TITLE OF TRIAL: A randomized, multi-center, double blind, parallel-group study assessing the analgesic efficacy and safety of different dosages of GRT0151Y BID compared to active comparator BID and placebo BID in subjects with chronic knee-joint osteoarthritis.

SPONSOR/COMPANY: Grünenthal GmbH, Zieglerstrasse 6, 52078 Aachen, Germany.

COORDINATING INVESTIGATOR: [redacted]
Toledo, Ohio, 43623, USA.

TRIAL CENTERS: In total, 63 centers participated in this trial: 4 centers in Austria, 4 centers in Belgium, 7 centers in Germany, 5 centers in Spain, and 43 centers in the United States of America (USA).

PUBLICATION (REFERENCE): Not applicable.

TRIAL PERIOD (YEARS):

First subject enrolled:	22 Nov 2005
Last subject completed:	11 Aug 2006
Data base lock:	06 Oct 2006

PHASE OF DEVELOPMENT: Phase IIb

OBJECTIVES:

The trial objectives were:

- To compare the oral multiple-dose analgesic efficacy and safety of different dosages of GRT0151Y to placebo in subjects with chronic knee-joint osteoarthritis (OA).
- To evaluate the oral multiple-dose analgesic efficacy and safety of different dosages of GRT0151Y in comparison to oxycodone CR in subjects with chronic knee-joint OA.
- To assess the dose-response of different doses of GRT0151Y in multiple dose administration in chronic pain subjects.
- To evaluate population pharmacokinetics and pharmacodynamics.

METHODOLOGY:

This was a randomized, multi-center, double blind, placebo and standard controlled, parallel-group, dose titration, multiple-administration, Phase IIb trial.
The trial consisted of 5 phases:

- Enrollment period (Days –21 to –2 prior to Day 1 or –21 to –14 prior to Day 1 for women of childbearing potential).
- Washout (at least 48 hours, ended with Initial visit on Day 1).
- Titration (duration 14 days for GRT0151Y groups and 7 days for the oxycodone CR group).
- Fixed-dose treatment (ended with Final visit on Day 29).

- Follow-up (10 to 14 days after last intake of investigational medicinal product (IMP) , i.e., Final visit [Day 29] or early termination).

Visits were scheduled to be performed on a weekly basis (± 1 day). For the Final Visit (Day 29), no time window was allowed according to the protocol. The IMP was dispensed accordingly for 1 week. To ensure sufficient medication was dispensed in case of need for the additional day of the applicable time window, medication for 2 weeks was dispensed on Day 1. The initial 2 weeks of fixed titration (Titration Phase) were followed by a fixed-dose treatment phase of another 2 weeks as depicted below:

	Week 1	**Week 2**	**Week 3**	**Week 4**
Oxycodone CR	2 x 10 mg/day	2 x 20 mg/day	2 x 20 mg/day	2 x 20 mg/day
GRT0151Y low dose	2 x 50 mg/day	2 x 75 mg/day	2 x 100 mg/day	2 x 100 mg/day
GRT0151Y high dose	2 x 75 mg/day	2 x 100 mg/day	2 x 150 mg/day	2 x 150 mg/day
Placebo	2 x 2 capsules	2 x 2 capsules	2 x 2 capsules	2 x 2 capsules

Paracetamol/acetaminophen as rescue medication was allowed up to a maximum dose of 2 000 mg per day.

NUMBER OF SUBJECTS:

Number of Subjects	**GRT0151Y low dose**	**GRT0151Y high dose**	**Oxycodone**	**Placebo**	**Total**
Enrolled	–	–	–	–	746
Randomized	123	113	125	124	485
Randomized and treated	123	113	124	124	484
Full Analysis Set	121	111	121	122	475
Per protocol Set	74	55	56	80	265
Completer Set	93	77	70	92	332
Safety Set	123	113	124	124	484
Completed	90	78	71	93	332
Withdrawn	33	35	53	31	152

DIAGNOSIS AND MAIN CRITERIA FOR INCLUSION:

Male and non-pregnant, non-lactating female subjects, aged 40 to 70 years, with a clinical diagnosis of OA of the knee based on clinical ACR (American College of Rheumatology) criteria, functional capacity class of I – III, and with symptoms or radiographic criteria present for at least 3 months. Eligible subjects had to have an increase in pain intensity in the index joint of at least 1 point reaching at least 5 points after the washout period, using an 11-point numeric rating scale (NRS). Subjects had to have a history of pain in the index joint > 6 months, treated with appropriate analgesics on at least 60 out of the last 90 days. Subjects who had previously used opioids had to have experienced a therapeutic benefit from these opioids.

