Reckitt Benckiser

1 STUDY REPORT TITLE PAGE

EudraCT Number:	2012-002188-84		
Study Number:	GA1203	**Project Name:**	Shanghai
Study Phase:	III	**Study Country:**	United Kingdom (UK)
Indication:	Gastro-oesophageal reflux disease (GERD)		
Test Product(s):	Gaviscon Double Action Tablets Strength: 250 mg sodium alginate, 106.5 mg sodium bicarbonate, 187.5 mg calcium carbonate		
Reference Product(s):	Placebo matching Gaviscon Double Action Tablets		
Date of First Patient Visit:	28 August 2012		
Date of Last Patient Visit:	30 October 2012		
Principal / Chief Investigators:	Dr. G.M. Crawford and Dr. A. Wade, CPS Research, 3 Todd Campus, West of Scotland Science Park, Glasgow, G20 0XA, UK		
Study Title:	A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease.		
Short Study Title:	Gaviscon Double Action Tablets Pilot Efficacy Study		
Report Date:	18 June 2013		
Report Version:	Final Version 1		
Study Conduct Statement:	This study was conducted in accordance with International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) and the ethical principles contained within the Declaration of Helsinki, as referenced in EU Directive 2001/20/EC.		
Confidentiality Statement:	**The information contained in this document is privileged and confidential. Do not copy, circulate or otherwise distribute without written authority from the Reckitt Benckiser Clinical Project Manager function.**		

2 REPORT APPROVAL

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I hereby confirm that to the best of my knowledge the content is accurate, complete and compliant with the applicable procedures.

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Global Medical Director:

Dr. P. Berry, MB, ChB, MPH

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3 SYNOPSIS

3.1 Study Site

CPS Research, Glasgow, UK.

3.2 Study Period

2 months.

3.3 Study Methodology

This pilot study was a randomised, double-blind, two arm, parallel group, placebo-controlled trial in patients with symptoms of gastro-oesophageal reflux disease (GERD). Patients were randomised in a 1:1 ratio to the treatment with either Gaviscon Double Action Tablets or matching placebo tablets.

Patients were instructed to take Gaviscon Double Action Tablets or matching placebo tablets for 7 consecutive days; 2 tablets per administration were to be taken 4 times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed.

For the assessment of efficacy, evaluation of symptoms was according to the reflux disease questionnaire (RDQ) and the overall treatment evaluation (OTE).

3.4 Study Objectives

The primary objective of this pilot study was to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the overall symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

The secondary objectives of this pilot study were to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD. The efficacy and safety of Gaviscon Double Action Tablets was compared with placebo in terms of patient responsiveness / satisfaction and adverse events (AEs).

3.5 Number of Patients

3.5.1 Planned Patients

110 patients were planned to be enrolled in this pilot study.

3.5.2 Analysed Patients

The all-patient population comprised 111 patients; this population included all patients recruited into the study. The Safety (SAF) and intent-to-treat (ITT) population comprised 110 patients and the per-protocol (PP) population comprised 103 patients.

3.6 Publication (Reference)

None.

3.7 Diagnosis and Main Criteria for Inclusion and Exclusion

Major Inclusion Criteria

- Signed written informed consent
- Age: ≥ 18 years
- Sex: male or female
- GERD status: history of frequent episodes of GERD-related symptoms during the last 3 months and also during 5 of the last 7 days prior to study screening
- Patients who had not taken any antacids within 24 hours before randomisation (Visit 2). Patients were instructed not to take antacids throughout the remainder of the study
- Patients taking mucous membrane protection drugs or motility stimulants were allowed to enter the study provided that these drugs had been discontinued for at least 3 days before enrolment and throughout the remainder of the study
- Absence of relevant abnormalities in the physical examination, electrocardiogram (ECG) and safety analysis
- Patients were sufficiently literate to be able to complete the RDQ unaided
- Status: patients were members of the public who responded to an advertisement or via their doctor

Major Exclusion Criteria

- Patients who had a history of drug, solvent or alcohol abuse (weekly alcohol intake ≥ 140 g or 17.5 units)

- Patients who had suffered cardiac chest pain within the last year
- Patients who had suffered a recent, significant unexplained weight loss of more than 6 kg in the last 6 months
- Female patients of childbearing potential who, for the duration of the study, were either unwilling or unable to take adequate contraceptive precautions or were unwilling to be sexually abstinent
- Female patients who were pregnant or lactating
- Patients who had a history and/or symptom profile suggestive of the following: any other gastrointestinal disease, erosive GERD (Los Angeles [LA] classification grades A-D), Barrett's oesophagus, acute peptic ulcer and/or ulcer complications, Zollinger Ellison syndrome, gastric carcinoma, pyloric stenosis, oesophageal or gastric surgery, intestinal obstruction, current pernicious anaemia, indication for H-pylori eradication therapy, requirement for low sodium diet, known gastro-intestinal bleeding (hematochezia or hematemesis) within the last 3 months, and severe diseases of other major body systems
- Patients who had taken proton pump inhibitors (PPIs) during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start, systemic glucocorticosteroids or anti-inflammatory drugs on more than 3 consecutive days, or PPI-based triple therapy for eradication of H-pylori during the last 28 days
- Patients with known hypophosphataemia, phenylketonuria or hypercalcaemia
- Patients who had severe constipation or a history of intestinal obstruction
- In the opinion of the Investigator, patients with damaged heart or kidney function and patients who required a low sodium diet
- Patients with any co-existing condition which, in the opinion of the Investigator, would had likely compromised patient safety or interfered with assessment of efficacy or with any clinically significant abnormal laboratory values
- Patients who had severe/impaired renal function or renal insufficiency
- Patients with any previous history of allergy or known intolerance to any of the active ingredients or formulation constituents

- Patients who had been previously randomised into the study
- Patients who were employees at study site
- Patients who were a partner or first degree relatives of the Investigator
- Patients who had participated in a clinical study in the previous 6 months
- Patients who, in the opinion of the Investigator, were unable to comply fully with the study requirements

3.8 Duration of Treatment

Treatment was for 7 consecutive days during the 7-day treatment period.

3.9 Investigational Medicinal Product(s)

3.9.1 Test Product

Each Gaviscon Double Action Tablet contained 250 mg sodium alginate, 106.5 mg sodium bicarbonate and 187.5 mg calcium carbonate as active ingredients. Dosing was for 7 consecutive days (2 tablets taken per administration 4 times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed). Tablets were to be chewed. The product licence number is 000630/0157; the batch number was PMBN12062.

3.9.2 Reference Product

The matching placebo tablets were taken in an identical manner to Gaviscon Double Action Tablets. The batch number was PMBN12059.

3.10 Non-Investigational Medicinal Product

Not applicable.

3.11 Criteria for Evaluation

3.11.1 Efficacy Evaluation

Efficacy assessments were based on the RDQ and OTE. The RDQ is a validated self assessed patient questionnaire designed to measure and evaluate specific GERD symptoms of heartburn and regurgitation and also to evaluate dyspepsia. The OTE is a validated scale that rates the overall change in clinical status. Both questionnaires asked the patients to assess their symptoms over the preceding week.

The primary endpoint compared the change from baseline in the overall RDQ symptom score (i.e. heartburn, regurgitation and dyspepsia combined) after a 7-day treatment period between the 2 treatment groups (Gaviscon Double Action Tablets and placebo).

The secondary endpoints compared the following variables for a 7-day treatment period between the 2 treatment groups:

- Change from baseline in symptom scores for each dimension of the RDQ (heartburn, regurgitation and dyspepsia) separately
- Change from baseline in symptom scores for heartburn and regurgitation combined (referred to as GERD dimension) of the RDQ
- Change score (-5 to 5) for change in frequency of each dimension of the RDQ (heartburn, regurgitation and dyspepsia) and of the GERD dimension (heartburn and regurgitation combined) separately
- Change score (-5 to 5) for change in intensity of each dimension of the RDQ (heartburn, regurgitation and dyspepsia) and of the GERD dimension (heartburn and regurgitation combined) separately
- OTE as a measure for patient's responsiveness/satisfaction

3.11.2 Safety Evaluation

Safety assessments were based on records of AEs, clinical laboratory investigations, vital signs and physical examinations.

3.12 Statistical Methods for Evaluation

All statistical tests performed were 2-tailed with significance assessed at the 5% significance level. The term "significant" refers to this predefined significance level.

Primary Efficacy Analysis

Data analysed for efficacy were presented for the ITT and the PP populations by treatment group. Descriptive statistics were generated for the baseline and the post-baseline overall RDQ symptom scores, as well as for the difference between the baseline and the post-baseline scores. The change in RDQ score was analysed using an analysis of covariance (ANCOVA) model.

Secondary Efficacy Analysis

The change in each symptom score of the RDQ (heartburn, regurgitation and dyspepsia) and of the GERD dimension separately was analysed using descriptive statistics for the baseline and the post-baseline scores, as well as for the difference between the baseline and the post-baseline scores. ANCOVA was performed for each of the symptoms. The change scores in frequency and intensity separately for each symptom were compared between treatment groups using the Wilcoxon rank-sum test.

The OTE was compared between treatment groups using the Wilcoxon rank-sum test.

Safety Analysis

The incidence of AEs was summarised for all AEs, by Investigator attribution of relationship to the investigational medicinal product (IMP) and by severity.

The incidence of AEs was compared between treatment groups using Fisher's exact test for all AEs, for those AEs classified as at least possibly related to the IMP and for severe AEs.

Laboratory safety variables were analysed descriptively (number of observations, mean, standard deviation [SD], median, minimum and maximum) for values at each visit and for changes from baseline by treatment group. Shift tables were generated to present the number of "normal", "low" and "high" laboratory values at baseline and the last study visit.

Shifts between baseline and the last study value were compared using the Wilcoxon signed rank test.

3.13 Summary & Conclusions

For summaries of efficacy, pharmacokinetic and safety results see Sections 3.14, 3.15 and 3.16. For study conclusions, see Section 3.17.

3.14 Efficacy Results

111 patients were enrolled and randomised; of these, 110 patients were included in the SAF population; 1 patient was randomised but did not receive any study treatment. Demographic and baseline disease characteristics were generally balanced between the 2 treatment groups. 60 patients (54.5%) were men and 50 patients (45.5%) were women. All but 1 patient were Caucasian (99.1%). Baseline GERD status as well as the use of drugs for treatment of acid-related disorders were representative of patients with GERD; the majority of all patients had moderate to severe symptoms of acid reflux (87.3%) and heartburn (94.5%), while only 54.5% of all patients had moderate to severe symptoms of dyspepsia. About one fifth of all patients reported no symptoms of dyspepsia whereas only about 3% of patients did not express symptoms of either acid reflux or heartburn.

Analyses of the primary and secondary variables were performed in the ITT and PP population with very similar outcomes. Subsequently, results are summarised for the ITT population.

Primary efficacy analyses

A decrease in the overall RDQ symptom score (i.e. a decline in symptoms of heartburn, regurgitation and dyspepsia combined) from baseline to the End of Study Visit was observed for patients in both the placebo and the Gaviscon groups. The mean (SD) change in RDQ score was -0.82 (1.25) for patients in the placebo group and -1.26 (1.08) for patients in the Gaviscon group. The decrease in RDQ score was significantly greater for patients in the Gaviscon group than for patients in the placebo group (LS Mean difference -0.55, p = 0.003; Table 3-1).

Secondary efficacy analyses

From baseline to the End of Study Visit, a mean decrease in the RDQ score (i.e. decline in symptoms) of each of the dimensions heartburn, regurgitation, dyspepsia and the GERD dimension was observed in both treatment groups. Results of an ANCOVA revealed significantly greater reductions in RDQ scores of each of the dimensions for patients in the Gaviscon group than for patients in the placebo group (Table 3-1).

Table 3-1 ANCOVA Results for Change in Each RDQ Dimension Score From Baseline to End of Visit (ITT Population)

	LS mean		LS mean difference		
Dimension	**Placebo (N= 54)**	**Gaviscon (N= 56)**	**Placebo – Gaviscon**	**95% CI**	**p-value**
Overall RDQ score	–0.76	–1.31	–0.55	(–0.91, –0.19)	0.003
Heartburn	–0.72	–1.34	–0.62	(–1.03, –0.21)	0.004
Regurgitation	–0.85	–1.43	–0.58	(–1.03, –0.12)	0.014
GERD Dimension[1]	–0.78	–1.39	–0.61	(–0.98, –0.24)	0.002
Dyspepsia	–0.72	–1.15	–0.43	(–0.86, –0.01)	0.047

CI = confidence interval.

