	5 (8.6%)	9 (8.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	53 (91.4%)	99 (91.7%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	2 (4.0%)	2 (3.6%)	0	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	2 (3.4%)	4 (3.7%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	56 (96.6%)	104 (96.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	53 (94.6%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	3 (5.4%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	23 (46.0%)	26 (46.4%)	16 (27.6%)	39 (36.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	3 (5.4%)	2 (3.4%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	5 (8.9%)	3 (5.2%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	2 (3.6%)	2 (3.4%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	8 (14.3%)	1 (1.7%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	3 (5.4%)	1 (1.7%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	2 (3.6%)	0	5 (4.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	6 (12.0%)	4 (7.1%)	3 (5.2%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_11_pedsql_objresp_wrsn_nr.sas Output Generated: 2025-07-01T09:05 Source: ADL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	2 (3.6%)	1 (1.7%)	8 (7.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	4 (8.0%)	2 (3.6%)	0	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by $\geq 15\%$ (-15): Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)	65 (60.2%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	7 (14.0%)	3 (5.4%)	2 (3.4%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	5 (10.0%)	1 (1.8%)	0	5 (4.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	3 (6.0%)	1 (1.8%)	0	3 (2.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	2 (4.0%)	1 (1.8%)	2 (3.4%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	1 (2.0%)	1 (1.8%)	0	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedSQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedSQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	1 (1.8%)	0	0

PedSQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedSQL score is greater than or equal to the corresponding threshold.
PedSQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedSQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.11: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Worsening by >=15% (-15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	-15	-15	-15	-15
Participants with Clinically Meaningful Score Worsening, n (%)	18 (36.0%)	13 (23.2%)	9 (15.5%)	27 (25.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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5.7 Table 55.3: Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		
95% CI	(8.9, 32.6)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	14 (28.0%)		
95% CI	(17.3, 44.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(12.4, 40.3)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)		
95% CI	(13.9, 42.0)		

PedsQL : Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(13.4, 43.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		
95% CI	(12.9, 44.4)		

PedsQL : Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)		
95% CI	(18.6, 53.2)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(15.6, 48.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C28D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)		
95% CI	(13.9, 54.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C32D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)		
95% CI	(2.9, 34.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C36D15			
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)		
95% CI	(10.3, 56.0)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C40D15			
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.4, 57.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C44D15			
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.4, 64.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C48D15			
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.6, 80.6)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit CS2D15			
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	(0.0, 84.2)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C56D15			
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	NE		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Total			
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	24 (48.0%)		
95% CI	(34.4, 63.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	13 (26.0%)		18 (31.0%)
95% CI	(15.3, 41.8)		(24.0, 52.6)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		19 (32.8%)
95% CI	(10.7, 35.7)		(27.0, 56.8)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		15 (25.9%)
95% CI	(10.6, 37.6)		(20.5, 49.9)

PedsQL : Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		16 (27.6%)
95% CI	(10.3, 36.8)		(22.4, 52.2)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	13 (26.0%)		10 (17.2%)
95% CI	(19.6, 51.4)		(15.1, 47.5)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)		10 (17.2%)
95% CI	(8.7, 37.9)		(16.1, 50.0)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		10 (17.2%)
95% CI	(13.7, 46.7)		(18.6, 55.9)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.0%)		11 (19.0%)
95% CI	(7.0, 35.5)		(21.5, 59.4)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C28D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.0%)		7 (12.1%)
95% CI	(10.7, 50.2)		(15.4, 59.2)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C32D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)		9 (15.5%)
95% CI	(7.8, 45.4)		(21.8, 66.0)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C36D15			
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.0%)		7 (12.1%)
95% CI	(14.2, 61.7)		(14.6, 57.0)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C40D15			
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)		3 (5.2%)
95% CI	(3.7, 71.0)		(6.0, 61.0)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C44D15			
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		5 (8.6%)
95% CI	(0.4, 64.1)		(15.2, 72.3)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C48D15			
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		2 (3.4%)
95% CI	(0.6, 80.6)		(4.3, 77.7)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit CS2D15			
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	0		0
95% CI	(0.0, 84.2)		(0.0, 70.8)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C56D15			
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	0		1 (1.7%)
95% CI	NE		(2.5, 100.0)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Total			
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)
Threshold for Meaningful Score Difference	18.5	n/a	10
Participants with Clinically Meaningful Score Improvement, n (%)	22 (44.0%)		33 (56.9%)
95% CI	(30.7, 59.8)		(51.2, 78.8)

