This report may include approved and non-approved uses, formulations, or treatment regimens. The results reported may not reflect the overall profile of a product. Before prescribing any product mentioned in this report, healthcare professionals should consult local prescribing information for the product approved in their country.

MERCK SHARP & DOHME CORP., A SUBSIDIARY OF MERCK & CO., INC MK–0431E Sitagliptin and Atorvastatin, Tablets Type 2 diabetes mellitus (T2DM)	**CLINICAL STUDY REPORT SYNOPSIS** -2-

PROTOCOL TITLE/NO.: A Phase III randomized clinical trial to study the efficacy and safety of the co–administration of sitagliptin and atorvastatin in patients with type 2 diabetes mellitus with inadequate glycemic control on metformin monotherapy # 211-00

PROTECTION OF HUMAN SUBJECTS: This study was conducted in conformance with applicable country or local requirements regarding ethical committee review, informed consent, and other statutes or regulations regarding the protection of the rights and welfare of human subjects participating in biomedical research.

INVESTIGATOR(S)/STUDY CENTER(S): Multicenter: 128 centers in Bulgaria, Canada, Germany, Hungary, Republic of Korea, Mexico, Romania, South Africa, and United States (US)

PRIMARY THERAPY PERIOD: 01-Dec-2011 to 29-Nov-2012 | **CLINICAL PHASE:** III

DURATION OF TREATMENT: 54–weeks: 16–week placebo–controlled period (Phase A) and 38-week active-controlled period (Phase B).

OBJECTIVE(S):

Primary: (1) To assess the effect of sitagliptin in combination with atorvastatin compared to atorvastatin alone on hemoglobin A1c (A1C) after 16 weeks of treatment. Hypothesis: After 16 weeks of treatment, sitagliptin in combination with atorvastatin reduces A1C from baseline more than atorvastatin alone. (2) To assess the effect of atorvastatin in combination with sitagliptin compared to sitagliptin alone on Low Density Lipoprotein-Cholesterol (LDL-C) after 16 weeks of treatment. Hypothesis: After 16 weeks of treatment, atorvastatin in combination with sitagliptin lowers LDL-C from baseline more than sitagliptin alone. (3) To assess the safety and tolerability of the co-administration of sitagliptin and atorvastatin.

Secondary: After 16 weeks: (1) To assess the effect of sitagliptin in combination with atorvastatin compared to sitagliptin alone on A1C. Hypothesis: After 16 weeks of treatment, the mean change from baseline A1C in patients treated with sitagliptin in combination with atorvastatin is non-inferior compared to sitagliptin alone. (2) To assess the effect of atorvastatin in combination with sitagliptin compared to atorvastatin alone on LDL–C. (3) To assess the effect of sitagliptin in combination with atorvastatin compared to atorvastatin alone on Fasting Plasma Glucose (FPG). (4) To assess the effect of atorvastatin in combination with sitagliptin compared to sitagliptin alone on total cholesterol (TC), apolipoprotein B (Apo B), non–high density lipoprotein–cholesterol (non–HDL–C), triglycerides (TG), very low density lipoprotein–cholesterol (VLDL–C), and high density lipoprotein-cholesterol (HDL-C). (5) To assess the effect of sitagliptin in combination with atorvastatin compared to atorvastatin alone on A1C among patients with baseline A1C > or ≤ median. After 54 weeks: (6) To assess the effect of sitagliptin in combination with atorvastatin on A1C and FPG. (7) To assess the effect of atorvastatin in combination with sitagliptin on LDL–C, TC, Apo B, non-HDL–C, TG, VLDL–C, and HDL–C.

STUDY STATUS: The study was terminated early by the Sponsor due to a change in focus of clinical development efforts for MK-0431E.

STUDY DESIGN: This was a multi–center, randomized, double–blind, parallel–group study. The planned duration was 57 weeks, which included a 1–week screening period **(Visits 1 to 2),** a 2–week single–blind placebo run–in period (**Visits 2** to **3**), and a 54-week double–blind treatment period (**Visits 3 to 8).** The double–blind treatment period included a 16-week placebo–controlled period (Phase A) and a 38-week active–controlled period (Phase B).

Included were patients with T2DM who were on a stable dose of metformin (for at least 8 weeks prior to **Visit 1/Screening Visit**) with inadequate glycemic control, and who were not on lipid–lowering therapy (for at least 6 weeks prior to **Visit 1/Screening Visit**). Patients who met all other enrollment criteria were eligible to enter the 2–week, single–blind, placebo run–in period at **Visit 2/Week -2**.

MERCK RESEARCH LABORATORIES
MK–0431E
Sitagliptin, Tablets
Type 2 diabetes mellitus (T2DM)

CLINICAL STUDY REPORT SYNOPSIS
-3-

At **Visit 3/Day 1**, patients who met all study enrollment criteria entered Phase A of the double–blind treatment period. During Phase A and Phase B, patients remained on their prescreening metformin dose. Patients were randomized in an equal ratio among the 3 following treatment groups: (1) sitagliptin 100 mg + atorvastatin 80 mg, (2) sitagliptin 100 mg + atorvastatin–matching placebo, (3) sitagliptin–matching placebo + atorvastatin 80 mg. Patients not meeting specific glycemic goals during Phase A received rescue therapy initiated with open–label glimepiride. In addition, patients on atorvastatin–matching placebo not meeting specific goals for LDL–C during Phase A were switched in a blinded manner to atorvastatin 80 mg.

At **Visit 5/Week 16**, patients entered Phase B of the double–blind treatment period. Patients receiving sitagliptin–matching placebo in Phase A who did not initiate glycemic rescue therapy were switched in a blinded manner to daily treatment with glimepiride, which could be up–titrated to a maximum dose of 6 mg daily. Patients receiving sitagliptin 100 mg in Phase A continued on this therapy, and treatment with glimepiride–matching placebo was initiated at the beginning of Phase B. Patients receiving atorvastatin–matching placebo in Phase A were switched in a blinded manner to treatment with atorvastatin 80 mg. Patients receiving atorvastatin 80 mg in Phase A continued on this therapy. Patients not meeting specific goals for LDL-C during Phase B were discontinued.

Patients who had been rescued in Phase A with open-label glimepiride continued on this medication, along with their open-label metformin and double-blind sitagliptin and atorvastatin or matching placebos. These patients did not initiate blinded glimepiride or glimepiride–matching placebo in Phase B.

SUBJECT/PATIENT DISPOSITION:

Table 1
Disposition of Patients for Phase A
(APR)

	Atorvastatin 80 mg + Sitagliptin 100 mg n (%)	Sitagliptin 100 mg n (%)	Atorvastatin 80 mg n (%)	Total n (%)
Not Randomized				416
Patients in Population	55	55	56	166
Male (age range)	31 (33-77) (56.4)	31 (34-79) (56.4)	29 (36-66) (51.8)	91 (33-79) (54.8)
Female (age range)	24 (33-68) (43.6)	24 (38-75) (43.6)	27 (42-74) (48.2)	75 (33-75) (45.2)
Study Disposition				
Completed Phase A	11 (20.0)	12 (21.8)	11 (19.6)	34 (20.5)
Discontinued during Phase A	44 (80.0)	43 (78.2)	45 (80.4)	132 (79.5)
Adverse Event	2 (3.6)	1 (1.8)	2 (3.6)	5 (3.0)
Lost to Follow-up	2 (3.6)	4 (7.3)	3 (5.4)	9 (5.4)
Physician Decision	1 (1.8)	1 (1.8)	0	2 (1.2)
Study Terminated by Sponsor	39 (70.9)	37 (67.3)	40 (71.4)	116 (69.9)

Each patient is counted once for Study Disposition based on the latest corresponding disposition record.