[1] GERD dimension is defined as the combination of the GERD-specific symptoms of heartburn and regurgitation.

Patients in the Gaviscon group had significantly greater declines in both the frequencies and intensities of heartburn and the GERD dimension from baseline to the End of Study Visit than patients in the placebo group (heartburn: p = 0.0033 [frequency] and p = 0.0044 [intensity]; GERD dimension: p = 0.0083 [frequency] and p = 0.0044 [intensity]). Both intensities and frequencies of dyspepsia and regurgitation also decreased in the 2 treatment groups after study drug administration, although no significant differences were found in the magnitude of change between groups. The failure of reaching significance might be partly due to the smaller sample population of patients with moderate to severe symptoms of dyspepsia and due to the lack of adjustment for baseline covariates.

Another secondary endpoint was the OTE which measured patient's responsiveness/satisfaction at the End of Study Visit. 63.0% of patients in the placebo group and 83.9% of patients in the Gaviscon group reported a better clinical status (OTE question 1) at the End of Study Visit. Patients in the Gaviscon group evaluated their overall treatment response higher than patients in the placebo group (Gaviscon: mean [SD] OTE = 4.1 [2.44]; placebo mean [SD] OTE = 1.9 [3.34]). Median treatment evaluation (OTE question 1) was significantly higher (p = 0.0005) in the Gaviscon group (median OTE question 1 = 5 "a good deal better") than in the placebo group (median OTE question 1 = 2 "a little better"). No significant differences in the perception of the importance of clinical improvement or worsening (OTE question 2) were observed between the 2 treatment groups: the median scores on perception of importance of clinical improvement/worsening were almost identical for patients in the placebo and Gaviscon group (5 vs. 5.5, p = 0.5263), both groups perceiving the change in their clinical status as being important. However, more patients experienced a clinical worsening in the control group than in the Gaviscon group (14.8% vs. 1.8%) and some of the patients in the control group perceived this worsening as being important. Therefore, the between treatment group comparison of the perception of the importance of the change in clinical status has to be interpreted with caution.

3.15 Pharmacokinetic Results

Not applicable.

3.16 Safety Results

All safety analyses were performed on the SAF population which comprised 110 patients.

33.3% of patients in the placebo and 28.6% of patients in the Gaviscon group experienced one or more AEs. In both treatment groups, the most commonly reported adverse events (AEs) by system organ class (SOC) in descending order of frequency were (placebo vs. Gaviscon, respectively) gastrointestinal disorders (14.8% vs. 7.1%), infections and infestations (7.4% vs. 10.7%), investigations (5.6% vs. 3.6%), nervous system disorders (1.9% vs. 5.4%) and injury, poisoning and procedural complications (3.7% vs. 1.8%). The observation that gastrointestinal disorders were most frequently reported is consistent with the nature of the underlying disease.

In the placebo group, 17 patients (31.5%) experienced mild AEs and 3 patients (5.6%) experienced moderate AEs. In the Gaviscon group, 16 patients (28.6%) had mild AEs and no patients had moderate AEs. None of the patients in either treatment group had serious or severe AEs.

The vast majority of at least possibly related AEs by SOC affected gastrointestinal disorders. In the placebo group, 6 patients (11.1%) were considered to have at least possibly related AEs; of these, 5 patients (9.3%) were deemed to have experienced gastrointestinal disorders related to study treatment. In the Gaviscon group, 1 patient (1.8%) was reported to have an at least possibly related AE which was in the gastrointestinal disorders SOC.

No statistically significant differences in the incidence of related AEs and not related AEs were observed between treatment groups.

There were no withdrawals from study treatment due to AEs in the Gaviscon group. In the placebo group, 1 patient withdrew from the study due to an AE of moderate diarrhoea.

The majority of safety findings in this trial are consistent with the underlying disease. There were no unexpected or new safety signals for Gaviscon Double Action Tablets in any of the safety variables examined in this trial.

3.17 Conclusion

This is the first study assessing the efficacy of Gaviscon Double Action Tablets compared to placebo using a validated instrument, i.e. the RDQ. The statistically significant results of this trial suggest that Gaviscon Double Action Tablets reduce the symptoms of GERD, i.e. heartburn and acid regurgitation, and of dyspepsia, and give an indication of the magnitude of treatment benefit obtained in the UK population using the RDQ in order to power and conduct a larger confirmatory study. According to the patients' self-assessment, the clinical status of GERD had improved by the end of the 7-day treatment period. Lending further support to the patients' responsiveness and satisfaction, none of the patients in the Gaviscon group withdrew from the study and patient compliance was generally very high. The positive effects of Gaviscon Double Action Tablets for managing the symptoms of GERD were in the absence of clinically relevant health risks.

In summary, findings of this trial suggest a favourable benefit/risk balance of Gaviscon Double Action Tablets in patients with GERD and dyspepsia and provide the basis for further clinical investigations.

4 TABLE OF CONTENTS

4.1 List of Tables and Figures Contained in the Body of the Report

4.2 List of Abbreviations

Abbreviation	Abbreviation in Full
AE	Adverse Event
ANCOVA	Analysis of Covariance
AR	Adverse Reaction
BOCF	Baseline Observation Carried Forward
CI	Confidence Interval
CRF	Case Report Form
CRO	Contract Research Organisation
CSP	Clinical Study Protocol
CV	Curriculum Vitae
ECG	Electrocardiogram
ET	Early Termination
EU	European Union
FDA	Food and Drug Administration
GCP	Good Clinical Practice
GERD	Gastro-oesophageal Reflux Disease
GMP	Good Manufacturing Practice
GP	General Practitioner
ICH	International Conference on Harmonisation
IEC	Independent Ethics Committee
IMP	Investigational Medicinal Product
IMSU	Investigational Material Supplies Unit
IRB	Institutional Review Board
ITT	Intent-to-Treat
LS Mean	Least Squares Mean
MedDRA	Medical Dictionary for Regulatory Activities
OTC	Over-The-Counter
OTE	Overall Treatment Evaluation
PP	Per Protocol
PPI	Proton Pump Inhibitor
QC	Quality Control
RB	Reckitt Benckiser
RDQ	Reflux Disease Questionnaire
SAE	Serious Adverse Event
SAF	Safety Population
SAP	Statistical Analysis Plan
SD	Standard Deviation
SDV	Source Data Verification

Abbreviation	Abbreviation in Full
SmPC	Summary of Product Characteristics
SOC	System Organ Class
SOP	Standard Operating Procedure
UK	United Kingdom (of Great Britain and Northern Ireland)
US	United States (of America)

5 ETHICS

5.1 Independent Ethics Committee (IEC) or Institutional Review Board (IRB)

The name and full address of the IEC consulted is provided in Appendix 16.1.3.

The study protocol and all relevant amendments, together with patient information and consent documents and recruitment advertising materials were reviewed and approved by the East of Scotland Research Ethics Service (EoSRES) REC 2.

5.2 Ethical Conduct of the Study

This study was conducted in accordance with the Declaration of Helsinki, as referenced in EU Directive 2001/20/EC. It complied with International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) and applicable regulatory requirements.

5.3 Patient Information and Consent

Copies of a representative patient information sheet and a blank informed consent form are provided in Appendix 16.1.3.

Patients who were considered by the Investigator to be suitable for entry into the study were given the opportunity to read the patient information sheet and informed consent form, and to ask questions. If they understood and agreed with the information and instructions provided, they were asked to sign the informed consent form. The Investigator also signed the form. The patient was given a copy of the information sheet and the signed informed consent form. No protocol-related procedures were performed prior to the patient signing the informed consent form.

6 INVESTIGATORS AND STUDY ADMINISTRATIVE STRUCTURE

Appendix 16.1.4 contains a table listing the names and affiliations of the individuals whose participation materially affected the conduct of the study, together with their roles. The Curriculum Vitae (CV) of the Investigator is also included in the Appendix.

The trial was conducted in 1 centre in the United Kingdom (UK), although trial conduct was initially planned in multiple centres (see Section 9.2). The Global Medical Director was Dr. Phil Berry, MD at Reckitt Benckiser Healthcare, Hull, UK. Clinical project management was performed by Nigel Levinson, BSc, CBiol, MSB at Reckitt Benckiser Healthcare (UK), Hull, UK. Gary Smith, BSc, MSc was senior statistician at Reckitt Benckiser Healthcare (UK).

The study was conducted by CPS Research, Glasgow, UK.

Reckitt Benckiser delegated sponsor-related tasks to Accovion, Eschborn and Marburg, Germany, and Windsor, UK. Gail Stabler, BSc CSci MICR, was responsible for study monitoring; project management was performed by Carl Naraynassamy, BSc, LLB, MA, CBiol and was handed over to Michael Koslowski as of 15 February 2013; Silke Kuhl, Kerstin Kühn and Maria Stein carried out data management. Uwe Heberle performed statistical analysis.

Gaviscon Double Action Tablets were manufactured by Reckitt Benckiser Healthcare UK Ltd., Hull, UK. The matching placebo tablets were manufactured by Pharmaterials Limited, Reading, UK.

The active and placebo tablets were shipped to Bilcare GCS (Europe) Ltd (now named Sharp Clinical Services [UK] Ltd) Units 1-3, Waller House, Elvicta Business Park, Crickhowell, Powys, NP8 1DF, UK where both active and placebo tablets were blister packed.

The blister packs were shipped to the Investigational Material Supplies Unit (IMSU), Reckitt Benckiser Healthcare UK Ltd, Dansom Lane, Hull, HU8 7DS UK.

The supplies were assembled and labelled by the IMSU, Reckitt Benckiser Healthcare UK, Hull, UK. They were shipped by IMSU directly to the Investigator site.

Analysis of blood samples and routine safety parameters was overseen by John D'Souza, MD, Medical Director at ACM Global, York, UK.

7 INTRODUCTION

This pilot study was a single-centred, randomised, double-blind, two arm, parallel group, placebo-controlled trial to assess the effect of Gaviscon Double Action Tablets in patients with symptoms of gastro-oesophageal reflux disease (GERD).

GERD is a condition where the lower oesophageal sphincter is abnormally relaxed and allows the acidic contents of the stomach to flow back or reflux into the oesophagus. The troublesome symptoms of GERD can have significant impact on health-related quality of life and work productivity [1-4].

Heartburn is the most predominant clinical manifestation of GERD and occurs as a result of irritation of the oesophageal mucosa by refluxed gastric contents. The pain is usually burning in character and felt retrosternally, rising from the epigastrium towards or into the throat. Functional heartburn is diagnosed when heartburn is not accompanied by evidence of GERD as evaluated by endoscopy or 24 hour oesophageal pH measurement.

Functional heartburn may occur concomitantly with dyspepsia symptoms. Dyspepsia (sometimes referred to by the non-medical term indigestion) is defined as pain or discomfort centred in the upper abdomen and is a very common complaint. It is often described as a feeling of fullness, bloating, nausea, heartburn, or gassy discomfort in the chest or abdomen.

The over-the-counter (OTC) preparations for treatment of heartburn include antacids, alginates, proton pump inhibitors (PPIs) and histamine H2 receptor antagonists. While PPIs are effective in acid-related conditions, they offer limited benefit for patients with functional dyspepsia and/or functional heartburn [5, 6].

Gaviscon Double Action Tablets are a combination of 2 antacids (calcium carbonate and sodium bicarbonate) and an alginate. On ingestion, the medicinal product reacts rapidly with gastric acid to form a raft of alginic acid gel having a near neutral pH. The raft floats on the stomach contents effectively impeding gastro-oesophageal reflux. In severe cases, the raft itself may be refluxed into the oesophagus in preference to the stomach contents and exerts a demulcent effect. Calcium carbonate neutralises gastric acid to provide fast relief from indigestion and heartburn. This effect is increased by the addition of sodium bicarbonate which also has a neutralising action. The total neutralizing capacity of the product at the lowest dose of two tablets is approximately 10 $mEqH^+$ [7].

To date, no clinical studies have previously been performed with Gaviscon Double Action Tablets to demonstrate relief of symptoms of reflux and dyspepsia in patients with GERD. This pilot study is to examine the efficacy of Gaviscon Double Action Tablets compared with matching placebo in treating the symptoms of reflux and dyspepsia in patients with GERD.