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C28D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C32D15			
Number of Participants Completed the Assessment, n (%)	21 (42.0%)	24 (42.9%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	29 (58.0%)	32 (57.1%)	37 (63.8%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C36D15			
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C40D15			
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C44D15			
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C48D15			
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort. The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach. A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold. PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing. PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem). These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit CS2D15			
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C56D15			
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Total			
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)
Threshold for Meaningful Score Difference	n/a	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)			
95% CI			

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	50 (89.3%)	48 (82.8%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	6 (10.7%)	10 (17.2%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)		
95% CI	(2.3, 20.0)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	50 (89.3%)	45 (77.6%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	6 (10.7%)	13 (22.4%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(10.7, 35.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	47 (83.9%)	43 (74.1%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	9 (16.1%)	15 (25.9%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)		
95% CI	(7.2, 32.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	45 (80.4%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	11 (19.6%)	14 (24.1%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	13 (26.0%)		
95% CI	(17.6, 47.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	42 (75.0%)	34 (58.6%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	14 (25.0%)	24 (41.4%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(13.4, 43.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	8 (16.0%)		
95% CI	(10.7, 41.2)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	35 (62.5%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	21 (37.5%)	30 (51.7%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(16.1, 50.0)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	36 (64.3%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	20 (35.7%)	30 (51.7%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)		
95% CI	(9.0, 38.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C28D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	23 (41.1%)	20 (34.5%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	33 (58.9%)	38 (65.5%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)		
95% CI	(2.9, 34.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C32D15			
Number of Participants Completed the Assessment, n (%)	21 (42.0%)	22 (39.3%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	29 (58.0%)	34 (60.7%)	37 (63.8%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.1, 23.8)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C36D15			
Number of Participants Completed the Assessment, n (%)	15 (30.0%)	16 (28.6%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	35 (70.0%)	40 (71.4%)	37 (63.8%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)		
95% CI	(7.8, 55.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C40D15			
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	7 (12.5%)	11 (19.0%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	49 (87.5%)	47 (81.0%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)		
95% CI	(3.7, 71.0)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C44D15			
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	7 (12.5%)	11 (19.0%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	49 (87.5%)	47 (81.0%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)		
95% CI	(4.3, 77.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C48D15			
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	5 (8.6%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	53 (91.4%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.6, 80.6)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit CS2D15			
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	2 (3.4%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	56 (96.6%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(1.3, 98.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C56D15			
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	NE		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Total			
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	53 (94.6%)	50 (86.2%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	3 (5.4%)	8 (13.8%)
Threshold for Meaningful Score Difference	20	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	22 (44.0%)		
95% CI	(30.7, 59.8)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C3D15			
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)		
95% CI	(6.1, 27.8)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C5D15			
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(10.7, 35.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C7D15			
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		
95% CI	(10.6, 37.6)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C9D15			
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)		
95% CI	(12.1, 39.5)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C13D15			
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		
95% CI	(11.4, 40.2)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C17D15			
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)		
95% CI	(5.0, 31.1)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C21D15			
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)		
95% CI	(13.7, 46.7)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C24D21			
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)		
95% CI	(5.1, 31.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C28D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)		
95% CI	(2.9, 34.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C32D15			
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.1, 22.8)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C36D15			
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)		
95% CI	(6.8, 49.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C40D15			
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)		
95% CI	(0.4, 57.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C44D15			
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	(0.0, 45.9)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C48D15			
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	(0.0, 60.2)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit CS2D15			
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	(0.0, 84.2)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Visit C56D15			
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	0		
95% CI	NE		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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Table 55.3: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation: Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)
Total			
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)
Threshold for Meaningful Score Difference	12.5	n/a	n/a
Participants with Clinically Meaningful Score Improvement, n (%)	20 (40.0%)		
95% CI	(27.0, 55.8)		

PedsQL: Pediatric Quality of Life Inventory; CI: Confidence Interval; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
The anchor-based derivation of within-participant clinically meaningful thresholds is described in the meaningful change threshold (MCT) analysis plan. 95% CIs are derived using the Clopper-Pearson approach.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