INVESTIGATIONAL MEDICINAL PRODUCT(S):

Test product	**GRT0151Y**
Dose	One capsule (size DB B) containing 50 mg or 75 mg of free base. 84.8 mg HCl salt corresponds with 75 mg GRT0151Y free base. 56.5 mg HCl salt corresponds with 50 mg GRT0151Y free base.
Mode of administration	Oral, twice daily (BID).
Batch number	50 mg: B05259; expiry date: August 2007. 75 mg: B05260; expiry date: August 2007.
Duration of treatment	28 days.

Comparator product	**Oxycodone CR (Europe)**
Dose	One capsule (size DB B) contains 10 mg oxycodone from over-encapsulation of one OxyContin® CR 10 mg tablet.
Mode of administration	Oral, BID.
Batch number	E03760-002; expiry date: November 2007.
Duration of treatment	28 days.

Comparator product	**Oxycodone CR (USA)**
Dose	One capsule (size DB B) contains 10 mg oxycodone from over-encapsulation of one OxyContin® CR 10 mg tablet.
Mode of administration	Oral, BID.
Batch number	B05274; expiry date: August 2007.
Duration of treatment	28 days.

Placebo	**Placebo to match GRT0151Y and oxycodone CR**
Dose	One capsule (size DB B) containing placebo.
Mode of administration	Oral, BID.
Batch number	B05258; expiry date: August 2010.
Duration of treatment	28 days.

Rescue medication	**Paracetamol (Europe)**
Dose	Paracetamol tablets, 500 mg.
Mode of administration	Oral.
Batch number	G40845; expiry date: October 2008.
Duration of treatment	28 days.

Rescue medication	**Acetaminophen (USA)**
Dose	Acetaminophen tablets, 500 mg.
Mode of administration	Oral.
Batch number	23805; expiry date: May 2008.
Duration of treatment	28 days.

CRITERIA FOR EVALUATION:

Efficacy:

The primary efficacy endpoint was the average pain intensity over the preceding 24 hours evaluated at the Final Visit on an 11-point NRS. The primary endpoint of this trial had been selected in order to demonstrate that GRT0151Y is superior to placebo after 4 weeks of twice daily intake with respect to the effects on pain intensity.
Secondary efficacy endpoints were the average pain intensity over the preceding 24 hours evaluated at each visit on an 11-point NRS; the current pain intensity twice daily immediately after intake of the IMP on an 11-point NRS on the 2 days preceding Days 8, 15, 22 and 29; the amount and frequency of rescue medication intake; the Western Ontario and MacMaster University Osteoarthritic Index (WOMAC™) rating scale on Days 1, 15, and 29; the subject's global evaluation using a 5-point verbal rating scale on Day 29; the quality of life index: Short Form 36® Health Survey (SF-36®) on Days 1 and 29; the Leeds Sleep Evaluation questionnaire on Days 1 and 29; and the PAC-QOL© and PAC-SYM© Constipation questionnaires on Days 1 and 29.

Safety:

Safety variables were the weekly assessment of vital signs and the physical examination; the assessment of adverse events continuously throughout the course of the trial; 12-lead ECGs (performed at the Enrollment Visit, on Days 15 and 29 and at the Follow-up Visit); and the weekly clinical laboratory parameters (analysis performed by a central laboratory).

Pharmacokinetics

Blood samples to determine the individual plasma levels of GRT0151Y and its M1 metabolite were taken on Days 1, 8, 15, and 29 (on Day 29: at the start of the visit prior to the intake of the IMP and an additional sample at the end of the visit). The analysis in plasma was performed by means of a validated liquid chromatography-tandem mass spectrometry (LC-MS/MS) method using internal standardization with deuterium labeled GRT0151Y. Details of the analytical determination were outlined in a separate protocol prepared by the Department of Pharmacokinetics of Grünenthal/SGS Cephac Europe responsible for the bioanalysis. The trial code for bioanalytics is PK835A.

STATISTICAL METHODS:

The evaluation of efficacy was performed for 3 populations: the full analysis set (FAS), completer set (CS) and per protocol set (PPS).

The primary analysis of the efficacy parameters was on the basis of the FAS. In addition, the analysis of the PPS was performed. The CS was analyzed to test the robustness of the results and imputation method used. These and other sensitivity analyses were further described in the statistical analysis plan (SAP) and the amendment to the SAP.