MERCK RESEARCH LABORATORIES
MK–0431E
Sitagliptin, Tablets
Type 2 diabetes mellitus (T2DM)

CLINICAL STUDY REPORT SYNOPSIS
-4-

Table 2
Disposition of Patients for Phase B
(APR who enter Phase B)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg		Total	
	n	(%)	n	(%)	n	(%)	n	(%)
Entering Phase B	11		12		11		34	
Male (age range)	7 (40-77)	(63.6)	6 (39-69)	(50.0)	6 (55-63)	(54.5)	19 (39-77)	(55.9)
Female (age range)	4 (49-64)	(36.4)	6 (38-67)	(50.0)	5 (52-67)	(45.5)	15 (38-67)	(44.1)
Study Disposition								
Completed the Study	0		0		0		0	
Discontinued the Study	11	(100.0)	12	(100.0)	11	(100.0)	34	(100.0)
Lost to Follow-up	0		0		1	(9.1)	1	(2.9)
Study Terminated by Sponsor	11	(100.0)	12	(100.0)	10	(90.9)	33	(97.1)

Each patient is counted once for Study Disposition based on the latest corresponding disposition record.

Note: 10 patients were enrolled in the study more than once (at more than 1 study site). Nine patients were enrolled twice and either screen failed at both sites (1 patient), screen failed at 1 site and were randomized at another site (1 patient), or were randomized at both sites (7 patients). One patient was randomized at 3 different sites. Therefore, data of 10 actual patients (counted as 21 patients due to multiple screening/randomization) were removed from the efficacy analyses, which included the original study entry and subsequent re-entries.

DOSAGE/FORMULATION NOS.: Sitagliptin was supplied as 100 mg or exact matching placebo tablets. Atorvastatin was supplied as 80 mg or exact matching placebo tablets. Sitagliptin and atorvastatin were administered once daily (q.d.). Patients continued the pre-screening metformin dose (≥1500 mg daily) that was used prior to Visit 3/Day 1. Open–label glimepiride rescue therapy initiated during Phase A and Phase B double–blind glimepiride study medication, supplied as 1 mg and 2 mg or exact matching placebo tablets, was administered once daily with breakfast or the first main meal of the day.

During the single–blind placebo run–in period (**Visits 2 to 3**): Patients continued on their stable, pre-screening metformin dose (daily dose ≥1500 mg for at least 8 weeks) and received sitagliptin– and atorvastatin–matching placebos once daily.

During Phase A (**Visit 3/Day 1 up to Visit 5/Week 16**): Patients continued on their stable, pre-screening metformin dose and received one of three possible treatments:

- sitagliptin 100 mg q.d. + atorvastatin 80 mg q.d., or
- sitagliptin 100 mg q.d. + atorvastatin–matching placebo, or
- sitagliptin–matching placebo + atorvastatin 80 mg q.d.

Randomized patients not meeting specific glycemic goals during Phase A of the double–blind treatment period had rescue therapy initiated with open–label glimepiride 1 mg/day or 2 mg/day, which could be up–titrated to 6 mg/day. Randomized patients receiving atorvastatin–matching placebo and not meeting specific goals for LDL–C during Phase A of the double–blind treatment period were

switched in a blinded manner to atorvastatin 80 mg q.d.

During Phase B (**Visit 5/Week 16 through Visit 8/Week 54**): Patients continued on their stable, pre-screening metformin dose. Patients received 1 of 2 possible combinations of treatment:

- sitagliptin 100 mg q.d., atorvastatin 80 mg q.d. and glimepiride–matching placebo; or
- sitagliptin–matching placebo, atorvastatin 80 mg q.d. and glimepiride up to 6 mg daily

The daily glimepiride intake during Phase B was 0–1 tablets for glimepiride 1 mg or glimepiride-matching placebo and 0–3 tablets for glimepiride 2 mg or glimepiride–matching placebo.

At **Visit 3/Day 1**, the first dose of double–blind study medications was taken at the clinic after completion of all procedures and after all blood samples had been collected. At **Visit 5/Week 16**, the double–blind study medications from the **new study medication bottle** (Phase B treatment) were taken after completion of all procedures and after all blood samples had been collected. At **Visit 8/Week 54**, the last dose of study medication was taken on the day **prior to** the final study visit. No study medication was taken on the day of **Visit 8/Week 54**.

Table 3
Formulation Numbers Used for this Study

Clinical material	Dose	Batch number
Sitagliptin	100 mg	[redacted]
Sitagliptin–matching placebo	100 mg	
Atorvastatin	80 mg	
Atorvastatin–matching placebo	80 mg	
Glimepiride	1 mg	
Glimepiride-matching placebo	1 mg	
Glimepiride	2 mg	
Glimepiride-matching placebo	2 mg	

DIAGNOSIS/INCLUSION CRITERIA: All laboratory measurements were performed after an overnight fast of ≥12 hours. Patients with laboratory screening values/findings not meeting protocol inclusion criteria could, at the discretion of the investigator, have one repeat determination performed by the central laboratory. If the repeat value satisfied the criterion, the patient was able to continue in the screening process. Only the laboratory test not meeting an inclusion criterion was repeated (not the entire panel).

Patients had to meet *all* of the following criteria to participate in the study:
Visit 1/Screening Visit: male or female patient with T2DM, was ≥18 and ≤79 years of age and fulfilled the following metabolic entry criteria: (1) Patient was currently on monotherapy with metformin at a dose of ≥1500 mg/day for at least 8 weeks and had a **Visit 1/Screening Visit** A1C ≥7%

and ≤10%. (2) Patient was not on statin therapy or other lipid-lowering agents for at least 6 weeks and had a **Visit 1/Screening Visit** LDL–C ≥70 mg/dL (1.81 mmol/L) and ≤130 mg/dL (3.37 mmol/L). At **Visit 3/Day 1/Randomization**, the patient had ≥85% compliance with both sitagliptin placebo and atorvastatin placebo during the single–blind run–in period (as determined by site–performed tablet count).

EVALUATION CRITERIA:

Efficacy measurements included laboratory assessment of: A1C, FPG, LDL–C, TC, Apo B, non-HDL-C, TG, VLDL–C, and HDL–C.

Safety measurements included: collection of adverse experiences (including confirmed adjudicated cardiovascular (CV) serious adverse experiences), physical examination, vital signs, body weight, electrocardiogram (ECG), and laboratory safety studies. Laboratory safety studies included: blood chemistry (including alanine aminotransferase [ALT], aspartate aminotransferase [AST], creatine phosphokinase [CPK], total bilirubin, alkaline phosphatase), hematology (including complete blood count [CBC], differential, absolute neutrophil count, and platelet count), urinalysis, and urine pregnancy testing (performed in women of childbearing potential).

STATISTICAL PLANNING AND ANALYSIS:

EFFICACY ANALYSIS:

Efficacy endpoints: Change from baseline in A1C at Week 16 and percent change from baseline in LDL-C at Week 16 were the primary efficacy endpoints. Change from baseline in FPG at Week 16, percent change from baseline in TC, Apo B, non-HDL–C, TG, VLDL–C, and HDL–C at Week 16 were the key secondary efficacy endpoints. The baseline value was defined as the Visit 3/Week 0/Day 1 measurement. If this measurement was unavailable, the most recent (Visit 2/Week -2 or Visit 1/Week -3) measurement was to be used as the baseline value. If neither Visit 2 nor Visit 1 measurements were available, the baseline value was to be considered missing.