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5.8 Table 55.7: Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	8 (16.0%)	8 (14.3%)	13 (22.4%)	21 (19.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	11 (19.6%)	15 (25.9%)	24 (22.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)	12 (21.4%)	12 (20.7%)	19 (17.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	13 (23.2%)	12 (20.7%)	21 (19.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)	12 (21.4%)	8 (13.8%)	18 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.0%)	11 (19.6%)	8 (13.8%)	14 (13.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)	8 (14.3%)	7 (12.1%)	17 (15.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	7 (12.5%)	7 (12.1%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)	5 (8.9%)	4 (6.9%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)	65 (60.2%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	5 (8.9%)	4 (6.9%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)	3 (5.4%)	5 (8.6%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	2 (3.4%)	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	0	1 (1.7%)	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	0	0	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Physical Functioning				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	18 (36.0%)	25 (44.6%)	30 (51.7%)	48 (44.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	16 (32.0%)	17 (30.4%)	12 (20.7%)	28 (25.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	15 (30.0%)	16 (28.6%)	12 (20.7%)	27 (25.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	13 (26.0%)	12 (21.4%)	9 (15.5%)	22 (20.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	13 (26.0%)	16 (28.6%)	12 (20.7%)	25 (23.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	14 (28.0%)	16 (28.6%)	6 (10.3%)	20 (18.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)	12 (21.4%)	7 (12.1%)	17 (15.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)	15 (26.8%)	6 (10.3%)	17 (15.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	8 (16.0%)	17 (30.4%)	8 (13.8%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)	11 (19.6%)	4 (6.9%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)	65 (60.2%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)	6 (10.7%)	8 (13.8%)	13 (12.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)	8 (14.3%)	4 (6.9%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	2 (3.6%)	2 (3.4%)	5 (4.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	2 (3.6%)	4 (6.9%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)	1 (1.8%)	2 (3.4%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	1 (1.7%)	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Emotional Functioning				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	27 (54.0%)	30 (53.6%)	28 (48.3%)	55 (50.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	14 (25.0%)	11 (19.0%)	20 (18.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)	14 (25.0%)	10 (17.2%)	21 (19.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	11 (19.6%)	7 (12.1%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	13 (26.0%)	15 (26.8%)	12 (20.7%)	25 (23.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	10 (20.0%)	12 (21.4%)	6 (10.3%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	6 (12.0%)	9 (16.1%)	5 (8.6%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.

A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)	9 (16.1%)	4 (6.9%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)	7 (12.5%)	6 (10.3%)	10 (9.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)	6 (10.7%)	3 (5.2%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	21 (42.0%)	24 (42.9%)	21 (36.2%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	29 (58.0%)	32 (57.1%)	37 (63.8%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	4 (7.1%)	5 (8.6%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)	4 (7.1%)	2 (3.4%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	2 (3.6%)	1 (1.7%)	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	2 (3.4%)	2 (1.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: Social Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	19 (38.0%)	29 (51.8%)	21 (36.2%)	40 (37.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	50 (89.3%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	6 (10.7%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	8 (16.0%)	11 (19.6%)	19 (32.8%)	27 (25.0%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	50 (89.3%)	45 (77.6%)	92 (85.2%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	6 (10.7%)	13 (22.4%)	16 (14.8%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	16 (32.0%)	12 (21.4%)	12 (20.7%)	28 (25.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	47 (83.9%)	43 (74.1%)	84 (77.8%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	9 (16.1%)	15 (25.9%)	24 (22.2%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	10 (17.9%)	12 (20.7%)	21 (19.4%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	45 (80.4%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	11 (19.6%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	16 (32.0%)	10 (17.9%)	15 (25.9%)	31 (28.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	42 (75.0%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	14 (25.0%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)	11 (19.6%)	5 (8.6%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)	9 (16.1%)	8 (13.8%)	19 (17.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	35 (62.5%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	21 (37.5%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	11 (22.0%)	7 (12.5%)	8 (13.8%)	19 (17.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	36 (64.3%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	20 (35.7%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	9 (16.1%)	9 (15.5%)	18 (16.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	23 (41.1%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	33 (58.9%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	21 (42.0%)	22 (39.3%)	21 (36.2%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	29 (58.0%)	34 (60.7%)	37 (63.8%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	5 (8.9%)	9 (15.5%)	12 (11.1%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	15 (30.0%)	16 (28.6%)	21 (36.2%)	36 (33.3%)
Number of Participants Missing the Assessment, n (%)	35 (70.0%)	40 (71.4%)	37 (63.8%)	72 (66.7%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	4 (8.0%)	2 (3.6%)	5 (8.6%)	9 (8.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	7 (12.5%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	49 (87.5%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	1 (1.8%)	4 (6.9%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	7 (12.5%)	11 (19.0%)	17 (15.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	49 (87.5%)	47 (81.0%)	91 (84.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)	2 (3.6%)	4 (6.9%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	5 (8.6%)	9 (8.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	53 (91.4%)	99 (91.7%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	1 (1.8%)	3 (5.2%)	4 (3.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	2 (3.4%)	4 (3.7%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	56 (96.6%)	104 (96.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	1 (1.8%)	0	1 (0.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: School/Work Functioning