The confirmatory analysis of the primary endpoint was planned as an analysis of covariance with the factors analysis center and treatment and with the baseline pain assessment as a co-variable. The treatment effect was estimated using the least square means of the differences. A many-to-one comparison according to Dunnett was carried out to detect differences between any of the GRT0151Y treatment groups and placebo. The null-hypothesis was that there is no difference between the active treatment in the given doses and placebo versus the alternative hypothesis that at least one of the GRT0151Y treatment groups was different to placebo.

SUMMARY:

Pharmacokinetic results:

The results of the pharmacokinetic analysis are provided in a separate report (PK835A). The evaluation of population pharmacokinetics/pharmacodynamics will be reported in a separate report.

Efficacy results:

In this trial intended to compare the efficacy of 2 different doses of GRT0151Y and oxycodone CR to placebo, both, the GRT0151Y and oxycodone CR groups demonstrated an analgesic effect over the 4-week treatment period. However, for the primary endpoint (average pain over the preceding 24 hours on Day 29) in the FAS, only the GRT0151Y low dose group showed a statistically significant difference to placebo ($p = 0.0177$). The GRT0151Y low dose group also was more efficacious than placebo for many of the secondary efficacy endpoints (such as the average pain intensity over the preceding 24 hours evaluated at each visit, the current pain intensity evaluated twice daily after intake of IMP and the WOMAC questionnaire). No statistically significant difference to placebo was observed for the GRT0151Y high dose and the oxycodone CR group for the primary endpoint in the FAS.

Although a statistically significant effect was demonstrated for the GRT0151Y low dose group in the FAS, the difference to placebo was smaller than the predefined difference of 1.2 (on the 11-point NRS) upon which the sample size determination of this trial was based. For GRT0151Y, the mean change from baseline to Day 29 ranged from –3.11 to –3.69 (on the 11-point NRS), which is considered clinically meaningful. In addition a statistically significant difference to placebo of –0.83 for the GRT0151Y low dose group was shown. For the analysis of the primary endpoint based on the PPS, a statistically significant difference to placebo of 1 unit or greater (based on the NRS scale) was demonstrated for all active treatment groups ($p \leq 0.0138$).

The observed differences between the analysis of the FAS and the PPS for the primary outcome on the GRT0151Y high dose and oxycodone CR groups is likely to be driven by higher withdrawal rates relative to placebo and/or poorer compliance with the IMP dosing schedule. The analysis of rescue medication use confirmed the analgesic effects of the GRT0151Y high dose and oxycodone CR groups for both the FAS and PPS.

The results of the primary efficacy endpoint were confirmed by several secondary efficacy endpoints. This, together with the finding that the use of more conservative imputation strategies (BOCF, WOCF, placebo mean imputation) showed similar results as the primary analysis of the FAS and the PPS, shows the robustness of the efficacy results.

The analyses performed by subgroup for gender, region, ethnic group and IMP dosing compliance on the FAS suggested an influence of these parameters with respect to the observed effects on the primary efficacy endpoint. For the analysis of the primary efficacy endpoint by region (USA and

Europe), centers in the USA demonstrated larger analgesic efficacy compared with placebo for the GRT0151Y low dose group. For the European centers, the GRT0151Y high dose group demonstrated the largest analgesic efficacy relative to placebo. For the PPS, all active treatment groups demonstrated a statistically significant difference to placebo within European centers, whereas in US centers, only the GRT0151Y low dose group separated statistically from placebo.

Similar results were also observed for the secondary efficacy endpoints average pain intensity over the preceding 24 hours evaluated at each visit, average current pain intensity twice daily immediately after intake of the IMP (on an 11-point NRS) on the 2 days preceding each visit, the pain subscale and the total score of the WOMAC questionnaire.

In line with the observed analgesic effect, the percentages of subjects classified as responders was higher in each of the GRT0151Y groups than in the placebo group.

Regarding the amount of rescue medication used, the difference between the GRT0151Y low dose group and the placebo group is only small, which may be explained by the low doses used for the early titration steps.

In summary, the GRT0151Y low dose group demonstrated a robust effect on chronic pain due to OA of the knee, whereas the GRT0151Y high dose and oxycodone CR groups only demonstrated an analgesic effect in the PPS. Potential factors for the difference between the FAS and the PPS are non-compliance to the IMP intake and premature withdrawal, which may be related to a difference in tolerability.