The potential risks to patients taking part in the present study were considered to be low. The adverse reactions (ARs) that occur very rarely (< 1/10,000) as a result of taking Gaviscon products are allergic manifestations as a result of a patient being sensitive to any of the active substances (sodium alginate, sodium bicarbonate/sodium hydrogen carbonate and calcium carbonate) or excipients. Other very rarely observed ARs include increased plasma sodium levels especially for those patients with renal and cardiovascular conditions on a highly restricted salt diet. Moreover, high doses of calcium may cause alkalosis, hypercalcaemia, acid rebound, milk alkali syndrome or constipation. Together, the risk benefit balance for the current study was considered to be acceptable.

This pilot study of Gaviscon Double Action Tablets was conducted to provide a basis for further studies in export markets to demonstrate that Gaviscon Double Action Tablets are effective in managing the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD. Patients received either Gaviscon Double Action Tablets (2 tablets per administration, 4 times daily) or matching placebo tablets (2 tablets per administration, 4 times daily) for a 7-day treatment period.

8 STUDY OBJECTIVES

8.1 Primary Objective

The primary objective of this pilot study was to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the overall symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

8.2 Secondary Objective

The secondary objectives of this pilot study were to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD. Other secondary objectives were the efficacy of Gaviscon Double Action Tablets compared with placebo in patient responsiveness / satisfaction and comparison of safety in terms of adverse events (AEs).

9 INVESTIGATIONAL PLAN

9.1 Overall Study Design and Plan – Description

The study protocol and amendments 1 and 2 are included as Appendix 16.1.1. The Case Report Form (CRF) is included as Appendix 16.1.2. This was a single-centred, randomised, double-blind, two arm, parallel group, placebo-controlled pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease. Initially, trial conduct was planned in multiple centres (see Section 9.2). The schedule of assessments is presented in Table 9-1.

The sample size was estimated to be 45 complete patients per treatment group. A complete patient is defined as a randomised patient who completed the study treatment period and attended the End of Study Visit (Visit 3). The study aimed for approximately 90 complete patients. In order to achieve this, it was estimated that approximately 110 patients needed to be randomised (see Section 9.7.2).

Patients who responded to advertising were telephone screened for eligibility. Potential patients were provided with the patient information sheets. All patients were given a 4-digit screening number once they had provided consent. The first two digits referred to the centre and the second two digits to the number of patients screened at that centre. After informed consent, the screening process took a maximum of 7 days. At screening (Visit 1), the following baseline assessments were conducted: demographics, laboratory safety data (haematology and biochemistry), vital signs (blood pressure, heart rate and oral temperature), electrocardiogram (ECG), medical history and current status, medication and therapy history, physical examination and pregnancy testing (women of childbearing potential underwent urine pregnancy testing).

At the end of the screening period, patients returned to the clinic (Visit 2, randomisation) to complete the reflux disease questionnaire (RDQ) and to have any AEs and concomitant medications recorded. If the patient fulfilled the eligibility criteria for randomisation, a unique 3-digit randomisation number (001, 002 etc.) was allocated and study medication was dispensed. The numbers available at the site were allocated to the patients in consecutive order. Patients were instructed to start taking Gaviscon Double Action Tablets or matching placebo tablets the following day for 7 consecutive days (2 tablets per administration taken 4 times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner, and immediately before lying down for bed).

Visit 3 (End of Study Visit) took place preferably on the day following completion of 7 days of study treatment, Day 8, or if necessary up to 2 days before/after that (Day 6 to Day 10). At this visit, the patient completed the RDQ and answered questions related to overall satisfaction with the trial therapy (overall treatment evaluation [OTE]) over the previous 7 days. All unused and empty study medication containers were returned for assessment of compliance with treatment. The following was assessed: vital signs (blood pressure and heart rate), concomitant medication, AEs, physical examination, laboratory investigations (haematology and biochemistry) and pregnancy testing (women of childbearing potential were to undergo urine pregnancy testing).

Patients were instructed to return to the Investigator before the end of treatment if they required further treatment for their GERD symptoms or had unacceptable AEs. If the Investigator had withdrawn the patient from the study for these or any other reasons, the patient completed the study at this early termination (ET) visit and the following was assessed: the patient completed the RDQ and answered questions related to OTE over the study treatment period. All unused and empty study medication containers were returned for assessment of compliance with treatment. The following was also completed: vital signs (blood pressure and heart rate), concomitant medication, AEs, physical examination, laboratory investigations (haematology and biochemistry), pregnancy testing (women of childbearing potential underwent urine pregnancy testing) and reason for early study termination.

Patients were instructed to follow their routine meal pattern, avoiding food not normally consumed, such as excessively spicy food.

Patients who withdrew from the study were not replaced.

No interim analysis was planned for this study.

The study was monitored by site visits and meetings with the Investigator and co-workers at intervals agreed with the Investigator.

9.2 Discussion of Study Design, Including the Choice of Control Groups

A randomised, double-blind, two arm, parallel group, placebo-controlled study design was chosen to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease. Initially, the study was planned to be multi-centred with sites in and around Glasgow but the requirements in terms of sample size were already fulfilled at the CPS site. There was therefore no need to involve additional study centres and the decision was taken to use only the aforementioned site.

The primary endpoint and some of the secondary endpoints were assessed using information collected in the RDQ. The choice of the RDQ was based on this being a validated questionnaire which collected patient assessments of their heartburn, acid regurgitation and dyspepsia. The RDQ is a validated 12-item self-administered questionnaire which was originally designed to assess the frequency and severity of heartburn, acid regurgitation and dyspepsia symptoms. The heartburn and acid regurgitation subscales can be combined into a GERD dimension [8]. Response options are scaled as Likert-type with scores ranging from 0 to 5 for frequency ("not present" to "daily") and severity ("not present" to "severe").

Other secondary endpoints were assessed using the OTE. The OTE is a validated scale that rates the overall change in clinical status on a 15-point scale (-7 to -1 = worse; 0 = no change or about the same; and +1 to +7 = better). It then categorises the change with a second OTE question asking how patients perceive the importance of the change on a 7-point scale from: 1 = not important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important, 6 = very important, 7 = extremely important [9-11].

9.3 Selection of Study Population

9.3.1 Inclusion Criteria

Patients meeting all of the following criteria were considered for enrolment into the study:

1) Signed written informed consent

2) Age: ≥ 18 years

3) Sex: male or female

4) GERD status: history of frequent episodes of GERD-related symptoms during the last 3 months and also during 5 of the last 7 days prior to study screening

5) Patients who had not taken any antacids within 24 hours before randomisation (Visit 2). Patients were instructed not to take antacids throughout the remainder of the study

6) Patients taking mucous membrane protection drugs or motility stimulants entered the study provided that these drugs had been discontinued for at least 3 days before enrolment and throughout the remainder of the study

7) Absence of relevant abnormalities in the physical examination, ECG and safety analysis

8) Patients were sufficiently literate to be able to complete the RDQ unaided

9) Status: patients were members of the public who responded to an advertisement or via their doctor

9.3.2 Exclusion Criteria

Patients meeting any of the following criteria were not included in the study:

1) Patients who had a history of drug, solvent or alcohol abuse (weekly alcohol intake ≥ 140 g or 17.5 units)

2) Patients who had suffered cardiac chest pain within the last year

3) Patients who had suffered a recent, significant unexplained weight loss of more than 6 kg in the last 6 months

4) Female patients of childbearing potential who, for the duration of the study, were either unwilling or unable to take adequate contraceptive precautions (as defined below) or were unwilling to be sexually abstinent

5) Female patients who were pregnant or lactating

6) Patients who had a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades A-D), Barrett's oesophagus, acute peptic ulcer and/or ulcer complications, Zollinger Ellison syndrome, gastric carcinoma, pyloric stenosis, oesophageal or gastric surgery, intestinal obstruction, current pernicious anaemia, indication for H-pylori eradication therapy, requirement for low sodium diet, known gastro-intestinal bleeding (hematochezia or hematemesis) within the last 3 months, and severe diseases of other major body systems

7) Patients who had taken PPIs during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start, systemic glucocorticosteroids or anti-inflammatory drugs on more than 3 consecutive days, or PPI-based triple therapy for eradication of H-pylori during the last 28 days

8) Patients with known hypophosphataemia, phenylketonuria or hypercalcaemia

9) Patients who had severe constipation or a history of intestinal obstruction

10) In the opinion of the Investigator, patients with damaged heart or kidney function and patients who required a low sodium diet

11) Patients with any co-existing condition which, in the opinion of the Investigator, would have likely compromised patient safety or interfered with assessment of efficacy, or with any clinically significant abnormal laboratory values

12) Patients who had severe/impaired renal function or renal insufficiency

13) Patients with any previous history of allergy or known intolerance to any of the active ingredients or following formulation constituents: macrogol 20 000, mannitol (E421), copovidone, acesulfame K, aspartame (E951), mint flavour, carmoisine lake (E122), magnesium stearate, xylitol DC (contains carmellose sodium) or the following formulation constituents: sodium alginate, calcium carbonate, sodium bicarbonate

14) Patients who had been previously randomised into the study

15) Patients who were employees at study site

16) Patients who were a partner or first degree relatives of the Investigator

17) Patients who had participated in a clinical study in the previous 6 months

18) Patients who, in the opinion of the Investigator, were unable to comply fully with the study requirements

Patients of reproductive potential

A woman of childbearing potential was defined as any female who was less than 2 years postmenopausal or who had not undergone a hysterectomy or surgical sterilisation, e.g. bilateral tubal ligation, bilateral ovariectomy (oophorectomy).

Woman of childbearing potential took adequate contraceptive precautions for the entire duration of study participation (refer to protocol amendments 1 and 2, Appendix 16.1.1). Adequate contraceptive precautions included oral or injectable contraceptives, approved hormonal implants or topical patches, intrauterine devices, barrier methods of contraception: condom or occlusive cap (diaphragm or cervical/vault caps) with spermicidal foam/gel/film/cream/suppository, true abstinence when this was in line with the preferred and usual lifestyle of the patient (periodic abstinence [e.g. calendar, ovulation, symptothermal post ovulation methods] and withdrawal were not acceptable methods of contraception). Should the patient have become sexually active while participating in the study, she had to agree to use a double barrier method or condoms/diaphragms with spermicidal foam/gel/film/cream/suppository.

Patients were informed that a female condom and male condom was not to be used together as friction between the two could result in either product failing.

The procedures to be followed if a patient became pregnant while enrolled in the study are described in Section 9.5.5.8.

9.3.3 Removal of Patients from Therapy or Assessment

Removal of patients from the study was at the discretion of the Investigator at any time. Reasons for removing a patient from the study included, but were not limited to:

- In case AEs caused severe or permanent harm (significant clinical deterioration is an AE) per the judgment of the Investigator
- In case of violation of the study protocol
- In case it was in the patient's best interest per the Investigator's judgment
- In case the patient declined further study participation
- In case the randomisation code had been broken

The primary reason for withdrawal was documented as one of the following: AE; lack of efficacy; lost to follow up; no further need for investigational medicinal product (IMP, unless this was a study endpoint); protocol violation; death; withdrawal of consent; other. The Investigator was to make reasonable attempts to contact patients who were lost to follow up: a minimum of 2 documented telephone calls or a letter were considered reasonable.

If a patient withdrew prematurely from the study, clinical assessments at the ET Visit were carried out (Section 9.5.1).

Patients who withdrew from the study were not replaced.

Patients who experienced AEs at the end of the study, or experienced the onset of an SAE after the end of the study, were followed-up as described in Sections 9.5.5.5 and 9.5.5.6.

No other additional care of patients took place following the end of the study. The treatment of the patient's condition followed normal clinical practice.

9.4 Treatments

9.4.1 Treatments Administered

9.4.1.1 Investigational Medicinal Product(s)

Each patient was instructed to take Gaviscon Double Action Tablets or matching placebo tablets as a multiple dose regimen. Patients were instructed to start taking their medication the day after their randomisation visit (Visit 2) for 7 days (2 tablets per administration taken 4 times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed).

Medication errors might have occurred in this study, from the administration or consumption of the wrong drug, by the wrong patient, at the wrong time or at the wrong dosage strength. Such medication errors occurring to a study participant were captured on the AE page of the CRF and on a SAE form as appropriate. In the event of medication dosing error, the sponsor was notified immediately (refer to protocol amendment 2, Appendix 16.1.1).

Medication errors were reportable to RB irrespective of the presence of an associated AE/SAE, including:

- Medication errors involving patient exposure to a medicinal product
- Potential medication errors or uses outside of what was foreseen in the protocol that did or did not involve the participating patient

Whether or not the medication error was accompanied by an AE/SAE, as determined by the Investigator, the medication error and any associated AE/SAEs were captured on an AE CRF page / SAE form (refer to the study protocol, Appendix 16.1.1).