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	53 (94.6%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	3 (5.4%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	27 (54.0%)	25 (44.6%)	29 (50.0%)	56 (51.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C3D15				
Number of Participants Completed the Assessment, n (%)	48 (96.0%)	52 (92.9%)	48 (82.8%)	96 (88.9%)
Number of Participants Missing the Assessment, n (%)	2 (4.0%)	4 (7.1%)	10 (17.2%)	12 (11.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)	11 (19.6%)	10 (17.2%)	15 (13.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C5D15				
Number of Participants Completed the Assessment, n (%)	47 (94.0%)	52 (92.9%)	46 (79.3%)	93 (86.1%)
Number of Participants Missing the Assessment, n (%)	3 (6.0%)	4 (7.1%)	12 (20.7%)	15 (13.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	8 (16.0%)	8 (14.3%)	12 (20.7%)	20 (18.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C7D15				
Number of Participants Completed the Assessment, n (%)	41 (82.0%)	48 (85.7%)	44 (75.9%)	85 (78.7%)
Number of Participants Missing the Assessment, n (%)	9 (18.0%)	8 (14.3%)	14 (24.1%)	23 (21.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)	11 (19.6%)	8 (13.8%)	15 (13.9%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C9D15				
Number of Participants Completed the Assessment, n (%)	42 (84.0%)	47 (83.9%)	44 (75.9%)	86 (79.6%)
Number of Participants Missing the Assessment, n (%)	8 (16.0%)	9 (16.1%)	14 (24.1%)	22 (20.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	9 (18.0%)	11 (19.6%)	11 (19.0%)	20 (18.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C13D15				
Number of Participants Completed the Assessment, n (%)	38 (76.0%)	43 (76.8%)	34 (58.6%)	72 (66.7%)
Number of Participants Missing the Assessment, n (%)	12 (24.0%)	13 (23.2%)	24 (41.4%)	36 (33.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	8 (16.0%)	12 (21.4%)	8 (13.8%)	16 (14.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C17D15				
Number of Participants Completed the Assessment, n (%)	34 (68.0%)	36 (64.3%)	32 (55.2%)	66 (61.1%)
Number of Participants Missing the Assessment, n (%)	16 (32.0%)	20 (35.7%)	26 (44.8%)	42 (38.9%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	5 (10.0%)	10 (17.9%)	5 (8.6%)	10 (9.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objjresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C21D15				
Number of Participants Completed the Assessment, n (%)	32 (64.0%)	36 (64.3%)	28 (48.3%)	60 (55.6%)
Number of Participants Missing the Assessment, n (%)	18 (36.0%)	20 (35.7%)	30 (51.7%)	48 (44.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	7 (14.0%)	6 (10.7%)	3 (5.2%)	10 (9.3%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C24D21				
Number of Participants Completed the Assessment, n (%)	33 (66.0%)	37 (66.1%)	28 (48.3%)	61 (56.5%)
Number of Participants Missing the Assessment, n (%)	17 (34.0%)	19 (33.9%)	30 (51.7%)	47 (43.5%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	6 (10.7%)	8 (13.8%)	11 (10.2%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objjresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C28D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	20 (34.5%)	42 (38.9%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	38 (65.5%)	66 (61.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	2 (4.0%)	4 (7.1%)	3 (5.2%)	5 (4.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C32D15				
Number of Participants Completed the Assessment, n (%)	22 (44.0%)	24 (42.9%)	21 (36.2%)	43 (39.8%)
Number of Participants Missing the Assessment, n (%)	28 (56.0%)	32 (57.1%)	37 (63.8%)	65 (60.2%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	4 (7.1%)	5 (8.6%)	6 (5.6%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C36D15				
Number of Participants Completed the Assessment, n (%)	17 (34.0%)	18 (32.1%)	21 (36.2%)	38 (35.2%)
Number of Participants Missing the Assessment, n (%)	33 (66.0%)	38 (67.9%)	37 (63.8%)	70 (64.8%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	3 (6.0%)	4 (7.1%)	4 (6.9%)	7 (6.5%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objjresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C40D15				
Number of Participants Completed the Assessment, n (%)	7 (14.0%)	8 (14.3%)	11 (19.0%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	43 (86.0%)	48 (85.7%)	47 (81.0%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	1 (2.0%)	1 (1.8%)	2 (3.4%)	3 (2.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C44D15				
Number of Participants Completed the Assessment, n (%)	6 (12.0%)	8 (14.3%)	12 (20.7%)	18 (16.7%)
Number of Participants Missing the Assessment, n (%)	44 (88.0%)	48 (85.7%)	46 (79.3%)	90 (83.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	3 (5.2%)	3 (2.8%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C48D15				
Number of Participants Completed the Assessment, n (%)	4 (8.0%)	4 (7.1%)	6 (10.3%)	10 (9.3%)
Number of Participants Missing the Assessment, n (%)	46 (92.0%)	52 (92.9%)	52 (89.7%)	98 (90.7%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C52D15				
Number of Participants Completed the Assessment, n (%)	2 (4.0%)	2 (3.6%)	3 (5.2%)	5 (4.6%)
Number of Participants Missing the Assessment, n (%)	48 (96.0%)	54 (96.4%)	55 (94.8%)	103 (95.4%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	1 (1.8%)	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
 N represents the number of participants in the corresponding cohort.
 A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
 PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.
 PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
 These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
 Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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Table 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by >=15% (15) : Full Analysis Set