Safety results:

Overall, 286 subjects (59.1%) experienced 854 TEAEs during the trial. The incidence of TEAEs in both GRT0151Y and the oxycodone CR groups was higher than in the placebo group, with a slightly higher number of subjects and AEs in the GRT0151Y low dose group (77.2%) compared with the GRT0151Y high dose and oxycodone CR groups (61.1% and 64.5%, respectively). Examining events by Preferred Term, no clear dose dependency for subjects receiving GRT0151Y could be identified, also not with respect to the intensity of the events. Most TEAEs were of mild or moderate intensity. The higher frequency of subjects with TEAEs in the GRT0151Y low dose group may partly be attributable to the higher number of completers in this group compared to the other active treatment groups.

The most frequently observed AEs constipation, nausea, dizziness, vomiting, and dry mouth had a higher incidence in the active treatment groups compared to placebo. There was no apparent effect of dose for the 2 GRT0151Y groups. The oxycodone CR group showed the highest frequencies for nausea, vomiting, fatigue, dizziness, somnolence, and hyperhidrosis.

Slight gender differences were observed with regard to the frequency of AEs. With respect to the events nausea, vomiting, fatigue, diarrhea, and dry mouth, the number of subject experiencing these events was higher in the female group compared with the male group. There were no relevant differences between the 2 subgroups regarding the intensity of the events overall.

The sub-analyses of AEs by region revealed that in Europe, more subjects experienced TEAEs compared with the subjects in the US. For the events, nausea, vomiting, dizziness, diarrhea, and dry mouth the number of subjects experiencing these events was similar in both regions. For most TEAEs, there were no relevant differences in relative frequencies between the treatment groups and the regions.

No deaths occurred during the course of this trial.

One subject [redacted] in the GRT0151Y low dose group experienced 2 SAEs (nausea and vomiting) that lead to discontinuation of the IMP and other countermeasures. Both events were of moderate intensity and resolved after discontinuation of treatment. Both events were assessed as probably related to the IMP.

Four subjects, 3 subjects in the GRT0151Y groups and 1 subject in the oxycodone CR group, developed drug withdrawal syndrome or symptoms related to opioid withdrawal. Only in 1 case, the AE was assessed as possibly related to the IMP. This effect was not previously observed for GRT0151Y. Drug withdrawal syndrome is well known class effect for centrally acting analgesics. Currently, however, the limitations of the trial design and the low number of the events do not allow any definite conclusions about the potential of GRT0151Y to induce a physical dependence.

The reported unexpected events did not change the safety profile of GRT0151Y. No new signal or potential new adverse drug reaction was identified.

In general, there were no meaningful changes in laboratory tests, vital signs, or ECG results during the course of this trial. Furthermore, there were no relevant differences between the treatment groups regarding these assessments.

Overall, the 2 doses of GRT0151Y appeared to be safe and well tolerated. The overall tolerability was affected by opioid-specific ADRs such as nausea and vomiting. The safety profile of GRT0151Y was consistent with its opioid and a non-opioid mechanism of analgesic effect.

CONCLUSION:

The efficacy analysis for the full analysis set demonstrated a clinically relevant and statistically significant difference to placebo for the GRT0151Y low dose group with respect to the primary endpoint.

No statistically significant difference to placebo was observed for either the GRT0151Y high dose or the oxycodone CR group for the primary endpoint in the full analysis set, although the analysis of the per protocol set demonstrated clinically relevant and statistically significant differences to placebo for all active treatment groups. Early drop-outs and poorer compliance were potential factors for these observed differences between the analyses of the full analysis and per protocol sets.

The analysis of the secondary endpoints supported the outcome for the primary endpoint.

Overall, the 2 doses of GRT0151Y appeared to be safe and well tolerated. The results obtained in this trial were in line with a safety profile for a substance with μ-opioid activity and previous experiences with this compound.

Date of report: 08 Oct 2007

ICTR SYNOPSIS SUPPLEMENT

KF0151/07

Original ICTR issue date:	08 Oct 2007	**DMS version:**	2.0
ICTR synopsis supplement date:	06 Feb 2015	**DMS version:**	1.0

1 SUPPLEMENT CONTENT

This document contains information about the trial that is not already covered in the synopsis of the corresponding clinical trial report.

2 INFORMATION ABOUT PROTOCOL AMENDMENTS

There were 2 amendments to the protocol.