9.4.1.2 Non-Investigational Medicinal Product(s)

Non-investigational medicinal products were not used in this study.

9.4.2 Identity of Investigational Medicinal Product(s)

The following medication was supplied:

- Gaviscon Double Action Tablets
- Matching placebo tablets

The composition of each Gaviscon Double Action Tablet was 250 mg sodium alginate, 106.5 mg sodium bicarbonate, and 187.5 mg calcium carbonate.

Placebo tablets contained no active ingredients and were composed of mainly mannitol and xylitol with several other well-known excipients.

Gaviscon Double Action Tablets were manufactured to Good Manufacturing Practice (GMP) by Reckitt Benckiser Healthcare Limited, Dansom Lane, Hull, HU8 7DS, UK (Product Licence 00063/0157). The matching placebo tablets were manufactured to GMP by Pharmaterials Limited, Unit B, 5 Bolton Road, Reading, RG2 ONH for RB.

Batch numbers were PMBN12062 for Gaviscon Double Action Tablets and PMBN12059 for placebo matching Gaviscon Double Action Tablets. A blinded study batch number was printed on the labels to ensure the double blind was maintained.

The active and placebo tablets were shipped to Bilcare GCS (Europe) Ltd (now named Sharp Clinical Services [UK] Ltd) Units 1-3, Waller House, Elvicta Business Park, Crickhowell, Powys, NP8 1DF, UK where both active and placebo tablets were blister packed.

The blister packs were shipped to the IMSU, Reckitt Benckiser Healthcare UK Ltd., Dansom Lane, Hull, HU8 7DS UK. The supplies were assembled and labelled to GMP standards by the IMSU. They were shipped by the IMSU directly to the Investigator site in a temperature controlled van.

Supplies were packaged (blister packs) and labelled for 200 patients (100 per treatment group). Each patient pack contained 64 tablets (allowing 7 days study treatment and 1 days' overage).

The IMP(s) were labelled in accordance with EudraLex Volume 4 GMP Guidelines, Annex 13 Manufacture of IMPs, parts 26 to 33 (Labelling) and in accordance with directive 2003/94/EC as amended and including any other applicable national/state legislation. Labels did not identify which of the two treatments (active or placebo) the patient's pack contained.

The study drug was stored below 25°C. Temperatures were monitored and recorded in a temperature log on a daily basis. The temperature log was reviewed by the study monitor.

The Investigator kept all IMPs in a pharmacy or a secure storage facility, accessible only to those individuals authorised by the Investigator to dispense the medication.

The Investigator agreed not to supply the IMP to any person except study personnel and patients enrolled in this study.

The Investigator or designated individual maintained an inventory. This included the description and quantity of the IMP received during the course of this study, as well as a record of the materials that were dispensed and returned (how much, to whom and when). This inventory ("Drug Dispensing Log") was subject to review by the study monitor during monitoring visits.

The Investigator agreed to conduct a drug supply inventory, to record the results of this inventory ("IMP Removal from Site" form) and to return it and all original IMP containers, whether empty or containing IMP, to RB at the end of the study or in stages during the course of the study.

RB arranged for the appropriate and timely destruction of all returned IMPs following the end of the study (on finalisation of the study report).

9.4.3 Method of Assigning Patients to Treatment Groups

Drug supplies were randomised by the RB IMSU, according to a computer-generated randomisation schedule. On randomisation, patients were allocated a unique 3-digit randomisation number in numerical sequence. Issue of the IMP in this sequence ensured randomisation. The randomisation number was pre-printed on the medication assigned to that patient. The numbers were allocated to the patients in consecutive order at the study site. A randomisation block size of 4 was applied. For further details refer to Appendix 16.1.7.

The IMSU held the master code for the randomisation schedule and supplied the Investigator with the randomisation code for each patient as individually sealed envelopes.

9.4.4 Selection of Doses in the Study

Each patient received either Gaviscon Double Action Tablets or matching placebo tablets as a multiple dose regimen. Patients received 2 tablets to be taken 4 times per day for a total of 7 consecutive days.

The selected treatment regimen of 8 tablets per day represents a low dose therapy with Gaviscon. The upper dose limit is 16 tablets per day. For this pilot study, the lower dose of 2 tablets 4 times daily, i.e. 8 tablets per day, was chosen to minimise compliance issues over the 1 week treatment period.

9.4.5 Selection and Timing of Dose for Each Patient

Each patient received either Gaviscon Double Action Tablets or matching placebo tablets as a multiple dose regimen. Patients started taking their medication the day after their randomisation visit (Visit 2) for 7 consecutive days (2 tablets per administration taken 4 times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed). Patients were advised to have an interval of at least 3 hours between meals.

9.4.6 Blinding

The study was blinded using matching placebo and active tablets, identically packaged and labelled. The IMSU held the master code for the randomisation schedule and supplied the Investigator with the randomisation code for each patient as individually sealed envelopes. The code was only to be broken for an individual patient in an emergency such as a serious AE (SAE) for which it was necessary to know the study treatment in order that the SAE was to be treated appropriately. If the code for a patient had been broken, the Investigator was to withdraw the patient from the study, document the details of the event in the patient's CRF and promptly inform the RB Clinical Project Manager. If, for any reason, the code was broken, the patient was to be withdrawn from the study.

No patients experienced SAEs in this trial.

The study monitor checked the randomisation code-break envelopes on a regular basis at monitoring visits, to ensure the above procedures were followed. All code-break envelopes, whether sealed or opened, were returned to RB at the end of the study.

RB unblinded the study for all patients only after all data queries had been answered and the database had been locked.

9.4.7 Prior and Concomitant Therapy

At the screening Visit 1, the history of medication and therapy in the previous 30 days was recorded for each patient.

Concomitant therapies were defined as prescribed medications, physical therapies and OTC preparations, including herbal preparations licensed for medicinal use, other than the IMP that the patient received during the course of the study. The Investigator recorded any medications given for treatment of AEs on the concomitant medication page in the patient's CRF. Any medication taken by the patient from the time of giving informed consent through to the end of the study was also recorded in the CRF. Any changes in concomitant therapy during the study were documented, including cessation of therapy, initiation of therapy and dose changes.

The use of the following therapies was not permitted:

- PPIs during the 10 days prior to screening and throughout the study
- Prokinetics or H2 antagonists during the 5 days prior to screening and throughout the study
- Systemic glucocorticosteroids or anti-inflammatory drugs on more than 3 consecutive days in the 28 days prior to screening
- PPI-based triple therapy for eradication of H-pylori during the 28 days prior to screening and throughout the study.
- Mucous membrane protection drugs or motility stimulants for 3 days prior to screening and throughout the study
- Any antacids within 24 hours before randomisation (Visit 2) and throughout the remainder of the study

Patients who used any of these above medications during the study were to be withdrawn.

The Summary of Product Characteristics (SmPC) states that due to the presence of calcium carbonate, which acts as an antacid, a time interval of 2 hours should be considered between Gaviscon intake and the administration of other medicinal products, especially H2 antihistaminics, tetracyclines, digoxine, fluoroquinolone, iron salt, ketoconazole, neuroleptics, thyroxine, penicilamine, beta-blockers (atenolol, metoprolol, propanolol), glucocorticoids, chloroquine and diphosphonates.

9.4.8 Treatment Compliance

Treatment compliance was assessed on the basis of tablet counts. Patients were instructed to bring their unused IMP with them at each visit. For the time period between Visit 2 and Visit 3 or Visit ET, the number of unused tablets returned was recorded. For the entire treatment period of the study, the proportion of tablets taken relative to the expected number of tablets that should have been taken was calculated. Compliance to IMP intake of less than 75% was considered a major protocol deviation. Patients with compliance of less than 75% were excluded from the per protocol (PP) population.

9.5 Study Variables and Methods of Assessment

9.5.1 Measurements Assessed and Schedule

The schedule of required visits, procedures, and assessments is described in Table 9-1.

Table 9-1 Schedule of Assessments

Study period	Visit 1	Visit 2	Visit 3	Visit ET
	Screening (0–7 days)	Randomisation (Day 0)	End of Study (Day 8 ± 2 days)	Replaced Visit 3 in case of ET (Day 0 to 5)
Informed consent	X			
Inclusion/exclusion criteria and suitability for study assessed	X	X		
Enrolment form completed, demographics recorded, concomitant medication and relevant medical history assessed	X			
Physical exam, blood samples collected, urine pregnancy tests, vital signs	X		X	X
ECG	X			
Investigator's assessment of GERD status.	X			
Appointment made for next visit	X	X		
Randomisation		X		
Study medication dispensed		X		
Patient completed RDQ		X	X	X
AEs and concomitant medication recorded		X	X	X
Returned medication collected, compliance with study medication assessed.			X	X
OTE completed			X	X

ET = Early termination; OTE = Overall treatment evaluation.

9.5.2 Baseline Assessments

9.5.2.1 Overview of Baseline Assessments

The following demographic assessments were performed at Visit 1 (Screening):

- Sex
- Race (categorised as: Caucasian, Asian, Afro-Caribbean and Other)

- Date of birth
- Height (cm)
- Weight (kg)
- Body mass index (kg/m^2; calculated by data management from height and weight data)
- Smoking/alcohol/drugs of abuse history/use
- Medical history and current status (primary diagnosis, duration of disease, medical history and current status)
- Medication and therapy history (current therapy, therapy in the previous 30 days)

The following baseline assessments were performed at:

Visit 1 (Screening)

- Investigator's assessment of the GERD status
- 12-lead ECG

Visit 2 (Randomisation)

- Completion of the RDQ

Safety related baseline assessments are described in Section 9.5.4

9.5.2.2 Methods of Baseline Assessment

Standard methods were used for evaluating patient baseline assessments at the study site.

9.5.3 Efficacy Variables

9.5.3.1 Overview of Efficacy Variables

The primary and some secondary efficacy variables were derived from the RDQ. OTE was also a secondary efficacy variable.

9.5.3.2 Methods of Efficacy Assessment

The following assessments of symptoms were used.

9.5.3.2.1 Reflux Disease Questionnaire

The reflux disease questionnaire (RDQ) is a self assessed patient questionnaire which is designed to measure and evaluate specific GERD symptoms of heartburn and regurgitation and also to evaluate dyspepsia. The items that constitute the three dimensions (i.e. heartburn, regurgitation and dyspepsia) are listed in Table 9-2; the scoring system of the RDQ is shown in Table 9-3.

Table 9-2: Sub-Dimensions of the Symptoms

Regurgitation	Heartburn	Dyspepsia
Acid in the mouth	Burning behind the breastbone	Burning in the upper stomach
Unpleasant movement of material upwards from the stomach	Pain behind the breastbone	Pain in the upper stomach

Table 9-3: Scoring System of RDQ

Score	Frequency	Intensity/Severity
0	None	None
1	Less than one day a week	Very mild
2	One day a week	Mild
3	2–3 days a week	Moderate
4	4–6 days a week	Moderately severe
5	Daily	Severe

9.5.3.2.2 Overall Treatment Evaluation

The overall treatment evaluation (OTE) is a validated scale that rates the overall change in clinical status on a 15-point scale (-7 to -1 = worse; 0 = no change or about the same; +1 to +7 = better). It then categorises the change with a second OTE question asking how patients perceive the importance of the change on a 7-point scale from: 1 = not important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important, 6 = very important, 7 = extremely important. Patients were prompted by the OTE question "Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?" and "How important was the change in the symptoms to you?".

9.5.4 Safety Variables

9.5.4.1 Overview of Safety Variables

Safety was assessed on the basis of the following variables:

- AEs

- Clinical laboratory investigations
- Vital signs
- Physical examinations

9.5.4.2 Methods of Safety Assessment

The methods of assessing AEs are described in Section 9.5.5; procedures of clinical laboratory investigations are described in Section 9.5.6, assessment of vital signs is described in Section 9.5.7, and physical examinations are described in Section 9.5.8

9.5.5 Adverse Events

9.5.5.1 Definitions

9.5.5.1.1 Adverse Event

An AE is defined as any untoward medical occurrence in a patient participating in a clinical study administered an IMP, which does not necessarily have a causal relationship with administration of the IMP.

An AE can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding), symptom or disease temporally associated with the use of an IMP, whether or not considered related to the IMP.

AEs did not include the following (refer to protocol amendment 2, Appendix 16.1.1):

- Medical or surgical procedures; the condition requiring a medical or surgical procedure is an AE
- Elective surgery or pre-existing conditions requiring planned procedures outside the scope of the study

9.5.5.1.2 Adverse Reaction to the IMP

An adverse reaction (AR) is defined as all untoward and unintended responses to an IMP related to any dose administered.