Efficacy Analysis: This study was stopped prematurely. Only 166 of the target 750 patients were randomized. Given the reduced number of patients and lack of adequate exposure time, the scope of the efficacy analyses performed for this study was limited and the formal statistical analyses of the hypotheses in the protocol were not performed. The efficacy endpoints were summarized using descriptive statistics.

Efficacy Analysis Populations: The Full Analysis Set (FAS) population, which included all patients who took at least 1 dose of study medication and had baseline and at least one post-randomization observation for the analysis endpoint, served as the primary analysis population for the efficacy analysis. The FAS population was used for efficacy analysis of each phase of the study, Phase A – FAS and Overall Study – FAS who entered Phase B.

SAFETY ANALYSIS:

Safety endpoints: Safety and tolerability was assessed by a review of all safety parameters including adverse experiences, laboratory safety parameters, ECG, body weight, and vital signs.

Safety analysis: This was to follow a tiered approach. Given the premature discontinuation of the study and reduced number of patients randomized, the tiered approach was not performed and only summary tabulations were provided for adverse events.

Safety Analysis Population: The All Patients as Treated (APaT) population was used for the analysis of safety data for each phase of the study, Phase A – APaT and Overall Study – APaT who entered Phase B. The APaT population consisted of all randomized patients who received at least 1 dose of study treatment.

Power and Sample Size: It was planned to enroll approximately 750 patients (in a 1:1:1 ratio) among the 3 treatment groups. The sample size was chosen to ensure adequate exposure for the evaluation of

safety through 54 weeks and efficacy through 16 weeks. For the primary hypotheses, this would have resulted in over 99% power (2–sided, α=0.05) to detect a clinically meaningful difference (0.5% in the mean change from baseline in A1C, 40% in the mean percent change from baseline in LDL–C) between the treatment groups at Week 16. For the secondary hypothesis of non–inferiority in A1C at Week 16, assuming the true difference was 0% for the comparison, the study would have had approximately 90% power for the non–inferiority test for A1C (margin = 0.3%). The half–width of the 95% CI for the A1C difference between groups would have been approximately 0.18%. The half-width of the 95% CI for the LDL–C difference between groups would have been approximately 4.5%.

RESULTS:

This study was stopped prematurely and only 166 of the targeted 750 patients were randomized.

EFFICACY:

Efficacy analysis was performed on the FAS population using descriptive statistics. Due to the small number of patients included in the FAS, due to early termination of the study, the results for Phase A and for the overall study should be interpreted with caution.

Primary efficacy endpoints:

The change from baseline in A1C (%) for Phase A FAS is provided in Table 4. At Week 16, numerically greater reductions in A1C were observed in the sitagliptin 100 mg + atorvastatin 80 mg group and in the sitagliptin 100 mg group compared with the atorvastatin 80 mg group.

The change from baseline in A1C (%) by week for the overall study (FAS who entered Phase B) is provided in Table 5. At Week 16, numerically greater reduction in A1C was observed in the sitagliptin 100 mg group compared with the sitagliptin 100 mg + atorvastatin 80 mg group and the atorvastatin 80 mg group.

The percent change from baseline in LDL-C (mg/dL) for Phase A FAS is provided in Table 6. The percent change from baseline in LDL-C (mg/dL) by week for the overall study (FAS who entered Phase B) is provided in Table 7. At Week 16, numerically greater reductions in LDL-C were observed in the sitagliptin 100 mg + atorvastatin 80 mg group and in the atorvastatin 80 mg group compared with the sitagliptin 100 mg group.

Secondary efficacy endpoints:

The change from baseline in FPG (mg/dL) for Phase A FAS is provided in [16.2.6.1]. At Week 16, numerically greater reductions in FPG were observed in the sitagliptin 100 mg + atorvastatin 80 mg group and in the sitagliptin 100 mg group compared with the atorvastatin 80 mg group.

The change from baseline in FPG (mg/dL) by week for the overall study (FAS who entered Phase B) is provided in [16.2.6.2]. At Week 16, numerically greater reductions in FPG were observed in the sitagliptin 100 mg + atorvastatin 80 mg group and in the atorvastatin 80 mg group compared with the sitagliptin 100 mg group.

Results for other secondary efficacy endpoints for Phase A FAS and by week for the overall study (FAS who entered Phase B) are included in [16.2.6]. This includes percent change from baseline in total cholesterol (mg/dL) [16.2.6.3 and 16.2.6.4], Apo B (mg/dL) [16.2.6.5 and 16.2.6.6], non-HDL cholesterol (mg/dL) [16.2.6.7 and 16.2.6.8], VLDL cholesterol (mg/dL) [16.2.6.9 and 16.2.6.10], HDL cholesterol (mg/dL) [16.2.6.11 and 16.2.6.12], and TG (mg/dL) [16.2.6.13 and 16.2.6.14].

MERCK RESEARCH LABORATORIES
MK–0431E
Sitagliptin, Tablets
Type 2 diabetes mellitus (T2DM)

CLINICAL STUDY REPORT SYNOPSIS
-8-

SAFETY:

Safety analysis was performed on the APaT population.

The incidence of adverse events (AEs) for Phase A APaT is presented in Table 8 (excluding data after rescue therapy) and Table 9 (including data after rescue therapy). The incidence of patients with at least 1 adverse event (AE) was lower in the sitagliptin 100 mg group. Drug-related AEs were reported in the atorvastatin 80 mg group: 3 of 56 patients (5.4%). No drug-related AEs were reported in the sitagliptin 100 mg + atorvastatin 80 mg or sitagliptin 100 mg groups. The incidence of patients who were discontinued from the study due to an AE was similar in all 3 treatment groups.

The incidence of AEs for the overall study (APaT who entered Phase B) is presented in Table 10 (excluding data after rescue therapy) and Table 11 (including data after rescue therapy). The incidence of patients with at least 1 AE was similar in all 3 treatment groups. No drug-related AEs and no study discontinuation due to an AE were reported in any of the treatment groups of the APaT population of subjects who entered Phase B.

No hypoglycemic events were reported in any of the treatment groups of the APaT population of subjects in Phase A (Table 12 and Table 13) or who entered Phase B (Table 14 and Table 15).

Specific AEs for Phase A APaT are summarized in Table 16 (excluding data after rescue therapy) and Table 17 (including data after rescue therapy). Within the individual system organ classes (SOCs), the incidences of AEs were generally similar between the 3 treatment groups. Where numerical differences between groups were observed, these reflected small differences in the number of patients between groups (differences of up to 3 patients between groups). Most specific AEs concerned the following SOC categories: Infections and Infestations; Injury, Poisoning and Procedural Complications; and Investigations. Within the Injury, Poisoning and Procedural Complications category, intentional overdose was reported for 1 of 55 patients (1.8%) in the sitagliptin 100 mg + atorvastatin 80 mg group, 1 of 55 patients (1.8%) in the sitagliptin 100 mg group, and 3 of 56 patients (5.4%) in the atorvastatin 80 mg group. Within the Investigations category, glomerular filtration rate decrease was reported for 3 of 55 patients (5.5%) in the sitagliptin 100 mg + atorvastatin 80 mg group and 1 of 55 patients (1.8%) in the sitagliptin 100 mg group. No other specific AE occurred in more than 2 patients in any treatment group.