Protocol Amendment no. I was finalized on 6 October 2005. The aim of this amendment was to:

- Select a Coordinating Investigator based in the US to guarantee a consistent support during the whole trial duration. This became necessary due to technical reasons that delayed the start of the trial in Europe compared to the US.
- Clarify inconsistencies between the protocol Sections 5.4.2 and 7.2.
- Remove the Clinical Opioid Withdrawal Scale from the protocol.
- Change the insurance conditions.
- Assign Laboratorios Andromaco, S.A. (now: Grupo Grunenthal España) as a Co-Sponsor for Spain.
- Explain data capture via an IVRS.
- Change the manufacturer for the paracetamol tablets.
- Change the definition of the seriousness criterion for AEs.

In December 2005, an IMP packaging error was identified. For the active treatment arms, the full daily dosage was packed to be administered as the morning dose instead of being split into 2 doses (morning and evening dose; BID) as intended by the protocol. This mistake affected the highlighted (**bold**) treatment periods in the following table:

	Week 1	**Week 2**	**Week 3**	**Week 4**
Oxycodone CR	**2x10mg/day**	2x20mg/day	2x20mg/day	2x20mg/day
GRT0151Y low dose	**2x50mg/day**	**2x75mg/day**	2x100mg/day	2x100mg/day
GRT0151Y high dose	**2x75mg/day**	2x100mg/day	2x150mg/day	2x150mg/day
Placebo	2x2 Capsules	2x2Capsules	2x2Capsules	2x2Capsules

Subjects under the highlighted conditions received 2 capsules containing active compound in the morning and 2 capsules containing placebo in the evening instead of receiving 1 active and 1 placebo capsule in the morning and in the evening. Since the dosing regimen did not comply with the approved protocol, a decision was taken to discontinue all ongoing subjects and to correct the packaging of treatments before re-commencing the trial. A total of 5 subjects had been randomized and dosed in the trial at the time of identification of the packaging error. Each of these subjects was subsequently discontinued from further participation in the trial. However, these 5 subjects were included into the FAS and the safety set.

The trial was re-commenced in early 2006 with errors in the treatment packaging having been corrected. None of the 5 subjects who had participated in the discontinued part of the trial were allowed to enroll in the re-commenced trial.

Amendment no. II was finalized on 1 March 2006 with the intention of:

- Fulfilling a request from the German central Ethics Committee which recommended that a subject should be removed from the trial by the Investigator if paracetamol/acetaminophen was not sufficient for pain control of the individual subject. Subjects who were taking 4000 mg paracetamol/acetaminophen and more rescue medication per day were considered to be treated insufficiently and had to be removed from the trial.
- Clarifying that only the subject and not a legal representative could sign and receive the ICF.
- Changing the manufacturer for the paracetamol tablets.
- Specifying in more detail, the acceptable methods of birth control.
- Specifying in more detail, the side effect profile of opioids, in general, in the ICF.

3 INFORMATION REGARDING CLINICAL HOLD OR EARLY TERMINATION

This clinical trial was not subjected to a clinical hold or early termination.

4 NAMES AND ADDRESSES OF PRINCIPAL INVESTIGATORS

The names of principal investigators for all sites are not listed because consent for public disclosure was not obtained.