All AEs judged by either the Investigator or the sponsor as having a reasonable causal relationship to the IMP qualified as ARs. The expression “reasonable causal relationship” means to convey in general that there is evidence or argument to suggest a causal relationship.

9.5.5.1.3 Serious Adverse Event

A serious AE (SAE) is defined as any untoward medical occurrence (i.e. AE) that at any dose

- Results in death
- Is life-threatening
- Requires hospitalisation or prolongation of existing hospitalisation
- Results in persistent or significant disability/incapacity
- Is a congenital anomaly/birth defect
- Is otherwise considered to be medically significant

Life-threatening in the definition of an SAE refers to an event in which the patient was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe.

Medical judgement was exercised in deciding whether an AE or AR was otherwise considered to be medically significant. Important AEs or ARs that were not immediately life-threatening or did not result in death or hospitalisation but may have jeopardised the patient or may have required intervention to prevent one of the other outcomes listed in the definition above were also considered serious.

Examples of such medically significant events are:

- Intensive treatment in an emergency room or at home for allergic bronchospasm
- Blood dyscrasias or convulsions that do not result in hospitalisation
- Development of drug dependency or drug abuse

9.5.5.1.4 Unexpected Adverse Reaction

An unexpected AR is defined as an AR, the nature or intensity of which is not consistent with the applicable product information (e.g. Investigator's Brochure for an unauthorised IMP or SmPC for an authorised IMP).

When the outcome of the AR was not consistent with the applicable product information, this AR was considered as unexpected.

9.5.5.1.5 Suspected Unexpected Serious Adverse Reaction

A suspected unexpected serious adverse reaction (SUSAR) is defined as an SAE considered to have a causal relationship with administration of the IMP and the nature or intensity of which is not consistent with the applicable product information (e.g. Investigator's brochure for an unauthorised IMP or SmPC for an authorised IMP).

9.5.5.2 Observation Period for Adverse Event Reporting

The observation period for an individual patient started after giving informed consent and finished at the last visit defining the end of the study for the given individual patient.

Any SAEs occurring after informed consent had to be reported (refer to protocol amendment 2, Appendix 16.1.1).

Any untoward medical events occurring after informed consent but prior to IMP administration were recorded in the patient's medical history and not reported as an AE (refer to protocol amendment 2, Appendix 16.1.1).

9.5.5.3 Information Collected on Adverse Events

Each AE was recorded according to the criteria shown in Table 9-4. "Relationship to IMP" was determined by the Investigator.

Table 9-4 Information Collected on Adverse Events

Variable	Category	Definition
AE reported term		Any untoward medical occurrence in a patient administered an IMP and which does not necessarily have to have a causal relationship with this treatment. An AE can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding, for example), symptom or disease temporally associated with the use of a medicinal product, whether or not considered related to the IMP.
Date AE started		The date on which the AE started.
Date of change in severity of AE		The date on which the AE changed in severity. This date equates to the finish date of the old severity and the onset date of the new severity.
Intensity		Intensity was to be determined by the Investigator. For symptomatic AEs the following definitions were to be applied, but medical experience and judgment were also to be used in the assessment of intensity.
	Mild	The AE did not limit usual activities; the patient may have experienced slight discomfort.
	Moderate	The AE resulted in some limitation of usual activities; the patient may have experienced significant discomfort.
	Severe	The AE resulted in an inability to carry out usual activities; the patient may have experienced intolerable discomfort or pain.
Actions taken	None	No action was taken in relation to this AE.
	IMP dose changed	The dose of IMP was changed due to this AE i.e. increase, decrease, or temporary discontinuation.
	IMP permanently discontinued	The IMP was permanently discontinued due to this AE.
	Symptomatic therapy	Symptomatic therapy was added or changed due to this AE.
	Patient hospitalised or hospitalisation prolonged	The patient was hospitalised or hospitalisation was prolonged due to this AE.
	Other action (specify)	Other action was taken due to this AE e.g. diagnostic tests, laboratories and procedures.

Variable	Category	Definition
Relationship to IMP	Unassessable/ Unclassified	Insufficient information to be able to make an assessment
	Conditional/ Unclassified	Insufficient information to make an assessment at present (causality is conditional on additional information).
	Unrelated	No possibility that the AE was caused by the IMP.
	Unlikely	Slight, but remote, chance that the AE was caused by the IMP, but the balance of judgment is that it was most likely not due to the IMP.
	Possible	Reasonable suspicion that the AE was caused by the IMP.
	Probable	Most likely that the AE was caused by the IMP.
	Certain	The AE was definitely caused by the IMP.
Is the AE serious?	Results in death Life-threatening Requires or prolongs hospitalization Results in persistent or significant disability/incapacity Congenital anomaly/birth defect Otherwise considered to be medically significant	See Section 9.5.5.1.3
Date resolved		The date on which the AE ceased to be present.
Outcome[1]	Not recovered/Not resolved	The AE still persisted.
	Recovered/resolved	The AE was resolved.
	Recovering/resolving	The patient was recovering from this AE/this AE was resolving.
	Fatal	The patient died whilst this AE was ongoing or as a result of it.
	Unknown	The outcome of this AE was not known
Has the patient ever experienced this AE before?	Yes/No	A query confirming whether the patient had a previous medical history of the AE at any time before entering into the study. If the patient had experienced this AE before, brief details were to be given under additional information.
Additional information		Additional information regarding the AE.

[1] Outcome category and definition were modified as per protocol amendment 2, refer to Appendix 16.1.1.

9.5.5.4 Procedures for Reporting Adverse Events and Serious Adverse Events

All AEs arising after the patient had the IMP administered were recorded in the patient's CRF (refer to protocol amendment 2, Appendix 16.1.1). The procedures for reporting AEs and SAEs are described in Sections 13.1.4 to 13.1.6 of the protocol (refer to Appendix 16.1.1)

9.5.5.5 Follow up of Patients Experiencing Adverse Events upon Completion of the Study or Withdrawal from the Study

All SAEs and all AEs that caused premature withdrawal of the patient from the study, that had not resolved by the end of the study, were followed up by the Investigator until resolution or until the Investigator believed there was no further change. This could have involved the patient making additional visits to the site.

All other AEs were followed up where possible to resolution or until the Investigator believed there was no further change, whichever was the earlier (refer to protocol amendment 2, Appendix 16.1.1).

The minimum data required were the final outcome and date, which were obtained by the Investigator in a documented telephone conversation with the patient or patient's general practitioner (GP).

9.5.5.6 Procedures for Patients Experiencing Onset of Adverse Events after End of the Study

As active study drugs in this study were not absorbed, an SAE that occurred within a day of the final dose of study medication was to be reported and followed to resolution or until the Investigator believed there was to be no further change.

9.5.5.7 Overdose

Overdose itself is not an AE. Only complications arising from the overdose were to be reported as an AE.

In the event of an overdose of the trial medication, symptomatic treatment was to be given.

No overdose was reported in this trial.

9.5.5.8 Pregnancy

Pregnancy was to be reported to the sponsor as an AE (refer to protocol amendment 2, Appendix 16.1.1) and actions were to be taken as specified in the protocol (refer to Appendix 16.1.1).

No pregnancies were observed in this trial.

9.5.6 Clinical Laboratory Investigations

Standard methods at ACM Global, York, UK, were used for the clinical laboratory investigations. Investigations included haematology (haemoglobin, red blood cells, mean cell haemoglobin concentration, white blood cells, platelet count) and biochemistry (electrolytes [sodium, potassium and calcium], urea, creatinine, uric acid, glucose, inorganic phosphorus, alanine transaminase, aspartate transaminase). Women of childbearing potential underwent urine pregnancy testing.

The Investigator reviewed the results and commented on all abnormal values, identifying those that were clinically significantly abnormal. The Investigator signed and dated the laboratory results sheet to indicate that the review had taken place. A copy of these results was provided to Accovion.

9.5.7 Vital Signs

Standard methods at the study site were used for evaluating vital signs at Visit 1 and final (Visit 3) or early termination visits (Visit ET). Vital signs were as follows:

- Blood pressure (after sitting for 5 minutes; mmHg)
- Heart rate (radial pulse counted for 30 seconds after resting for 5 minutes; beats/minute)
- Oral temperature (ºC)

9.5.8 Physical Examinations

Standard physical examinations focussing on GERD symptoms were conducted at Visit 1 and final (Visit 3) or early termination visits (Visit ET).

Any clinically relevant findings were reported as AEs.

9.5.9 Appropriateness of Measurements

All assessments were made using standard, widely used, published and reliable methodologies. The RDQ is a validated and accepted RDQ that also assesses dyspepsia and was therefore an appropriate method of assessing the efficacy of Gaviscon Double Action Tablets on core symptoms of GERD and dyspepsia in this pilot study.

9.5.10 Primary Efficacy Variable(s)

The primary efficacy variables were derived from the RDQ. The primary study endpoint was the change from baseline in overall RDQ symptom scores (for heartburn, regurgitation and dyspepsia combined) after a 7-day treatment period of a regimen of 2 Gaviscon Double Action Tablets taken 4 times daily compared with placebo.

9.5.11 Drug Concentration Measurements

Drug concentrations were not measured in this study.

9.6 Data Quality Assurance

9.6.1 Monitoring

The study was monitored by site visits and meetings with the Investigator and co-workers at intervals agreed with the Investigator. The anticipated monitoring frequency was stated in the Monitoring Plan. Monitoring also involved appropriate correspondence and telephone contacts.

The Investigator, or a designated member of the Investigator's staff, was available at some time during the monitoring visit to review the data, resolve any queries and to allow direct access to the patient's records for source data verification (SDV).

At a site visit, the CRF forms were made available in order that the accuracy of their completion could be checked. Each completed set of CRFs for each visit was signed and dated by the Investigator, or a designated member of the Investigator's medical staff, to verify the data and statements submitted. Similarly, all alterations were initialled and dated by the Investigator or a designated person, explained as necessary, with the original mistake left legible.

Onsite monitoring also included SDV. SDV is the procedure whereby the data contained in the CRFs are compared with the primary source data (e.g. patient notes, ECG tracings and laboratory results) contained in the patient records held at the investigational site and thereby verified as accurate.

Further details of the Principal Investigator's responsibilities can be found in the protocol (refer to Appendix 16.1.1).

9.6.2 Audit

For this study, facilities, systems and processes of CPS were subject to a GCP compliance audit, conducted by Amanda Holbrook at Reckitt Benckiser (UK).

The audit certificate is included in Appendix 16.1.8.

9.7 Statistical Methods Planned in the Protocol and Determination of Sample Size

9.7.1 Statistical and Analytical Plans

Details of the statistical analyses are described in the final SAP, which was finalised on 22 November 2012 before the database was locked on 23 November 2012. The SAP is available in Appendix 16.1.9. Changes in the planned analyses between the study protocol and the SAP are described in Section 9.8.2.

9.7.1.1 Study Populations

The following defined populations were used for the analyses of the study data:

All patient (ALL) population: includes all patients recruited into the study. Patient disposition, withdrawals and protocol deviations as well as baseline data are presented.

Safety (SAF) population: includes those patients recruited into the study and who received at least one dose of the study medication. All patients were analysed according to the study medication which they actually received. If patients were treated with both types of medication (IMP or placebo), they were to be analysed according to the medication they received the longest. All safety analyses are based on this population.

Intention to Treat (ITT) population: includes those patients recruited into the study and who at least partially completed the RDQ for the trial therapy period or who were known to have withdrawn from the study due to poor efficacy. All patients were analysed according to the treatment group to which they were randomised. Data presentation comprises a summary of efficacy endpoints.

PP population: includes all patients from the ITT population who showed adequate compliance with the treatment during the study (defined as ≥ 75% study medication used from the dispensed tablet count) and no major protocol deviations. This PP population was defined based upon a review of blinded data prior to database lock. All summaries and analyses for all primary and secondary endpoints were additionally conducted using this population to support the corresponding ITT results.

9.7.1.2 Patient Accounting and Administration of Study Medication

The number of patients in each of the 4 populations was presented for each treatment group. This includes the number excluded from the respective population together with the reason for exclusion. Drug accountability is presented as summary statistics together with the percentage of patients with high compliance (≥ 75% of scheduled tablets taken by the patient).

9.7.1.3 Demographic and Background Characteristics

All variables regarding demographic and background characteristics are summarised for all patients in the ALL-population, the ITT-population and the PP-population.