Specific AEs for the overall study (APaT who entered Phase B) are summarized in Table 18 (excluding data after rescue therapy) and Table 19 (including data after rescue therapy). Within the individual SOCs, the incidences of AEs were generally similar between the 3 treatment groups. Where numerical differences between groups were observed, these reflected small differences in the number of patients between groups (differences of up to 2 patients between groups). Most specific AEs concerned the SOC category Injury, Poisoning and Procedural Complications. Within this category, intentional overdose was reported for 2 of 11 patients (18.2%) in the sitagliptin 100 mg + atorvastatin 80 mg group, 2 of 12 patients (16.7%) in the sitagliptin 100 mg group, and 3 of 11 patients (27.3%) in the atorvastatin 80 mg group. No other specific AE occurred in more than 1 patient in any treatment group.

Serious adverse events (SAEs) for Phase A APaT are summarized in Table 20 (excluding data after rescue therapy) and Table 21 (including data after rescue therapy). SAEs for the overall study (APaT who entered Phase B) are summarized in Table 22 (excluding data after rescue therapy) and Table 23 (including data after rescue therapy). One patient was reported with an SAE during the study, a patient in the sitagliptin 100 mg + atorvastatin 80 mg group with an SAE of inguinal hernia. The event was

assessed by the investigator as not being related to study drug and had resolved during the study.

CONCLUSIONS: This study was stopped prematurely. Only 166 of the target 750 patients were randomized, of whom 34 completed Phase A and none of whom completed Phase B. In the APaT population, the incidence of patients with at least 1 AE for Phase A was similar in all 3 treatment groups. Drug-related AEs were reported only in the atorvastatin 80 mg group for Phase A: 3 of 56 patients (5.4%). The incidence of patients who were discontinued from the study due to an AE for Phase A was similar in all 3 treatment groups. The incidence of patients with at least 1 AE for the overall study (APaT who entered Phase B) was similar in all 3 treatment groups. No drug-related AEs and no study discontinuation due to an AE were reported in any of the treatment groups of the APaT population of subjects who entered Phase B.

AUTHORS:

[redacted]

EFFICACY TABLES:

Table 4
Summary Statistics for Change from Baseline in A1C (%) by Week for Phase A
(FAS)

Treatment	N	Baseline Mean (SD)	Time Point Mean (SD)	Change from Baseline Mean (SE)	Median	Range
Baseline						
Atorvastatin 80 mg + Sitagliptin 100 mg	44	8.05 (0.84)	-	-	-	-
Sitagliptin 100 mg	43	7.97 (0.94)	-	-	-	-
Atorvastatin 80 mg	43	7.91 (0.74)	-	-	-	-
Visit 4 / Week 8						
Atorvastatin 80 mg + Sitagliptin 100 mg	43	8.06 (0.85)	7.70 (1.03)	-0.36 (0.12)	-0.50	-1.9 to 3.3
Sitagliptin 100 mg	41	7.97 (0.97)	7.42 (1.42)	-0.55 (0.15)	-0.70	-2.6 to 3.2
Atorvastatin 80 mg	42	7.91 (0.75)	8.15 (1.23)	0.23 (0.14)	0.20	-1.8 to 2.7
Visit 5 / Week 16						
Atorvastatin 80 mg + Sitagliptin 100 mg	14	8.01 (0.92)	6.99 (0.68)	-1.01 (0.22)	-0.90	-2.7 to 0.0
Sitagliptin 100 mg	15	8.14 (1.00)	6.97 (0.83)	-1.17 (0.20)	-0.80	-2.6 to -0.3
Atorvastatin 80 mg	17	7.99 (0.60)	8.04 (1.47)	0.04 (0.31)	-0.10	-1.8 to 3.6

SD = Standard deviation
SE = Standard error of the mean
Baseline is defined as the Visit 3/Week 0/Day 1 (randomization) measurement. If this measurement is not available, the most recent (Visit 2/Week -2 or Visit 1/Week -3) measurement is used as the baseline value. If neither Visit 2 or Visit 1 value is available, the baseline value is treated as missing.
All data collected after the initiation of rescue therapies are excluded.
10 patients were randomized in the study more than once. Therefore, a total of 21 patients were removed from the efficacy analysis, which included the original study entry and subsequent re-entries.

Table 5
Summary Statistics for Change from Baseline in A1C (%) by Week for the Overall Study
(FAS who Enter Phase B)

Treatment	N	Baseline Mean (SD)	Time Point Mean (SD)	Change from Baseline Mean (SE)	Median	Range
Baseline						
Atorvastatin 80 mg + Sitagliptin 100 mg	9	8.11 (0.78)	-	-	-	-
Sitagliptin 100 mg	10	7.79 (1.24)	-	-	-	-
Atorvastatin 80 mg	8	7.93 (0.66)	-	-	-	-
Visit 4 / Week 8						
Atorvastatin 80 mg + Sitagliptin 100 mg	8	8.18 (0.81)	8.25 (1.41)	0.08 (0.51)	-0.10	-1.4 to 3.3
Sitagliptin 100 mg	10	7.79 (1.24)	7.30 (1.23)	-0.49 (0.25)	-0.35	-1.6 to 0.5
Atorvastatin 80 mg	8	7.93 (0.66)	8.74 (1.20)	0.81 (0.35)	0.80	-0.7 to 2.7
Visit 5 / Week 16						
Atorvastatin 80 mg + Sitagliptin 100 mg	9	8.11 (0.78)	8.27 (1.77)	0.16 (0.61)	-0.40	-1.7 to 4.6
Sitagliptin 100 mg	10	7.79 (1.24)	7.39 (1.24)	-0.40 (0.33)	-0.70	-1.6 to 1.7
Atorvastatin 80 mg	8	7.93 (0.66)	8.05 (0.99)	0.12 (0.36)	0.45	-1.6 to 1.4

Table 5
Summary Statistics for Change from Baseline in A1C (%) by Week for the Overall Study
(FAS who Enter Phase B)
(Cont.)

Treatment	N	Baseline Mean (SD)	Time Point Mean (SD)	Change from Baseline Mean (SE)	Median	Range
Visit 6 / Week 28						
Atorvastatin 80 mg + Sitagliptin 100 mg	5	8.14 (0.80)	9.08 (2.90)	0.94 (1.37)	-0.80	-1.5 to 5.8
Sitagliptin 100 mg	9	7.83 (1.31)	8.19 (2.41)	0.36 (0.59)	0.00	-1.3 to 3.6
Atorvastatin 80 mg	4	7.95 (0.87)	7.43 (1.28)	-0.52 (0.59)	-0.80	-1.6 to 1.1

SD = Standard deviation
SE = Standard error of the mean
Baseline is defined as the Visit 3/Week 0/Day 1 (randomization) measurement. If this measurement is not available, the most recent (Visit 2/Week -2 or Visit 1/Week -3) measurement is used as the baseline value. If neither Visit 2 or Visit 1 value is available, the baseline value is treated as missing.
All data collected after the initiation of rescue therapies are excluded.
10 patients were randomized in the study more than once. Therefore, a total of 21 patients were removed from the efficacy analysis, which included the original study entry and subsequent re-entries.