Domain: PedsQL Score				
Visits	Pediatric Self-Report (N=50)	Pediatric Parent-Proxy (N=56)	Adult (N=58)	Total (N=108)
Visit C56D15				
Number of Participants Completed the Assessment, n (%)	0	0	1 (1.7%)	1 (0.9%)
Number of Participants Missing the Assessment, n (%)	0	0	57 (98.3%)	107 (99.1%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	0	0	0	0

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.
N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.
PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if >50% of the individual questions are missing.
PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).
These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.
Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

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GBATable 55.7: Anchor-Based Analysis of Meaningful PedsQL Score Difference - Non-Responder Imputation - Improvement by $\geq 15\%$ (15): Full Analysis Set

Domain: PedsQL Score

Visits	Pediatric Self- Report (N=50)	Pediatric Parent- Proxy (N=56)	Adult (N=58)	Total (N=108)
Total				
Number of Participants Completed the Assessment, n (%)	49 (98.0%)	54 (96.4%)	50 (86.2%)	99 (91.7%)
Number of Participants Missing the Assessment, n (%)	1 (2.0%)	2 (3.6%)	8 (13.8%)	9 (8.3%)
Threshold for Meaningful Score Difference	15	15	15	15
Participants with Clinically Meaningful Score Improvement, n (%)	17 (34.0%)	25 (44.6%)	27 (46.6%)	44 (40.7%)

PedsQL: Pediatric Quality of Life Inventory; QoL: Quality of Life.

N represents the number of participants in the corresponding cohort.
A participant is defined as having clinically meaningful improvement at a visit if their change from baseline in PedsQL score is greater than or equal to the corresponding threshold.

PedsQL domain scores are calculated as the mean of the individual question scores from that domain. Domain scores are missing if $>50\%$ of the individual questions are missing.

PedsQL items are answered on a Likert scale with responses ranging from 0 to 4 (where 0 means it is never a problem and 4 means it is almost always a problem).

These items are then reverse scored and linearly transformed to a 0-100 scale as follows: 0=100, 1=75, 2=50, 3=25, 4=0 with higher scores indicating better outcomes.

Total column is the count of Pediatric Self-Report and Adult cohorts.

Program Name: t_55_7_pedsql_objresp_impr_nr.sas Output Generated: 2025-07-01T09:04 Source: ADSL, ADQS Data Cutoff Date: 2024-06-12

6 Sicherheit

6.1 Table 2: Number of Deaths: Full Analysis Set

SpringWorks Therapeutics	Table 2: Number of Deaths: Full Analysis Set			MEK-NF-201 GBA
		Pediatric (N=56)	Adult (N=58)	Total (N=114)
	n (%)	0	1 (1.7%)	1 (0.9%)
There was no death in pediatric cohort. N represents the number of participants in the corresponding cohort.				
Program Name: t_dth_fas.sas Output Generated: 2025-07-01T08:58 Source: ADSL Data Cutoff Date: 2024-06-12				

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6.2 Table 38: Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and $\geq 1\%$ in the Population: Safety Analysis Set

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Table 38: Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and $\geq 1\%$ in the Population: Safety Analysis Set

Cohort: Pediatric (N=56)

System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders	49 (87.5%)
Dermatitis acneiform	24 (42.9%)
Rash	12 (21.4%)
Dry skin	10 (17.9%)
Gastrointestinal disorders	43 (76.8%)
Diarrhoea	31 (55.4%)
Vomiting	23 (41.1%)
Nausea	16 (28.6%)
Abdominal pain	15 (26.8%)
Infections and infestations	42 (75.0%)
Paronychia	18 (32.1%)
COVID-19	14 (25.0%)
Upper respiratory tract infection	14 (25.0%)
Investigations	36 (64.3%)
Ejection fraction decreased	15 (26.8%)
Blood creatine phosphokinase increased	12 (21.4%)
SARS-CoV-2 test positive	11 (19.6%)
Musculoskeletal and connective tissue disorders	27 (48.2%)
Pain in extremity	12 (21.4%)
General disorders and administration site conditions	26 (46.4%)
Pyrexia	11 (19.6%)
Nervous system disorders	26 (46.4%)
Headache	20 (35.7%)
Respiratory, thoracic and mediastinal disorders	24 (42.9%)
Cough	14 (25.0%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events.