Descriptive summary statistics are provided for each treatment group and all patients. For continuous parameters, mean, standard deviation (SD), median, minimum and maximum are provided. For categorical parameters, the cell frequencies and percentage of patients in each demographic category are provided.

Previous and concomitant illnesses and medication are summarised by frequency distribution.

9.7.1.4 Efficacy Analysis

Data analysed for efficacy are presented for the ITT and PP population by treatment group. Descriptive statistics includes the number of observations, mean, median, SD, minimum and maximum. Categorical variables are presented by cell frequencies and percentages. All statistical tests performed are 2-tailed with significance assessed at the 5% significance level. The null hypothesis at all times was the equality of the 2 treatment groups.

9.7.1.4.1 Primary Efficacy Variable

The primary endpoint was the change from baseline in the overall RDQ symptom score (heartburn, regurgitation and dyspepsia combined).

The symptom score for each individual dimension from the RDQ questionnaire (heartburn, regurgitation and dyspepsia) was calculated as the mean of the relevant frequency and intensity responses.

9.7.1.4.2 Secondary Efficacy Variables

The following secondary variables were compared between the 2 treatment groups (Gaviscon Double Action Tablets and placebo) for a 7-days treatment period:

- Change from baseline in symptom score (mean of frequency and intensity) for each dimension of the RDQ separately (heartburn, regurgitation and dyspepsia)
- Change from baseline in symptom score (mean of frequency and intensity) for the GERD dimension (heartburn and regurgitation combined)
- Change score (-5 to 5) for change in frequency of each dimension (heartburn, regurgitation, dyspepsia and GERD dimension); see also Section 9.8.2.
- Change score (-5 to 5) for change in intensity of each dimension (heartburn, regurgitation, dyspepsia and GERD dimension); see also Section 9.8.2.
- OTE as a measure for patient's responsiveness/satisfaction

9.7.1.4.3 Primary Analysis

Descriptive statistics were generated for the baseline and the post-baseline RDQ score, as well as for the difference between the baseline and the post-baseline scores.

Additionally, shift tables were generated presenting the magnitude of change between baseline and End of Visit score. A scatter plot for the graphical presentation was added.

The change in RDQ score was also analysed using an analysis of covariance (ANCOVA) model with a fixed term for treatment and the baseline RDQ score as a covariate. Treatment group differences and 95%-confidence intervals were estimated using the least square means and the mean square error from the ANCOVA.

Imputations of missing values (see Section 9.7.1.4.5) as well as sensitivity analyses were to be performed in case of high numbers of missing values.

Since only 2 values for individual RDQ symptoms were missing, no sensitivity analysis was performed.

9.7.1.4.4 Secondary Analyses

The OTE was compared between treatment groups using the Wilcoxon rank-sum test.

The change in each symptom score (heartburn, regurgitation, dyspepsia and GERD dimension) was analysed using descriptive statistics for the baseline and the post-baseline scores, as well as for the difference between the baseline and the post-baseline scores. In addition, shift tables were generated presenting the magnitude of change between baseline and last visit score, separated by frequency and intensity for each of the symptoms.

As for the primary endpoint, ANCOVA was performed for each of the symptoms. Treatment group differences and 95%-confidence intervals were estimated using the least square means and the mean square error from ANCOVA.

The change scores in frequency and intensity for each symptom were compared between treatment groups using the Wilcoxon rank-sum test.

9.7.1.4.5 Missing Values

If there were missing data for a patient in the RDQ questionnaire at an occasion and the missing data were less than 50% of the item scores within a dimension (heartburn, represented by questions 1a, 1b, 2a, 2b; dyspepsia represented by questions 1c, 1d, 2c, 2d; regurgitation represented by questions 1e, 1f, 2e, 2f) the missing items were imputed using the mean score of the non-missing item scores of the respective dimension. If more than 50% of the item scores of one dimension were missing, no imputation was performed.

For patients with 50% or more missing data for one dimension in the RDQ score at one of the visits (but the patient did show up at that visit), the patient was to be excluded from analysis of the RDQ score.

For those patients who did not return for the Day 8 (End of Study Visit) or had been withdrawn from the study due to poor efficacy, the RDQ score (and the dimension sub-scores) at Day 8 was as no change from the baseline values (baseline observation carried forward [BOCF]). This procedure was applied especially for those patients who had taken prohibited therapies as described in Section 9.4.7, irrespectively of whether they had a Day 8 visit score or not.

If the number of patients where the BOCF method was used had been above 5 in one of the treatment groups, a sensitivity analysis of the impact of missing data on the primary analysis was to be performed using multiple imputations.

No sensitivity analysis was performed since only 2 values for individual RDQ symptoms were missing.

9.7.1.5 Safety Analysis

9.7.1.5.1 Adverse Events

The diagnosis (syndrome) term of the AEs was analysed. AEs were coded using Medical Dictionary for Regulatory Activities (MedDRA) 15.1. Analyses were performed by primary System Organ Class (SOC) and Preferred Term (PT).

The incidence of AEs was summarised for all AEs, by Investigator attribution of relationship to IMP and by severity.

The incidence of AEs was compared between treatment groups using Fisher's Exact Test for those AEs classified as not related and at least possibly related to the IMP (possibly, probably and certain) by the Investigator.

For an individual patient, AEs that had begun prior to the first dose of IMP and had not worsened after the first dose of IMP, or more than one day after the final dose of IMP, were included in the medical history analysis.

If the start date of an AE was incomplete or missing, it was assumed to have occurred after first intake of study medication except if an incomplete date had indicated that the event started prior to treatment. If severity was missing, the event was not included in the frequency tables presenting events by intensity. If relationship to study drug was missing, the event was assessed as unrelated if it started before first intake of study medication. In all other cases it was assumed to be related.

9.7.1.5.2 Laboratory Safety Variables

For the purpose of analysing laboratory data, “baseline” is defined as the baseline assessments at Visit 1 (screening) and “last visit” is defined as the final visit (Visit 3 or Visit ET).

Laboratory safety variables were analysed as follows:

- Descriptive analysis (number of observations, mean, SD, median, minimum, maximum) of values at each visit and of changes from baseline by treatment group
- Shift tables showing the number of “normal”, “low” and “high” laboratory values at baseline and the last study visit
- Shifts between baseline and the last study value were compared using the Wilcoxon signed rank test
- Wilcoxon signed rank tests were performed for within-treatment group changes from baseline
- Kruskal-Wallis tests were performed for between treatment group changes from baseline
- Scatter plots of end of treatment values versus baseline values

9.7.1.5.3 Other Safety Variables

Only blood pressure and heart rate were documented after baseline. For these 2 variables, the following approaches were taken for the evaluation of the change from baseline to endpoint:

- Descriptive analysis (number of observations, mean, SD, median, minimum, maximum) of values at each visit and of changes from baseline by treatment group
- Wilcoxon signed rank tests were performed for within treatment group changes from baseline
- Kruskal-Wallis tests were performed for between treatment group changes from baseline

9.7.1.6 Interim Analysis

No interim analysis was planned for this study.

9.7.2 Determination of Sample Size

As this was a pilot study and there was insufficient data to estimate the magnitude and variability of the treatment difference in the primary endpoint, no formal sample size calculation was performed to power the study. However, in a previous Gaviscon study [12] which used an alternative patient reported outcome instrument (5-point satisfaction scale) the results at Week 1 (positive responses: 74% for Gaviscon vs. 44% for placebo) suggested that a 90-patient-study would provide approximately 80% power to demonstrate a statistical difference between the treatment groups at the 5% level. Although, the RDQ and OTE instruments were used in this study, it was assumed that they were at least as sensitive to detect a difference between the treatments using 90 patients.

To allow for drop outs and ensure 90 patients have sufficient data for the primary endpoint, 110 patients were to be enrolled.

9.8 Changes in the Conduct of the Study or Planned Analysis

9.8.1 Changes in the Conduct of the Study

2 protocol amendments were issued during the course of the study. No amendments were implemented prior to documented ethics approval being received.

The non-substantial protocol amendment 1 was required by the Medicines and Healthcare Products Regulatory Agency (MHRA) to approve the Clinical Trial Application and was issued on 20 July 2012. It clarified measures of contraceptive precautions for patients of reproductive potential.

The non-substantial protocol amendment 2 issued on 3 September 2012 was required to accommodate various regulatory changes that impact on studies, particular AE reporting. The amended protocol followed changes to the protocol template associated with the RB Standard Operating Procedure (SOP) “D0365585 Protocol and CRFs for Investigational Studies”. The main changes are summarised as follows:

- Clarification of contraceptive measures
- Instructions on how to report medication errors
- Modification of the list of conditions not to be assessed as an AE

The following conditions were removed: “Overdose, only complications arising from an overdose are to be reported as an AE”; and “pregnancy, only complications arsing from pregnancy are to be reported as an AE”.

- Modified instruction to report pregnancy to RB as an AE
- Clarification and modification of the observation period for AEs
- Criteria (category and definition) for the outcome of AEs were clarified and/or modified

  Categories were changed as follows: “ongoing” to “not recovered/not resolved; “resolved” to “recovered/resolved”; “permanent residual effect” to “recovering/resolving”; “patient died” to “fatal”.

  Accordingly, definitions were changed as follows: “The patient is stabilised, but with sequelea from this AE” to “the patient is recovering from this AE/this AE is resolving”

Protocol amendment 1 came into force before patients were recruited. Protocol amendment 2 came into force when 13 patients were on study and no patients completed the study. Changes introduced by protocol amendment 1 and protocol amendment 2 did not have any implications for the interpretation of the study results.

Patients with major protocol deviations leading to exclusion from the PP population are described in Section 10.2.

9.8.2 Changes in the Planned Statistical Analysis of the Study

The symptom scores for each individual dimension from the RDQ questionnaire (heartburn, regurgitation or dyspepsia) as well as both frequency and intensity of the respective dimensions were initially planned to be calculated as the sum of the relevant frequency and intensity responses. This was changed to the calculation of the mean of the relevant frequency and intensity responses since the mean represents a frequently used value reported in the literature and was also according to the RDQ scoring instructions. The change from the use of sum values to mean values did not affect the qualitative outcome of the results (the use of either the sum or the mean led to proportional results with identical p-values). This means that change scores of -10 to 10 specified in the protocol section 14.4.2 are now shown as -5 to 5 in section 9.7.1.4.2 of the study report.

10 STUDY PATIENTS

The following study patient information is based on the last patient last visit date of 30 October 2012.

The locations of all tables, figures and listings pertinent to Section 10 are provided in Table 10-1.

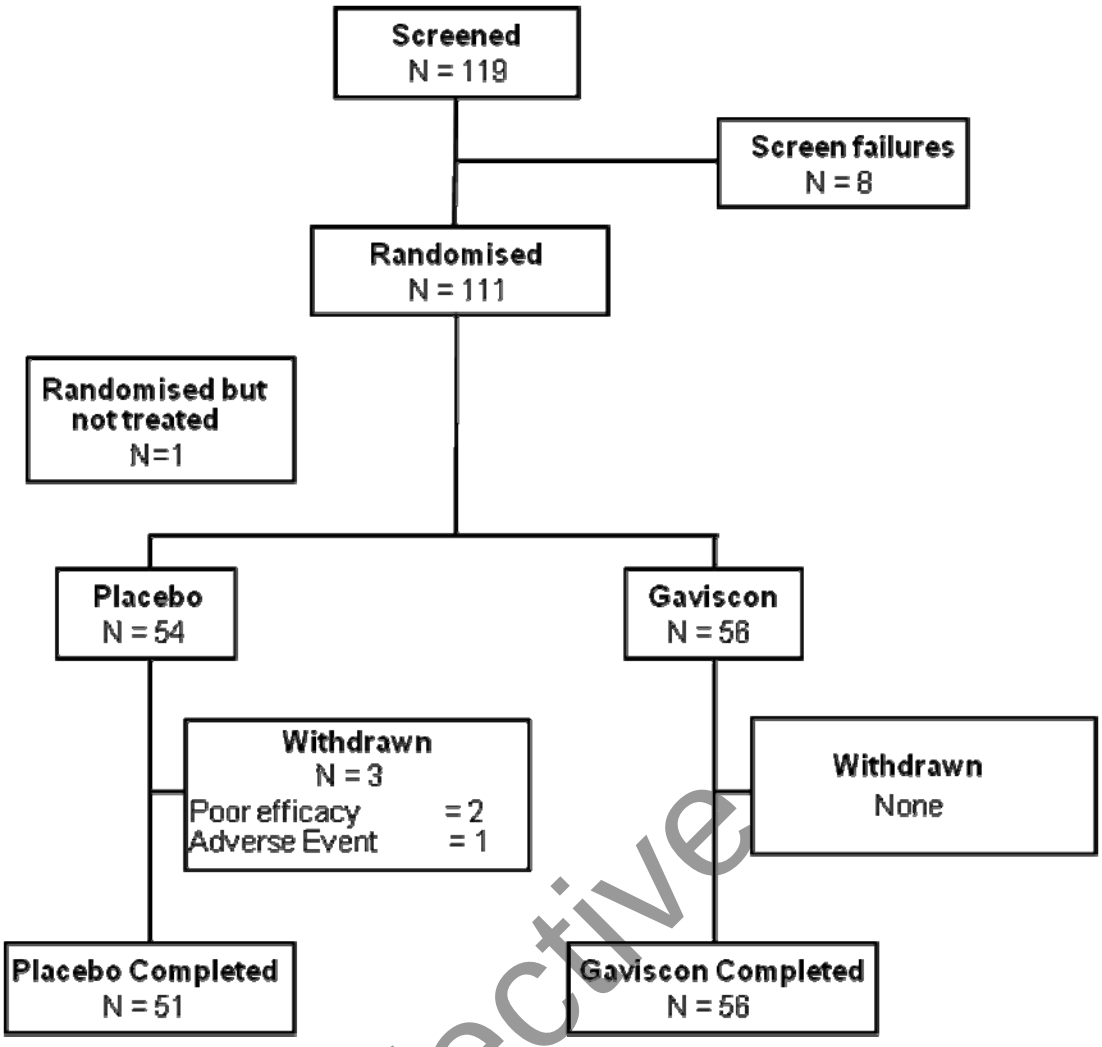
Table 10-1 Location of Tables, Figures and Listings for Patient Disposition and Protocol Deviation Data