Table 6
Summary Statistics for Percent Change from Baseline in LDL-C (mg/dL) by Week for Phase A
(FAS)

Treatment	N	Baseline Mean (SD)	Time Point Mean (SD)	Percent Change from Baseline Mean (SE)	Median	Range
Baseline						
Atorvastatin 80 mg + Sitagliptin 100 mg	45	102.3 (22.7)	-	-	-	-
Sitagliptin 100 mg	47	104.4 (30.9)	-	-	-	-
Atorvastatin 80 mg	46	110.0 (25.4)	-	-	-	-
Visit 4 / Week 8						
Atorvastatin 80 mg + Sitagliptin 100 mg	45	102.3 (22.7)	67.0 (28.2)	-33.9 (3.8)	-40.4	-78 to 22
Sitagliptin 100 mg	46	103.5 (30.6)	105.7 (32.3)	6.8 (5.6)	4.2	-36 to 206
Atorvastatin 80 mg	45	110.8 (25.0)	64.0 (31.9)	-42.2 (4.2)	-50.0	-80 to 66
Visit 5 / Week 16						
Atorvastatin 80 mg + Sitagliptin 100 mg	14	101.6 (27.3)	57.7 (16.4)	-38.7 (6.6)	-45.9	-68 to 7
Sitagliptin 100 mg	16	102.7 (34.7)	96.2 (27.4)	4.9 (10.4)	2.3	-75 to 106
Atorvastatin 80 mg	18	112.2 (25.6)	72.1 (36.2)	-35.7 (7.1)	-41.7	-64 to 61

SD = Standard deviation
SE = Standard error of the mean
Baseline is defined as the Visit 3/Week 0/Day 1 (randomization) measurement. If this measurement is not available, the most recent (Visit 2/Week -2 or Visit 1/Week -3) measurement is used as the baseline value. If neither Visit 2 or Visit 1 value is available, the baseline value is treated as missing.
All data collected after the initiation of rescue therapies are excluded.
10 patients were randomized in the study more than once. Therefore, a total of 21 patients were removed from the efficacy analysis, which included the original study entry and subsequent re-entries.

Table 7
Summary Statistics for Percent Change from Baseline in LDL-C (mg/dL) by Week for the Overall Study
(FAS who Enter Phase B)

Treatment	N	Baseline Mean (SD)	Time Point Mean (SD)	Percent Change from Baseline Mean (SE)	Median	Range
Baseline						
Atorvastatin 80 mg + Sitagliptin 100 mg	9	105.6 (18.9)	-	-	-	-
Sitagliptin 100 mg	10	99.3 (25.1)	-	-	-	-
Atorvastatin 80 mg	8	99.8 (28.9)	-	-	-	-
Visit 4 / Week 8						
Atorvastatin 80 mg + Sitagliptin 100 mg	9	105.6 (18.9)	58.4 (16.3)	-44.3 (4.6)	-50.5	-55 to -17
Sitagliptin 100 mg	10	99.3 (25.1)	87.8 (17.8)	-8.6 (6.8)	-10.6	-36 to 19
Atorvastatin 80 mg	8	99.8 (28.9)	64.6 (37.7)	-32.7 (15.7)	-46.3	-70 to 66
Visit 5 / Week 16						
Atorvastatin 80 mg + Sitagliptin 100 mg	9	105.6 (18.9)	56.8 (19.4)	-45.8 (5.7)	-46.6	-71 to -11
Sitagliptin 100 mg	10	99.3 (25.1)	82.6 (19.2)	-12.3 (8.3)	-5.6	-58 to 15
Atorvastatin 80 mg	8	99.8 (28.9)	62.8 (33.2)	-34.8 (12.1)	-44.7	-66 to 34

Table 7
Summary Statistics for Percent Change from Baseline in LDL-C (mg/dL) by Week for the Overall Study
(FAS who Enter Phase B)
(Cont.)

Treatment	N	Baseline Mean (SD)	Time Point Mean (SD)	Percent Change from Baseline Mean (SE)	Median	Range
Visit 6 / Week 28						
Atorvastatin 80 mg + Sitagliptin 100 mg	5	108.8 (23.2)	86.6 (33.1)	-19.2 (15.3)	-29.7	-43 to 41
Sitagliptin 100 mg	9	93.1 (16.7)	66.4 (26.0)	-27.8 (9.7)	-40.0	-68 to 19
Atorvastatin 80 mg	4	113.8 (34.0)	94.3 (30.1)	-17.3 (2.7)	-16.1	-25 to -12

SD = Standard deviation

SE = Standard error of the mean

Baseline is defined as the Visit 3/Week 0/Day 1 (randomization) measurement. If this measurement is not available, the most recent (Visit 2/Week -2 or Visit 1/Week -3) measurement is used as the baseline value. If neither Visit 2 or Visit 1 value is available, the baseline value is treated as missing.

All data collected after the initiation of rescue therapies are excluded.

10 patients were randomized in the study more than once. Therefore, a total of 21 patients were removed from the efficacy analysis, which included the original study entry and subsequent re-entries.

SAFETY TABLES:

Table 8
Adverse Event Summary for Phase A
(APaT, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg n (%)		Sitagliptin 100 mg n (%)		Atorvastatin 80 mg n (%)	
Patients in population	**55**		**55**		**56**	
with no adverse event	43	(78.2)	47	(85.5)	43	(76.8)
with one or more adverse events	12	(21.8)	8	(14.5)	13	(23.2)
with drug-related† adverse events	0		0		3	(5.4)
with serious adverse events	1	(1.8)	0		0	
with serious drug-related† adverse events	0		0		0	
who died	0		0		0	
who discontinued§ due to an adverse event	2	(3.6)	1	(1.8)	2	(3.6)
who discontinued due to a drug-related† adverse event	0		0		2	(3.6)
who discontinued due to a serious adverse event	0		0		0	
who discontinued due to a serious drug-related† adverse event	0		0		0	

† As determined by the investigator to be related to the drug.
§ Study medication withdrawn.

Table 9
Adverse Event Summary for Phase A
(APaT, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg n (%)		Sitagliptin 100 mg n (%)		Atorvastatin 80 mg n (%)	
Patients in population	**55**		**55**		**56**	
with no adverse event	43	(78.2)	47	(85.5)	43	(76.8)
with one or more adverse events	12	(21.8)	8	(14.5)	13	(23.2)
with drug-related[†] adverse events	0		0		3	(5.4)
with serious adverse events	1	(1.8)	0		0	
with serious drug-related[†] adverse events	0		0		0	
who died	0		0		0	
who discontinued[§] due to an adverse event	2	(3.6)	1	(1.8)	2	(3.6)
who discontinued due to a drug-related[†] adverse event	0		0		2	(3.6)
who discontinued due to a serious adverse event	0		0		0	
who discontinued due to a serious drug-related[†] adverse event	0		0		0	

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 10
Adverse Event Summary for the Overall Study
(APaT who Enter Phase B, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg n (%)	Sitagliptin 100 mg n (%)	Atorvastatin 80 mg n (%)
Patients in population	**11**	**12**	**11**
with no adverse event	5 (45.5)	6 (50.0)	5 (45.5)
with one or more adverse events	6 (54.5)	6 (50.0)	6 (54.5)
with drug-related[†] adverse events	0	0	0
with serious adverse events	1 (9.1)	0	0
with serious drug-related[†] adverse events	0	0	0
who died	0	0	0
who discontinued[§] due to an adverse event	0	0	0
who discontinued due to a drug-related[†] adverse event	0	0	0
who discontinued due to a serious adverse event	0	0	0
who discontinued due to a serious drug-related[†] adverse event	0	0	0