Site number	Investigator	Site address
AT 001	(Name not given, since no consent given)	1090 Vienna, Austria
AT 002	(Name not given, since no consent given)	1090 Vienna, Austria
AT 003	(Name not given, since no consent given)	1010 Vienna, Austria
AT 004	(Name not given, since no consent given)	1230 Vienna Austria
BE 001	(Name not given, since no consent given)	6530 Thuin, Belgium
BE 002	(Name not given, since no consent given)	6534 Gozée, Belgium
BE 003	(Name not given, since no consent given)	3945 Ham, Belgium
BE 004	(Name not given, since no consent given)	3600 Genk, Belgium
DE 001	(Name not given, since no consent given)	12200 Berlin, Germany
DE 002	(Name not given, since no consent given)	13125 Berlin, Germany
DE 003	(Name not given, since no consent given)	10117 Berlin, Germany
DE 004	(Name not given, since no consent given)	13347 Berlin, Germany
DE 005	(Name not given, since no consent given)	20249 Hamburg, Germany
DE 006	(Name not given, since no consent given)	19055 Schwerin, Germany
DE 007	(Name not given, since no consent given)	65185 Wiesbaden, Germany
ES 001	(Name not given, since no consent given)	46017 Valencia, Spain
ES 002	(Name not given, since no consent given)	28046 Madrid, Spain
ES 003	(Name not given, since no consent given)	19002 Guadalajara, Spain
ES 004	(Name not given, since no consent given)	08550 Barcelona, Spain
ES 005	(Name not given, since no consent given)	08022 Barcelona, Spain
ES 006	(Name not given, since no consent given)	08500 Vic (Barcelona), Spain
US 001	(Name not given, since no consent given)	Fair Oaks, CA 95628, USA
US 002	(Name not given, since no consent given)	Anniston, AL 36207, USA
US 003	(Name not given, since no consent given)	New Port Richey, FL 34652, USA
US 004	(Name not given, since no consent given)	Roanake, VA 24014, USA
US 005	(Name not given, since no consent given)	Pico Rivera, CA 90660, USA
US 006	(Name not given, since no consent given)	Virginia Beach, VA 23454, USA
US 007	(Name not given, since no consent given)	Stamford, CT 09605, USA
US 008	(Name not given, since no consent given)	Salt Lake City, UT 84102, USA
US 009	(Name not given, since no consent given)	Wilmington, NC 28412, USA
US 010	(Name not given, since no consent given)	Perrysburg, OH 43551, USA
US 011	(Name not given, since no consent given)	Cleveland, OH 44121, USA
US 012	(Name not given, since no consent given)	El Paso, TX 79902, USA
US 013	(Name not given, since no consent given)	Laguna Niguel, CA 92677, USA
US 014	(Name not given, since no consent given)	Deland, FL 32720, USA
US 015	(Name not given, since no consent given)	Birmingham, AL 35235, USA
US 016	(Name not given, since no consent given)	Tampa, FL 33613, USA
US 017	(Name not given, since no consent given)	Mansfield, OH 44903, USA
US 018	(Name not given, since no consent given)	Blue Ridge, GA 30513, USA
US 019	(Name not given, since no consent given)	Largo, FL 33770, USA

Site number	Investigator	Site address
US 020	(Name not given, since no consent given)	Berlin, NJ 8009, USA
US 021	(Name not given, since no consent given)	Boise, ID 83702, USA
US 022	(Name not given, since no consent given)	Daytona Beach, FL 32114, USA
US 023	(Name not given, since no consent given)	Las Vegas, NV 89123, USA
US 024	(Name not given, since no consent given)	Pembroke Pines, FL 33024, USA
US 025	(Name not given, since no consent given)	Worcester, MA 1610, USA
US 026	(Name not given, since no consent given)	San Antonio, TX 78229, USA
US 027	(Name not given, since no consent given)	Phoenix, AZ 85023, USA
US 028	(Name not given, since no consent given)	Tamarac, FL 33321, USA
US 029	(Name not given, since no consent given)	Little Rock, AR 72205, USA
US 030	(Name not given, since no consent given)	Little Rock, AR 72205, USA
US 031	(Name not given, since no consent given)	Tempe, AZ 85282, USA
US 032	(Name not given, since no consent given)	Marietta, GA 30066, USA
US 033	(Name not given, since no consent given)	Chiefland, FL 32626, USA
US 034	(Name not given, since no consent given)	Medford, OR 97504, USA
US 035	(Name not given, since no consent given)	Gurnee, IL 60031, USA
US 036	(Name not given, since no consent given)	West Palm Beach, FL 33409, USA
US 037	(Name not given, since no consent given)	Winston-Salem, NC 27103, USA
US 038	(Name not given, since no consent given)	San Antonio, TX 78209, USA
US 039	(Name not given, since no consent given)	Prairie Village, KS 66206, USA
US 040	(Name not given, since no consent given)	St Louis, MO 63141, USA
US 041	(Name not given, since no consent given)	San Antonio, TX 78217, USA
US 042	(Name not given, since no consent given)	Williamsville, NY 14221, USA
US 043	(Name not given, since no consent given)	Eugene, OR 97401, USA
US 044	(Name not given, since no consent given)	Saginaw, MI 48602, USA
US 045	(Name not given, since no consent given)	Wellesley Hills, MA 02481-2106, USA
US 046	(Name not given, since no consent given)	Indianapolis, IN 46254, USA
US 047	(Name not given, since no consent given)	Clarksville, TN 37043, USA
US 048	(Name not given, since no consent given)	Baltimore, MD 21239, USA
US 049	(Name not given, since no consent given)	Cadillac, MI 49601, USA
US 050	(Name not given, since no consent given)	Bulverde, TX 78163, USA