Data	Location	
	Tables and Figures	Listings
Informed Consent and Eligibility	Section 14.2, Table 1.1	
Screening failures		Appendix 16.2.10, Listing 4
Disposition of patients		Appendix 16.2.3, Listing 1
Protocol deviations		Appendix 16.2.2, Listings 2 and 3

10.1 Disposition of Patients

A flow diagram showing the number of patients at each stage of the study is presented in Figure 10-1.

Figure 10-1 Disposition of Patients



Source: Table 1.1 and Listings 1, 2 and 4.

111 patients were enrolled and randomised to treatment with either placebo (55 patients) or Gaviscon (56 patients). All but 1 patient (Patient 1084) in the placebo group took at least 1 dose of the study medication; Patient 1084 had a protocol deviation, i.e. meeting the exclusion criterion No. 6 (diagnosed with hiatus hernia) and was therefore removed from therapy. 3 patients (5.6%) in the placebo group discontinued the treatment prematurely. Reasons for premature discontinuation were withdrawal due to poor efficacy (2 patients) and due to adverse events (1 patient). All patients in the Gaviscon group completed the study.

10.2 Protocol Deviations

10.2.1 Major Protocol Deviations

Of the 111 randomised patients, 7 patients (6.3%) had major protocol deviations and were excluded from the PP population. Of these, 1 patient (Patient 1084) was additionally excluded from the SAF and ITT population (Appendix 16.2.2, Listing 2).

In the placebo group, 5 patients (9.3%) had major protocol deviations (Appendix 16.2.2, Listing 2); 2 patients (Patients 1071 and 1078) used prohibited concomitant medications due to lack of efficacy of placebo. 3 patients (Patients 1029, 1034 and 1084) met the exclusion criterion of having a history and/or symptom profile suggestive of disorders as specified in Section 9.3.2 (criterion No. 6), more specifically these patients were diagnosed with hiatus hernia.

In the Gaviscon group, 2 patients (3.6%) had major protocol deviations (Appendix 16.2.2, Listing 2). 1 patient (Patient 1017) met the exclusion criterion No. 6 (see above). The other patient (Patient 1024) was considered to not fully comply with the study requirements due to alcohol abuse.

10.2.2 Minor Protocol Deviations

No minor protocol deviations were reported (Appendix 16.2.2, Listing 3).

11 EFFICACY EVALUATION

The locations of all tables, figures and listings pertinent to Section 11 are provided in Table 11-1.

Table 11-1 Location of Tables, Figures and Listings for Efficacy Data

Topic	Location	
	Tables and Figures	Listings
Data sets analysed	Section 14.2, Table 1.1	
Demographic and Baseline Characteristics	Section 14.1, Tables 2.1-1 to 2.2-3	Appendix 16.2.4, Listing 6
Medical history	Section 14.1, Tables 2.4-1 to 2.4-3	Appendix 16.2.4, Listing 8
GERD status at baseline	Section 14.1, Tables 2.3-1 to 2.3-3	Appendix 16.2.4, Listing 7
Prior and concomitant therapy	Section 14.1, Tables 2.5-1 to 2.6-3	Appendix 16.2.4, Listing 9a/b
Treatment compliance	Section 14.3, Table 1.2	Appendix 16.2.5, Listing 5
Analysis of primary efficacy variable	Section 14.2, Tables 3.1.1-1 to 3.1.3-2 Figures 1 and 2	Appendix 16.2.6, Listing 10
Analysis of secondary efficacy variable	Section 14.2, Tables 3.2.1-1 to 3.2.26-2	Appendix 16.2.6, Listing 10 Listing 11

11.1 Data Sets Analysed

Definitions of the data sets analysed in this report (i.e. ALL, SAF, ITT and PP populations) are given in Section 9.7.1.1. The number of patients in each of the study population is summarised in Table 11-2.

Table 11-2 Patient Accounting by Treatment Group and Analysis Population

Patient Disposition	Statistics		Placebo		Gaviscon	
All patient population (ALL)	N		55		56	
Safety population (SAF)	N	(%)	54	(100.0)	56	(100.0)
Number of patients who did not complete RDQ	N	(%)	0		0	
Intent-to-treat population (ITT)	N	(%)	54	(100.0)	56	(100.0)
Per protocol population (PP)	N	(%)	49	(90.7)	54	(96.4)

Source: Table 1.1.

111 patients were recruited into the study and were randomised to the Gaviscon or placebo group; these patients comprised the ALL population. One patient (Patient 1084) was randomised to treatment but was withdrawn from the study prior to the first dose of study medication due to a major protocol deviation, see Section 10.2.1.

110 patients were included in the SAF population, which comprised all eligible patients who received at least one dose of study medication. The ITT population was identical to the SAF population since all patients at least partially completed the RDQ.

The PP population comprised 103 patients. In the placebo group, 5/54 patients (9.3%) were excluded from the PP population and in the Gaviscon group, 2/56 patients (3.6%) were excluded from the PP population (Section 14.2, Table 1.1; Appendix 16.2.2, Listing 2 and 3; Appendix 16.2.3, Listing 1). Reasons for exclusions in both treatment groups were a lack of treatment compliance (3 patients in the placebo group) and/or major protocol deviations (5 patients in the placebo group and 2 patients in the Gaviscon group).

The strategy for the inclusion/exclusion criteria for each of the data sets analysed was included in the SAP for the study and finalised following discussions of evaluability held before the database had been locked and prior to the blind being broken.

An ITT analysis, using all randomised patients with any on-treatment data, was also conducted and the results are presented in the following sections. The outcome of this analysis is the same as for the PP analysis, unless otherwise stated.

11.2 Demographic and Other Baseline Assessments

11.2.1 Demographics

The results presented on demographic and other baseline characteristics are based on the ITT population.

Table 11-3 summarises selected baseline demographic variables by treatment group.

Table 11-3 Baseline Demographics – ITT Population

Parameter	Statistics	Placebo (N = 54)	Gaviscon (N = 56)
Age (years)	Mean (SD)	43.1 (13.0)	42.9 (12.4)
	Median	44.0	41.0
	Min–Max	21–75	19–68
Sex			
Male	N (%)	28 (51.9)	32 (57.1)
Female	N (%)	26 (48.1)	24 (42.9)
Race			
Caucasian	N (%)	54 (100.0)	55 (98.2)
Asian	N (%)	0	1 (1.8)
Afro-Caribbean	N (%)	0	0
Other	N (%)	0	0
Smoking habits (last 3 months)			
Non-smoker	N (%)	38 (70.4)	39 (69.6)
Smoker	N (%)	16 (29.6)	17 (30.4)
Alcohol use (last 3 months)			
Non-drinker[1]	N (%)	54 (100.0)	56 (100.0)
Drinker	N (%)	0	0
Body mass index (kg/m^2)	Mean (SD)	30.5 (6.3)	29.2 (5.5)
	Median	29.7	28.2
	Min–Max	19.6–49.1	19.0–42.8

Source: Tables 2.1-2 and 2.2-2.

[1] Non-drinker defined as weekly alcohol intake ≤ 140 g or 17.5 units.

In both treatment groups of the ITT population (Section 14.1, Tables 2.1-2 and 2.2-2) the mean age was 43.0 years. 54.5% of the patients were male and 45.5% were female. All but 1 patient were Caucasian (99.1%). 30% of the patients had smoked in the last 3 months and no patients had abused alcohol. These and other demographic variables were balanced in both treatment groups (see Table 11-3).

11.2.2 Medical History

In both treatment groups of the ITT population, the medical history reported for more than 10% of the patients by SOC term were, in decreasing order of frequency, as follows: surgical and medical procedures (24.5%), nervous system disorders (19.1%), psychiatric disorders (19.1%), musculoskeletal and connective tissue disorders (16.4%), skin and subcutaneous tissue disorders (16.4%), injury, poisoning and procedural complications (11.8%), respiratory, thoracic and mediastinal disorders (11.8%), gastrointestinal disorders (10.9%) and metabolism and nutrition disorders (10.0%; Section 14.1, Table 2.4-2).

Major between treatment group differences were observed for the following SOCs (placebo vs. Gaviscon, respectively): gastrointestinal disorders (14.8% vs. 7.1%), musculoskeletal and connective tissue disorders (20.4% vs. 12.5%), psychiatric disorders (24.1% vs. 14.3%) and surgical and medical procedures (16.7% vs. 32.1%; Section 14.1, Table 2.4-2).

These differences in medical history between groups are not considered to have influenced the study outcomes.

11.2.3 Primary Disease

The GERD status was assessed by the Investigator at the screening visit. Information on the duration and severity of the disease are presented by treatment group for the ITT population in Table 11-4.

Table 11-4 GERD Status at Baseline – ITT Population

Parameter	Statistics		Placebo (N = 54)		Gaviscon (N = 56)	
Start of GERD symptoms						
> 3 months – < 1 year	N	(%)	5	(9.3)	3	(5.4)
1 year – 10 years	N	(%)	35	(64.8)	34	(60.7)
> 10 years	N	(%)	14	(25.9)	19	(33.9)
Acid reflux						
None	N	(%)	2	(3.7)	2	(3.6)
Mild	N	(%)	3	(5.6)	7	(12.5)
Moderate	N	(%)	31	(57.4)	21	(37.5)
Severe	N	(%)	18	(33.3)	26	(46.4)
Dyspepsia						
None	N	(%)	12	(22.2)	10	(17.9)
Mild	N	(%)	13	(24.1)	15	(26.8)
Moderate	N	(%)	23	(42.6)	24	(42.9)
Severe	N	(%)	6	(11.1)	7	(12.5)
Heartburn						
None	N	(%)	2	(3.7)	1	(1.8)
Mild	N	(%)	2	(3.7)	1	(1.8)
Moderate	N	(%)	31	(57.4)	31	(55.4)
Severe	N	(%)	19	(35.2)	23	(41.1)

Source: Table 2.3-2.

In 62.7% of all patients in both treatment groups of the ITT population, the onset of GERD symptoms was between 1 and 10 years; in 30.0% of patients, the onset of symptoms was > 10 years (Section 14.1, Table 2.3-2). A slightly higher proportion of patients had a symptom onset of > 10 years in the Gaviscon group than in the placebo group (33.9% vs. 25.9%; Table 11-4).

The majority of all patients had moderate to severe symptoms of acid reflux (87.3%) and heartburn (94.5%), while only 54.5% of all patients had moderate to severe symptoms of dyspepsia. About one fifth of all patients experienced no symptoms of dyspepsia whereas only about 3% of all patients did not express symptoms of acid reflux or heartburn.