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 11
Adverse Event Summary for the Overall Study
(APaT who Enter Phase B, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	**11**		**12**		**11**	
with no adverse event	5	(45.5)	6	(50.0)	5	(45.5)
with one or more adverse events	6	(54.5)	6	(50.0)	6	(54.5)
with drug-related[†] adverse events	0		0		0	
with serious adverse events	1	(9.1)	0		0	
with serious drug-related[†] adverse events	0		0		0	
who died	0		0		0	
who discontinued[§] due to an adverse event	0		0		0	
who discontinued due to a drug-related[†] adverse event	0		0		0	
who discontinued due to a serious adverse event	0		0		0	
who discontinued due to a serious drug-related[†] adverse event	0		0		0	

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 12
Hypoglycemia Adverse Events Summary for Phase A
(APaT, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	**55**		**55**		**56**	
with no adverse event	55	(100.0)	55	(100.0)	56	(100.0)
with one or more adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who died	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued[§] due to an adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 13
Hypoglycemia Adverse Events Summary for Phase A
(APaT, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	**55**		**55**		**56**	
with no adverse event	55	(100.0)	55	(100.0)	56	(100.0)
with one or more adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who died	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued[§] due to an adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 14
Hypoglycemia Adverse Events Summary for the Overall Study
(APaT who Enter Phase B, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	**11**		**12**		**11**	
with no adverse event	11	(100.0)	12	(100.0)	11	(100.0)
with one or more adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who died	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued[§] due to an adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 15
Hypoglycemia Adverse Events Summary for the Overall Study
(APaT who Enter Phase B, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	**11**		**12**		**11**	
with no adverse event	11	(100.0)	12	(100.0)	11	(100.0)
with one or more adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
with a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who died	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued[§] due to an adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious adverse event	0	(0.0)	0	(0.0)	0	(0.0)
who discontinued due to a serious drug-related[†] adverse event	0	(0.0)	0	(0.0)	0	(0.0)

[†] As determined by the investigator to be related to the drug.
[§] Study medication withdrawn.

Table 16
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	55		55		56	
With one or more adverse events	12	(21.8)	8	(14.5)	13	(23.2)
With no adverse events	43	(78.2)	47	(85.5)	43	(76.8)
EYE DISORDERS	**0**	**(0.0)**	**1**	**(1.8)**	**0**	**(0.0)**
Diabetic retinopathy	0	(0.0)	1	(1.8)	0	(0.0)
GASTROINTESTINAL DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**1**	**(1.8)**
Diarrhoea	0	(0.0)	0	(0.0)	1	(1.8)
Inguinal hernia	1	(1.8)	0	(0.0)	0	(0.0)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	**1**	**(1.8)**	**1**	**(1.8)**	**2**	**(3.6)**
Asthenia	0	(0.0)	1	(1.8)	0	(0.0)
Fatigue	1	(1.8)	0	(0.0)	0	(0.0)
Feeling jittery	0	(0.0)	0	(0.0)	1	(1.8)
Oedema peripheral	0	(0.0)	0	(0.0)	1	(1.8)
INFECTIONS AND INFESTATIONS	**3**	**(5.5)**	**1**	**(1.8)**	**4**	**(7.1)**
Bronchitis	1	(1.8)	0	(0.0)	1	(1.8)
Chest wall abscess	0	(0.0)	1	(1.8)	0	(0.0)

Table 16
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Excluding Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Nasopharyngitis	0	(0.0)	0	(0.0)	1	(1.8)
Rhinitis	0	(0.0)	1	(1.8)	0	(0.0)
Upper respiratory tract infection	1	(1.8)	0	(0.0)	2	(3.6)
Vulvitis	0	(0.0)	1	(1.8)	0	(0.0)
Wound infection	1	(1.8)	0	(0.0)	0	(0.0)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	**3**	**(5.5)**	**1**	**(1.8)**	**3**	**(5.4)**
Intentional overdose	1	(1.8)	1	(1.8)	3	(5.4)
Tooth fracture	1	(1.8)	0	(0.0)	0	(0.0)
Wound dehiscence	1	(1.8)	0	(0.0)	0	(0.0)
INVESTIGATIONS	**4**	**(7.3)**	**2**	**(3.6)**	**3**	**(5.4)**
Alanine aminotransferase increased	1	(1.8)	0	(0.0)	0	(0.0)
Aspartate aminotransferase increased	1	(1.8)	0	(0.0)	0	(0.0)
Blood creatine phosphokinase increased	0	(0.0)	0	(0.0)	1	(1.8)
Blood urea increased	0	(0.0)	0	(0.0)	1	(1.8)
Glomerular filtration rate decreased	3	(5.5)	1	(1.8)	0	(0.0)
Haemoglobin decreased	0	(0.0)	1	(1.8)	0	(0.0)
Liver function test abnormal	0	(0.0)	0	(0.0)	1	(1.8)

Table 16
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Excluding Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
METABOLISM AND NUTRITION DISORDERS	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(1.8)**
Hyperglycaemia	0	(0.0)	0	(0.0)	1	(1.8)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	**2**	**(3.6)**	**1**	**(1.8)**	**2**	**(3.6)**
Muscular weakness	1	(1.8)	1	(1.8)	0	(0.0)
Musculoskeletal chest pain	0	(0.0)	0	(0.0)	1	(1.8)
Pain in extremity	1	(1.8)	0	(0.0)	0	(0.0)
Tendonitis	0	(0.0)	0	(0.0)	1	(1.8)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	**1**	**(1.8)**	**0**	**(0.0)**	**0**	**(0.0)**
Dysplastic naevus	1	(1.8)	0	(0.0)	0	(0.0)
NERVOUS SYSTEM DISORDERS	**1**	**(1.8)**	**1**	**(1.8)**	**0**	**(0.0)**
Dizziness	0	(0.0)	1	(1.8)	0	(0.0)
Somnolence	1	(1.8)	0	(0.0)	0	(0.0)
PSYCHIATRIC DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**0**	**(0.0)**
Depression	1	(1.8)	0	(0.0)	0	(0.0)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**1**	**(1.8)**
Asthma	0	(0.0)	0	(0.0)	1	(1.8)
Choking	1	(1.8)	0	(0.0)	0	(0.0)

Table 16
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Excluding Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
SURGICAL AND MEDICAL PROCEDURES	**0**	**(0.0)**	**1**	**(1.8)**	**0**	**(0.0)**
Tooth extraction	0	(0.0)	1	(1.8)	0	(0.0)
VASCULAR DISORDERS	**1**	**(1.8)**	**1**	**(1.8)**	**0**	**(0.0)**
Hypertension	0	(0.0)	1	(1.8)	0	(0.0)
Intermittent claudication	1	(1.8)	0	(0.0)	0	(0.0)

Every patient is counted a single time for each applicable row and column.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns meets the incidence criterion in the report title, after rounding.