Program Name: t_ae_10p_updated.sas Output Generated: 2025-08-19T13:33 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 38: Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Adult (N=58)

System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders	54 (93.1%)
Dermatitis acneiform	45 (77.6%)
Gastrointestinal disorders	49 (84.5%)
Diarrhoea	35 (60.3%)
Nausea	30 (51.7%)
Vomiting	22 (37.9%)
Abdominal pain	10 (17.2%)
Infections and infestations	32 (55.2%)
COVID-19	13 (22.4%)
Investigations	30 (51.7%)
SARS-CoV-2 test positive	12 (20.7%)
General disorders and administration site conditions	28 (48.3%)
Fatigue	17 (29.3%)
Musculoskeletal and connective tissue disorders	24 (41.4%)
Arthralgia	10 (17.2%)
Nervous system disorders	24 (41.4%)
Dizziness	10 (17.2%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events.

Program Name: t_ae_10p_updated.sas Output Generated: 2025-08-19T13:33 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

Table 38: Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Total (N=114)

System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders	103 (90.4%)
Dermatitis acneiform	69 (60.5%)
Dry skin	19 (16.7%)
Rash	17 (14.9%)
Alopecia	15 (13.2%)
Pruritus	14 (12.3%)
Eczema	10 (8.8%)
Gastrointestinal disorders	92 (80.7%)
Diarrhoea	66 (57.9%)
Nausea	46 (40.4%)
Vomiting	45 (39.5%)
Abdominal pain	25 (21.9%)
Constipation	16 (14.0%)
Abdominal pain upper	12 (10.5%)
Stomatitis	10 (8.8%)
Infections and infestations	74 (64.9%)
COVID-19	27 (23.7%)
Paronychia	21 (18.4%)
Upper respiratory tract infection	16 (14.0%)
Investigations	66 (57.9%)
Ejection fraction decreased	24 (21.1%)
SARS-CoV-2 test positive	23 (20.2%)
Blood creatine phosphokinase increased	20 (17.5%)
Weight increased	13 (11.4%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events.

Program Name: t_ae_10p_updated.sas Output Generated: 2025-08-19T13:33 Source: ADaE, ADAE Data Cutoff Date: 2024-06-12

Table 38: Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Total (N=114)

System Organ Class Preferred Term	n (%)
General disorders and administration site conditions	54 (47.4%)
Fatigue	24 (21.1%)
Pyrexia	15 (13.2%)
Musculoskeletal and connective tissue disorders	51 (44.7%)
Pain in extremity	21 (18.4%)
Arthralgia	19 (16.7%)
Back pain	15 (13.2%)
Nervous system disorders	50 (43.9%)
Headache	26 (22.8%)
Dizziness	16 (14.0%)
Paraesthesia	10 (8.8%)
Respiratory, thoracic and mediastinal disorders	38 (33.3%)
Cough	20 (17.5%)
Nasal congestion	11 (9.6%)
Injury, poisoning and procedural complications	36 (31.6%)
Fall	10 (8.8%)
Eye disorders	31 (27.2%)
Vision blurred	12 (10.5%)
Ear and labyrinth disorders	17 (14.9%)
Ear pain	10 (8.8%)
Vascular disorders	14 (12.3%)
Hypertension	10 (8.8%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events.

Program Name: t_ae_10p_updated.sas Output Generated: 2025-08-19T13:33 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

6.3 Table 39: Grade 1 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and $\geq 1\%$ in the Population: Safety Analysis Set

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Table 39: Grade 1 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and $\geq 1\%$ in the Population: Safety Analysis Set

Cohort: Pediatric (N=56)

System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders	47 (83.9%)
Dermatitis acneiform	20 (35.7%)
Rash	11 (19.6%)
Dry skin	10 (17.9%)
Gastrointestinal disorders	40 (71.4%)
Diarrhoea	27 (48.2%)
Vomiting	21 (37.5%)
Abdominal pain	13 (23.2%)
Nausea	13 (23.2%)
Infections and infestations	34 (60.7%)
COVID-19	11 (19.6%)
Paronychia	11 (19.6%)
Upper respiratory tract infection	10 (17.9%)
Investigations	30 (53.6%)
Blood creatine phosphokinase increased	11 (19.6%)
Musculoskeletal and connective tissue disorders	25 (44.6%)
Pain in extremity	10 (17.9%)
Respiratory, thoracic and mediastinal disorders	24 (42.9%)
Cough	14 (25.0%)
General disorders and administration site conditions	23 (41.1%)
Pyrexia	10 (17.9%)

Thresholds are applied at Preferred Term level only. System organ class represent all subjects who had treatment emergent adverse events with grade 1.