Table 17
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	55		55		56	
With one or more adverse events	12	(21.8)	8	(14.5)	13	(23.2)
With no adverse events	43	(78.2)	47	(85.5)	43	(76.8)
EYE DISORDERS	**0**	**(0.0)**	**1**	**(1.8)**	**0**	**(0.0)**
Diabetic retinopathy	0	(0.0)	1	(1.8)	0	(0.0)
GASTROINTESTINAL DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**1**	**(1.8)**
Diarrhoea	0	(0.0)	0	(0.0)	1	(1.8)
Inguinal hernia	1	(1.8)	0	(0.0)	0	(0.0)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	**1**	**(1.8)**	**1**	**(1.8)**	**2**	**(3.6)**
Asthenia	0	(0.0)	1	(1.8)	0	(0.0)
Fatigue	1	(1.8)	0	(0.0)	0	(0.0)
Feeling jittery	0	(0.0)	0	(0.0)	1	(1.8)
Oedema peripheral	0	(0.0)	0	(0.0)	1	(1.8)
INFECTIONS AND INFESTATIONS	**3**	**(5.5)**	**1**	**(1.8)**	**4**	**(7.1)**
Bronchitis	1	(1.8)	0	(0.0)	1	(1.8)
Chest wall abscess	0	(0.0)	1	(1.8)	0	(0.0)

Table 17
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Including Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Nasopharyngitis	0	(0.0)	0	(0.0)	1	(1.8)
Rhinitis	0	(0.0)	1	(1.8)	0	(0.0)
Upper respiratory tract infection	1	(1.8)	0	(0.0)	2	(3.6)
Vulvitis	0	(0.0)	1	(1.8)	0	(0.0)
Wound infection	1	(1.8)	0	(0.0)	0	(0.0)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	**3**	**(5.5)**	**1**	**(1.8)**	**3**	**(5.4)**
Intentional overdose	1	(1.8)	1	(1.8)	3	(5.4)
Tooth fracture	1	(1.8)	0	(0.0)	0	(0.0)
Wound dehiscence	1	(1.8)	0	(0.0)	0	(0.0)
INVESTIGATIONS	**4**	**(7.3)**	**2**	**(3.6)**	**3**	**(5.4)**
Alanine aminotransferase increased	1	(1.8)	0	(0.0)	0	(0.0)
Aspartate aminotransferase increased	1	(1.8)	0	(0.0)	0	(0.0)
Blood creatine phosphokinase increased	0	(0.0)	0	(0.0)	1	(1.8)
Blood urea increased	0	(0.0)	0	(0.0)	1	(1.8)
Glomerular filtration rate decreased	3	(5.5)	1	(1.8)	0	(0.0)
Haemoglobin decreased	0	(0.0)	1	(1.8)	0	(0.0)
Liver function test abnormal	0	(0.0)	0	(0.0)	1	(1.8)

Table 17
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Including Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
METABOLISM AND NUTRITION DISORDERS	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(1.8)**
Hyperglycaemia	0	(0.0)	0	(0.0)	1	(1.8)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	**2**	**(3.6)**	**1**	**(1.8)**	**2**	**(3.6)**
Muscular weakness	1	(1.8)	1	(1.8)	0	(0.0)
Musculoskeletal chest pain	0	(0.0)	0	(0.0)	1	(1.8)
Pain in extremity	1	(1.8)	0	(0.0)	0	(0.0)
Tendonitis	0	(0.0)	0	(0.0)	1	(1.8)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	**1**	**(1.8)**	**0**	**(0.0)**	**0**	**(0.0)**
Dysplastic naevus	1	(1.8)	0	(0.0)	0	(0.0)
NERVOUS SYSTEM DISORDERS	**1**	**(1.8)**	**1**	**(1.8)**	**0**	**(0.0)**
Dizziness	0	(0.0)	1	(1.8)	0	(0.0)
Somnolence	1	(1.8)	0	(0.0)	0	(0.0)
PSYCHIATRIC DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**0**	**(0.0)**
Depression	1	(1.8)	0	(0.0)	0	(0.0)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**1**	**(1.8)**
Asthma	0	(0.0)	0	(0.0)	1	(1.8)
Choking	1	(1.8)	0	(0.0)	0	(0.0)

Table 17
Patients with Specific Adverse Events for Phase A (Incidence > 0% in any Treatment Group)
(APaT, Including Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
SURGICAL AND MEDICAL PROCEDURES	**0**	**(0.0)**	**1**	**(1.8)**	**0**	**(0.0)**
Tooth extraction	0	(0.0)	1	(1.8)	0	(0.0)
VASCULAR DISORDERS	**1**	**(1.8)**	**1**	**(1.8)**	**0**	**(0.0)**
Hypertension	0	(0.0)	1	(1.8)	0	(0.0)
Intermittent claudication	1	(1.8)	0	(0.0)	0	(0.0)

Every patient is counted a single time for each applicable row and column.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns meets the incidence criterion in the report title, after rounding.

Table 18
Patients with Specific Adverse Events for the Overall Study (Incidence > 0% in any Treatment Group)
(APaT who Enter Phase B, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	11		12		11	
With one or more adverse events	6	(54.5)	6	(50.0)	6	(54.5)
With no adverse events	5	(45.5)	6	(50.0)	5	(45.5)
GASTROINTESTINAL DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Inguinal hernia	1	(9.1)	0	(0.0)	0	(0.0)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	**1**	**(9.1)**	**1**	**(8.3)**	**1**	**(9.1)**
Asthenia	0	(0.0)	1	(8.3)	0	(0.0)
Fatigue	1	(9.1)	0	(0.0)	0	(0.0)
Oedema peripheral	0	(0.0)	0	(0.0)	1	(9.1)
INFECTIONS AND INFESTATIONS	**1**	**(9.1)**	**2**	**(16.7)**	**2**	**(18.2)**
Chest wall abscess	0	(0.0)	1	(8.3)	0	(0.0)
Folliculitis	0	(0.0)	1	(8.3)	0	(0.0)
Nasopharyngitis	0	(0.0)	0	(0.0)	1	(9.1)
Onychomycosis	1	(9.1)	0	(0.0)	0	(0.0)
Rhinitis	0	(0.0)	1	(8.3)	0	(0.0)
Upper respiratory tract infection	0	(0.0)	0	(0.0)	1	(9.1)

Table 18
Patients with Specific Adverse Events for the Overall Study (Incidence > 0% in any Treatment Group)
(APaT who Enter Phase B, Excluding Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Vulvitis	0	(0.0)	1	(8.3)	0	(0.0)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	**3**	**(27.3)**	**2**	**(16.7)**	**3**	**(27.3)**
Intentional overdose	2	(18.2)	2	(16.7)	3	(27.3)
Tooth fracture	1	(9.1)	0	(0.0)	0	(0.0)
INVESTIGATIONS	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(9.1)**
Blood creatine phosphokinase increased	0	(0.0)	0	(0.0)	1	(9.1)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	**2**	**(18.2)**	**0**	**(0.0)**	**1**	**(9.1)**
Muscular weakness	1	(9.1)	0	(0.0)	0	(0.0)
Musculoskeletal chest pain	0	(0.0)	0	(0.0)	1	(9.1)
Pain in extremity	1	(9.1)	0	(0.0)	0	(0.0)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Skin papilloma	1	(9.1)	0	(0.0)	0	(0.0)
NERVOUS SYSTEM DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Somnolence	1	(9.1)	0	(0.0)	0	(0.0)
PSYCHIATRIC DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Depression	1	(9.1)	0	(0.0)	0	(0.0)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**1**	**(9.1)**

Table 18
Patients with Specific Adverse Events for the Overall Study (Incidence > 0% in any Treatment Group)
(APaT who Enter Phase B, Excluding Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Asthma	0	(0.0)	0	(0.0)	1	(9.1)
Choking	1	(9.1)	0	(0.0)	0	(0.0)
SURGICAL AND MEDICAL PROCEDURES	**0**	**(0.0)**	**1**	**(8.3)**	**0**	**(0.0)**
Tooth extraction	0	(0.0)	1	(8.3)	0	(0.0)
VASCULAR DISORDERS	**1**	**(9.1)**	**1**	**(8.3)**	**0**	**(0.0)**
Hypertension	0	(0.0)	1	(8.3)	0	(0.0)
Intermittent claudication	1	(9.1)	0	(0.0)	0	(0.0)

Every patient is counted a single time for each applicable row and column.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns meets the incidence criterion in the report title, after rounding.

Table 19
Patients with Specific Adverse Events for the Overall Study (Incidence > 0% in any Treatment Group)
(APaT who Enter Phase B, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Patients in population	11		12		11	
With one or more adverse events	6	(54.5)	6	(50.0)	6	(54.5)
With no adverse events	5	(45.5)	6	(50.0)	5	(45.5)
GASTROINTESTINAL DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Inguinal hernia	1	(9.1)	0	(0.0)	0	(0.0)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	**1**	**(9.1)**	**1**	**(8.3)**	**1**	**(9.1)**
Asthenia	0	(0.0)	1	(8.3)	0	(0.0)
Fatigue	1	(9.1)	0	(0.0)	0	(0.0)
Oedema peripheral	0	(0.0)	0	(0.0)	1	(9.1)
INFECTIONS AND INFESTATIONS	**1**	**(9.1)**	**2**	**(16.7)**	**2**	**(18.2)**
Chest wall abscess	0	(0.0)	1	(8.3)	0	(0.0)
Folliculitis	0	(0.0)	1	(8.3)	0	(0.0)
Nasopharyngitis	0	(0.0)	0	(0.0)	1	(9.1)
Onychomycosis	1	(9.1)	0	(0.0)	0	(0.0)
Rhinitis	0	(0.0)	1	(8.3)	0	(0.0)
Upper respiratory tract infection	0	(0.0)	0	(0.0)	1	(9.1)

Table 19
Patients with Specific Adverse Events for the Overall Study (Incidence > 0% in any Treatment Group)
(APaT who Enter Phase B, Including Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Vulvitis	0	(0.0)	1	(8.3)	0	(0.0)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	**3**	**(27.3)**	**2**	**(16.7)**	**3**	**(27.3)**
Intentional overdose	2	(18.2)	2	(16.7)	3	(27.3)
Tooth fracture	1	(9.1)	0	(0.0)	0	(0.0)
INVESTIGATIONS	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(9.1)**
Blood creatine phosphokinase increased	0	(0.0)	0	(0.0)	1	(9.1)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	**2**	**(18.2)**	**0**	**(0.0)**	**1**	**(9.1)**
Muscular weakness	1	(9.1)	0	(0.0)	0	(0.0)
Musculoskeletal chest pain	0	(0.0)	0	(0.0)	1	(9.1)
Pain in extremity	1	(9.1)	0	(0.0)	0	(0.0)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Skin papilloma	1	(9.1)	0	(0.0)	0	(0.0)
NERVOUS SYSTEM DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Somnolence	1	(9.1)	0	(0.0)	0	(0.0)
PSYCHIATRIC DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**
Depression	1	(9.1)	0	(0.0)	0	(0.0)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**1**	**(9.1)**

Table 19
Patients with Specific Adverse Events for the Overall Study (Incidence > 0% in any Treatment Group)
(APaT who Enter Phase B, Including Data After Rescue Therapy)
(Cont.)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg	
	n	(%)	n	(%)	n	(%)
Asthma	0	(0.0)	0	(0.0)	1	(9.1)
Choking	1	(9.1)	0	(0.0)	0	(0.0)
SURGICAL AND MEDICAL PROCEDURES	**0**	**(0.0)**	**1**	**(8.3)**	**0**	**(0.0)**
Tooth extraction	0	(0.0)	1	(8.3)	0	(0.0)
VASCULAR DISORDERS	**1**	**(9.1)**	**1**	**(8.3)**	**0**	**(0.0)**
Hypertension	0	(0.0)	1	(8.3)	0	(0.0)
Intermittent claudication	1	(9.1)	0	(0.0)	0	(0.0)

Every patient is counted a single time for each applicable row and column.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns meets the incidence criterion in the report title, after rounding.

Table 20
Patients with Serious Adverse Events for Phase A (Incidence > 0% in One or More Treatment Groups)
(APaT, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg		Total	
	n	(%)	n	(%)	n	(%)	n	(%)
Patients in population	55		55		56		166	
With one or more serious adverse events	1	(1.8)	0	(0.0)	0	(0.0)	1	(0.6)
With no serious adverse events	54	(98.2)	55	(100.0)	56	(100.0)	165	(99.4)
GASTROINTESTINAL DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(0.6)**
Inguinal hernia	1	(1.8)	0	(0.0)	0	(0.0)	1	(0.6)

Every patient is counted once on each applicable row.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns is greater than or equal to the percent incidence specified in the report title, after rounding.

Table 21
Patients with Serious Adverse Events for Phase A (Incidence > 0% in One or More Treatment Groups)
(APaT, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg		Total	
	n	(%)	n	(%)	n	(%)	n	(%)
Patients in population	55		55		56		166	
With one or more serious adverse events	1	(1.8)	0	(0.0)	0	(0.0)	1	(0.6)
With no serious adverse events	54	(98.2)	55	(100.0)	56	(100.0)	165	(99.4)
GASTROINTESTINAL DISORDERS	**1**	**(1.8)**	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(0.6)**
Inguinal hernia	1	(1.8)	0	(0.0)	0	(0.0)	1	(0.6)

Every patient is counted once on each applicable row.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns is greater than or equal to the percent incidence specified in the report title, after rounding.

Table 22
Patients with Serious Adverse Events for the Overall Study (Incidence > 0% in One or More Treatment Groups)
(APaT who Enter Phase B, Excluding Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg		Total	
	n	(%)	n	(%)	n	(%)	n	(%)
Patients in population	11		12		11		34	
With one or more serious adverse events	1	(9.1)	0	(0.0)	0	(0.0)	1	(2.9)
With no serious adverse events	10	(90.9)	12	(100.0)	11	(100.0)	33	(97.1)
GASTROINTESTINAL DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(2.9)**
Inguinal hernia	1	(9.1)	0	(0.0)	0	(0.0)	1	(2.9)

Every patient is counted once on each applicable row.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns is greater than or equal to the percent incidence specified in the report title, after rounding.

Table 23
Patients with Serious Adverse Events for the Overall Study (Incidence > 0% in One or More Treatment Groups)
(APaT who Enter Phase B, Including Data After Rescue Therapy)

	Atorvastatin 80 mg + Sitagliptin 100 mg		Sitagliptin 100 mg		Atorvastatin 80 mg		Total	
	n	(%)	n	(%)	n	(%)	n	(%)
Patients in population	11		12		11		34	
With one or more serious adverse events	1	(9.1)	0	(0.0)	0	(0.0)	1	(2.9)
With no serious adverse events	10	(90.9)	12	(100.0)	11	(100.0)	33	(97.1)
GASTROINTESTINAL DISORDERS	**1**	**(9.1)**	**0**	**(0.0)**	**0**	**(0.0)**	**1**	**(2.9)**
Inguinal hernia	1	(9.1)	0	(0.0)	0	(0.0)	1	(2.9)

Every patient is counted once on each applicable row.
A system organ class or specific adverse event appears on this report only if its incidence in one or more of the columns is greater than or equal to the percent incidence specified in the report title, after rounding.