Program Name: t_ae_10p_grd1_updated.sas Output Generated: 2025-08-19T13:34 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 39: Grade 1 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Pediatric (N=56)

System Organ Class Preferred Term	n (%)
Nervous system disorders Headache	22 (39.3%) 18 (32.1%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 1.

Program Name: t_ae_10p_grd1_updated.sas Output Generated: 2025-08-19T13:34 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 39: Grade 1 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Adult (N=58)

System Organ Class Preferred Term	n (%)
Gastrointestinal disorders	48 (82.8%)
Diarrhoea	32 (55.2%)
Nausea	27 (46.6%)
Vomiting	21 (36.2%)
Skin and subcutaneous tissue disorders	48 (82.8%)
Dermatitis acneiform	38 (65.5%)
General disorders and administration site conditions	22 (37.9%)
Fatigue	13 (22.4%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 1.

Program Name: t_ae_10p_grd1_updated.sas Output Generated: 2025-08-19T13:34 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 39: Grade 1 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set		
Cohort: Total (N=114)		
System Organ Class Preferred Term	n (%)	
Skin and subcutaneous tissue disorders	Dermatitis acneiform	95 (83.3%)
	Dry skin	58 (50.9%)
	Rash	16 (14.0%)
	Alopecia	16 (14.0%)
	Pruritus	15 (13.2%)
Gastrointestinal disorders		13 (11.4%)
	Diarrhoea	88 (77.2%)
	Vomiting	59 (51.8%)
	Nausea	42 (36.8%)
	Abdominal pain	40 (35.1%)
Infections and infestations	Constipation	22 (19.3%)
	Abdominal pain upper	11 (9.6%)
		10 (8.8%)
Investigations	COVID-19	53 (46.5%)
	Paronychia	18 (15.8%)
	Upper respiratory tract infection	13 (11.4%)
General disorders and administration site conditions		12 (10.5%)
	Blood creatine phosphokinase increased	50 (43.9%)
	SARS-CoV-2 test positive	18 (15.8%)
Fatigue		16 (14.0%)
		45 (39.5%)
		20 (17.5%)
Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 1.		
Program Name: t_ae_10p_grd1_updated.sas Output Generated: 2025-08-19T13:34 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12		

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Table 39: Grade 1 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Total (N=114)

System Organ Class Preferred Term	n (%)
Pyrexia	13 (11.4%)
Nervous system disorders	44 (38.6%)
Headache	21 (18.4%)
Dizziness	13 (11.4%)
Musculoskeletal and connective tissue disorders	42 (36.8%)
Arthralgia	17 (14.9%)
Pain in extremity	16 (14.0%)
Respiratory, thoracic and mediastinal disorders	37 (32.5%)
Cough	20 (17.5%)
Nasal congestion	11 (9.6%)
Eye disorders	30 (26.3%)
Vision blurred	11 (9.6%)
Ear and labyrinth disorders	16 (14.0%)
Ear pain	10 (8.8%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 1.

Program Name: t_ae_10p_grd1_updated.sas Output Generated: 2025-08-19T13:34 Source: ADL, ADAE Data Cutoff Date: 2024-06-12

6.4 Table 40: Grade 2 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1 % in the Population: Safety Analysis Set

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Table 40: Grade 2 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Pediatric (N=56)

System Organ Class Preferred Term	n (%)
Infections and infestations	29 (51.8%)
Paronychia	12 (21.4%)
Investigations	22 (39.3%)
Ejection fraction decreased	14 (25.0%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 2.

Program Name: t_ae_10p_grd2_updated.sas Output Generated: 2025-08-19T13:34 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 40: Grade 2 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Adult (N=58)

System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders Dermatitis acneiform	28 (48.3%) 15 (25.9%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 2.

Program Name: t_ae_10p_grd2_updated.sas Output Generated: 2025-08-19T13:34 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 40: Grade 2 Treatment-Emergent Adverse Events Occurring in at Least 10 Participants and >=1% in the Population: Safety Analysis Set

Cohort: Total (N=114)

System Organ Class Preferred Term	n (%)
Infections and infestations	51 (44.7%)
Paronychia	13 (11.4%)
COVID-19	10 (8.8%)
Skin and subcutaneous tissue disorders	44 (38.6%)
Dermatitis acneiform	23 (20.2%)
Investigations	39 (34.2%)
Ejection fraction decreased	23 (20.2%)
Weight increased	10 (8.8%)
Gastrointestinal disorders	36 (31.6%)
Diarrhoea	13 (11.4%)
Nausea	13 (11.4%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 2.

Program Name: t_ae_10p_grd2_updated.sas Output Generated: 2025-08-19T13:34 Source: ADL, ADAE Data Cutoff Date: 2024-06-12

6.5 Table 41: Grade >=3 Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set

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Table 41: Grade >=3 Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set

Cohort: Pediatric (N=56)

System Organ Class Preferred Term	n (%)
Investigations	11 (19.6%)
Neutrophil count decreased	5 (8.9%)
Blood creatine phosphokinase increased	4 (7.1%)
Nervous system disorders	5 (8.9%)
Syncope	3 (5.4%)
Gastrointestinal disorders	4 (7.1%)
Diarrhoea	3 (5.4%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 3 and higher.

Program Name: t_ae_10p_5pct_grd3_updated.sas Output Generated: 2025-08-19T13:35 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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Table 41: Grade >=3 Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set	
Cohort: Adult (N=58)	
System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders Dermatitis acneiform	8 (13.8%) 5 (8.6%)
Infections and infestations COVID-19	4 (6.9%) 3 (5.2%)
Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 3 and higher.	
Program Name: t_ae_10p_5pct_grd3_updated.sas Output Generated: 2025-08-19T13:35 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12	

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Table 41: Grade >=3 Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set

Cohort: Total (N=114)

System Organ Class Preferred Term	n (%)
Skin and subcutaneous tissue disorders Dermatitis acneiform	10 (8.8%) 6 (5.3%)

Thresholds are applied at Preferred Term level only. System Organ class represent all subjects who had treatment emergent adverse events with grade 3 and higher.

Program Name: t_ae_10p_5pct_grd3_updated.sas Output Generated: 2025-08-19T13:35 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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6.6 Table 43: Serious Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set

SpringWorks Therapeutics	MEK-NF-201 GBA	Table 43: Serious Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set	
		Cohort: Pediatric (N=56)	
		System Organ Class Preferred Term	n (%)
		No Participant meets the reporting criteria	
		Program Name: t_sae_10p_5pct_updated.sas Output Generated: 2025-08-19T13:38 Source: ADSL/ADAE Data Cutoff Date: 2024-06-12	

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Table 43: Serious Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set	
Cohort: Adult (N=58)	
System Organ Class Preferred Term	n (%)
No Participant meets the reporting criteria	
Program Name: t_sae_10p_5pct_updated.sas Output Generated: 2025-08-19T13:38 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12	

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Table 43: Serious Treatment-Emergent Adverse Events Occurring in >=5% in the Population: Safety Analysis Set	
Cohort: Total (N=114)	
System Organ Class Preferred Term	n (%)
No Participant meets the reporting criteria	
Program Name: t_sae_10p_5pct_updated.sas Output Generated: 2025-08-19T13:38 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12	

6.7 Table 45: Number of Participants with Grade 2 Treatment-Emergent AESI by SOC and PT: Safety Analysis Set

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Table 45: Number of Participants with Grade 2 Treatment-Emergent AESI by SOC and PT: Safety Analysis Set

System Organ Class Preferred Term	Pediatric (N=56) n (%)	Adult (N=58) n (%)	Total (N=114) n (%)
Investigations	14 (25.0%)	9 (15.5%)	23 (20.2%)
Ejection fraction decreased	14 (25.0%)	9 (15.5%)	23 (20.2%)
Skin and subcutaneous tissue disorders ^a	0	2 (3.4%)	2 (1.8%)
dermatitis acneiform	0	1 (1.7%)	1 (0.9%)
Rash ^b	0	1 (1.7%)	1 (0.9%)

a. Rash and Acneiform rash were considered an AESI for Grade ≥ 2 in earlier versions of the protocol. Due to this, there may be some Grade 2 rashes marked as AESIs by the investigators, which are reported as such.

b. Rash is a composite term of the PTs listed in SAP Appendix 2.

Program Name: t_aesi_grd2.sas Output Generated: 2025-07-01T09:01 Source: ADSL, ADAE Data Cutoff Date: 2024-06-12

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