The distribution of severity levels (i.e. none, mild, moderate and severe) of heartburn and dyspepsia was similar between patients in the placebo and Gaviscon group. Treatment group differences were observed for the frequency of severity levels of acid reflux symptoms with more patients reporting severe symptoms in the Gaviscon than in the placebo group (46.4% vs. 33.3% respectively).

11.2.4 Prior and Concomitant Therapy

Most patients (87.3%) in both treatment groups of the ITT population reported the prior use of drugs for treatment of acid-related disorders. The use of this class of drugs was evenly distributed between treatment groups with 90.7% of patients in the placebo and 83.9% of patients in the Gaviscon group. The most frequently reported drug for acid related disorders was Rennies (reported by 40.0% of patients overall), followed by Peptac (36.4%), omeprazole (16.4%) and ranitidine (10.0%). Of these, differences between treatment groups by a factor ≥ 1.5 (placebo vs. Gaviscon, respectively) were reported for the use of Rennies (48.1% vs. 32.1%) and omeprazole (11.1% vs. 21.4%: see Section 14.1, Table 2.5-2).

The types of concomitant medications reported by ≥ 10% of all patients in the ITT population were analgesics (25.5%), psychoanaleptics (15.5%) and sex hormones and modulators of the genital system (15.5%). Major differences between treatment groups (placebo vs. Gaviscon, respectively) were observed in the use of psychoanaleptics (22.2% vs. 8.9%; Section 14.1, Table 2.6-2).

11.3 Measurements of Treatment Compliance

Treatment compliance was assessed on the basis of tablet counts (see Section 9.4.8). A summary of compliance data by treatment group is given for the SAF population in Table 11-5.

Table 11-5 Administration of Study Medication – SAF Population

Parameter	Statistics	Placebo	Gaviscon
Compliance per patient (compared to the individual scheduled study medication, %)	N	54	56
	Mean (SD)	101.8 (11.81)	104.0 (6.36)
	Median	100.0	103.6
	Min–Max	43.8–129.2	85.7–122.9
Patients compliant to study medication (≥ 75% of scheduled tablets taken)			
Compliant	N (%)	52 (96.3)	56 (100.0)
Non-compliant	N (%)	2 (3.7)	0

Source: Table 1.2.

98.2% of all patients in the treatment groups took ≥ 75% of the scheduled tablets. Treatment compliance was similar between treatment groups (Section 14.3, Table 1.2).

11.4 Efficacy Results and Tabulations of Individual Patient Data

11.4.1 Analysis of Efficacy

11.4.1.1 Analysis of the Primary Variable – ITT Population

The primary study endpoint was the change from baseline in overall RDQ symptom scores (heartburn, regurgitation and dyspepsia combined) after treatment with Gaviscon Double Action Tablets compared with placebo. The primary efficacy variables were derived from the RDQ. The RDQ is a validated self-administered questionnaire which contains 12 items using a 6-grade Likert scale where 0 represents no symptoms and 5 represents high frequency/severity of symptoms (see Section 9.5.3.2.1). The combination of the GERD dimension (i.e. heartburn and regurgitation) and dyspepsia has not been validated but was performed experimentally in this pilot study to identify the overall efficacy of Gaviscon (given the small numbers of patients studied).

Table 11-6 presents descriptive statistics of the baseline and the post-baseline RDQ scores as well as the difference between the baseline and the post-baseline scores by treatment group for the ITT population.

Table 11-6 RDQ Score – Overall Symptoms – ITT Population

Visit	Statistics	Placebo (N = 54)	Gaviscon (N = 56)
Day 0 Visit (Baseline)	Mean (SD)	2.35 (1.05)	2.18 (1.10)
	Median	2.04	2.00
	Min–Max	0.8–5.0	0.5–4.5
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.54 (1.14)	0.93 (0.90)
	Median	1.46	0.67
	Min–Max	0–5.0	0–3.8
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.82 (1.25)	–1.26 (1.08)
	Median	–0.50	–1.17
	Min–Max	–5.0–0.8	–4.0–0.9

Source: Table 3.1.1-1.
Initial values are the raw mean scores of each patient (sum of score values 1a to 2f)/12.

The mean RDQ scores at baseline were similar for both treatment groups. Patients in the placebo group had a mean (SD) RDQ score of 2.35 (1.05) and patients in the Gaviscon group had a mean (SD) RDQ score of 2.18 (1.10). At the End of Study Visit, the mean (SD) RDQ score was 1.54 (1.14) for patients in the placebo group and 0.93 (0.90) for patients in the Gaviscon group.

From baseline to the End of Study Visit, a mean decrease of the RDQ score was evidenced for patients in both treatment groups. The mean change (SD) was –0.82 (1.25) for patients in the placebo group and –1.26 (1.08) for patients in the Gaviscon group.

Within and between treatment group differences of the change in RDQ score were analysed using an ANCOVA model with a fixed term for treatment and the baseline RDQ score as a covariate. The results are presented in Table 11-7.

Table 11-7 ANCOVA Change in RDQ Score – Overall Symptoms – ITT Population

	Change in RDQ score			
	N	**LS Mean**	**95% CI**	**p-value[1]**
Placebo	54	–0.76	(–1.02, –0.50)	< .0001
Gaviscon	56	–1.31	(–1.56, –1.06)	< .0001
Difference Gaviscon - placebo	110	–0.55	(–0.91, –0.19)	0.0033

Source: Table 3.1.3-1.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

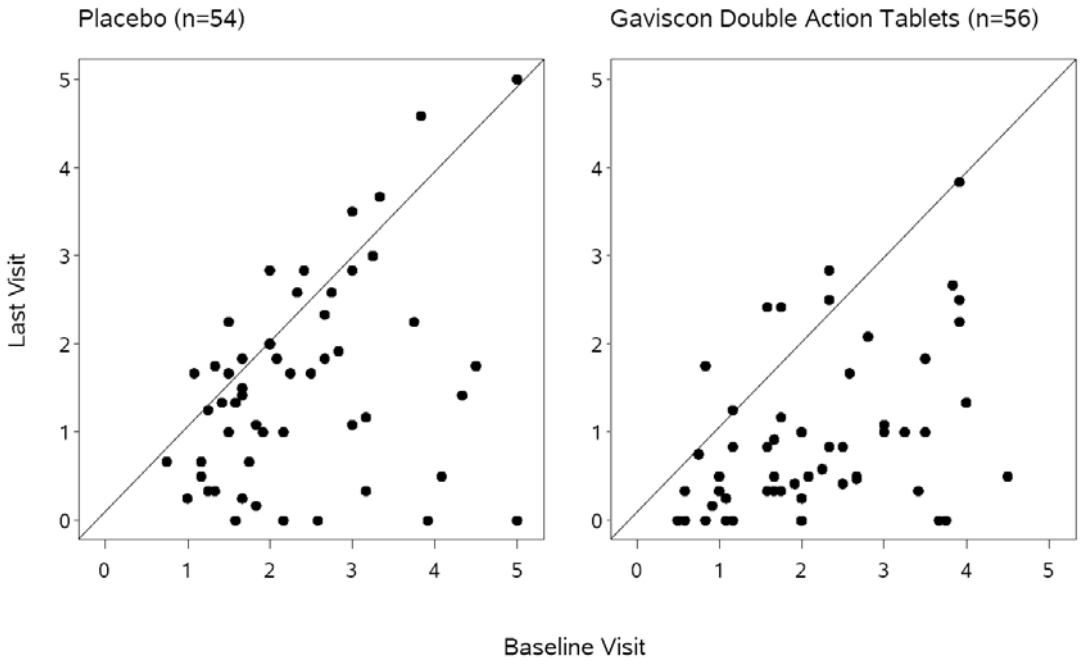
Results are based on a covariance analysis model with “change in RDQ Score” as dependent variable and “Baseline RDQ Score” as covariate and treatment group as fixed effect.

A decrease in RDQ score from baseline to the End of Study Visit was observed for patients in both the placebo and the Gaviscon group.

Comparison of the magnitude of change in RDQ score from baseline to the End of Study Visit between the placebo and Gaviscon group revealed a greater and significant decrease in symptom score in the Gaviscon group than in the placebo group (LS Mean difference –0.55 , p = 0.0033).

For shifts in RDQ scores (overall symptoms) from baseline to the End of Study Visit by treatment group, see Table 3.1.2-1 (ITT population). The corresponding scatter plot is presented in Figure 11-1 (ITT population).

Figure 11-1 Shifts in RDQ Scores – Overall Symptoms – ITT Population



Source: Figure 1.
Last Visit = End of Study Visit
Scale bars indicate the respective RDQ scores of the overall symptoms at the baseline visit and Last Visit (= End of Study Visit).

In the Gaviscon group, a higher proportion of patients (75.0%) had a shift to at least one below baseline RDQ score (i.e. decline in symptoms) than in the placebo group (46.3%). 7 patients (13.0%) had a shift to at least one above baseline RDQ score (i.e. increase in symptoms) in the placebo group whereas in the Gaviscon group, only 3 patients (5.4%) had a shift to at least one above baseline RDQ score.

11.4.1.2 Analysis of the Primary Variable – PP Population

Table 11-8 presents descriptive statistics of the baseline and the post-baseline RDQ scores, as well as the difference between the baseline and the post-baseline scores displayed by treatment group for the PP population.

Table 11-8 RDQ Score – Overall Symptoms – PP Population

Visit	Statistics	Placebo (N = 49)	Gaviscon (N = 54)
Day 0 Visit (Baseline)	Mean (SD)	2.32 (1.01)	2.19 (1.08)
	Median	2.08	2.00
	Min–Max	0.8–5.0	0.5–4.5
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.43 (1.04)	0.94 (0.90)
	Median	1.42	0.67
	Min–Max	0–4.6	0–3.8
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.89 (1.29)	–1.25 (1.08)
	Median	–0.67	–1.17
	Min–Max	–5.0–0.8	–4.0–0.9

Source: Table 3.1.1-2.
Initial values are the raw mean scores of each patient (sum of score values 1a to 2f)/12.

The results for the PP population are consistent with the results of the ITT population. There were no relevant differences in the RDQ scores between the 2 treatment groups at baseline. Patients in both treatment groups showed a mean decrease of the RDQ score at the End of Study Visit, though to a slightly different extent compared to the ITT population.

Analogous to the ITT population, the change in RDQ score was analysed for between and within treatment group differences using an ANCOVA model. The results are presented in Table 11-9.

Table 11-9 ANCOVA of Change in RDQ Score – Overall Symptoms – PP Population

	Change in RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	49	–0.84	(–1.11, –0.58)	< .0001
Gaviscon	54	–1.29	(–1.54, –1.04)	< .0001
Difference Gaviscon - placebo	103	–0.45	(–0.81, –0.08)	0.0164

Source: Table 3.1.3-2
[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.
Results are based on a covariance analysis model with “change in RDQ Score” as dependent variable and “Baseline RDQ Score” as covariate and treatment group as fixed effect.

There was a statistically significant difference in the LS Mean of the change in RDQ score of –0.447 between the placebo and Gaviscon group (p = 0.0164, 95% CI [–0.81, –0.08]) in favour of the Gaviscon group.

For shifts in RDQ scores (overall symptoms) from baseline to the End of Study Visit, see Table 3.1.2-2 (PP population). The corresponding scatter plot is presented in Figure 2, Section 14.2.

The results for the PP population were comparable with the results for the ITT population.

In the Gaviscon group, a higher proportion of patients (74.1%) had a shift to at least one below baseline RDQ score (i.e. decline in symptoms) than in the placebo group (46.9%). 6 patients (12.2%) had a shift to at least one above baseline RDQ score (i.e. increase in symptoms) in the placebo group whereas in the Gaviscon group, only 3 patients (5.6%) had a shift to at least one above baseline RDQ score at the End of Study Visit.

11.4.1.3 Analysis of Secondary Efficacy Variables

Secondary variables were compared between the 2 treatment groups and included the change from baseline in symptom score (calculated as the mean of the respective frequency and intensity scores) for each dimension of the RDQ separately (heartburn, regurgitation and dyspepsia) and additionally for the GERD dimension (heartburn and regurgitation combined), the change from baseline itemised by frequency and intensity for each dimension of the RDQ separately (heartburn, regurgitation and dyspepsia) and additionally for the GERD dimension and the OTE as a measure for patient's responsiveness/satisfaction.

11.4.1.3.1 Change From Baseline in Symptom Score - Heartburn

Table 11-10 summarises descriptive statistics for baseline, post-baseline and change from baseline to post-baseline by treatment group for the ITT population.

Table 11-10 RDQ Score – Heartburn – ITT Population

Visit	Statistics	Placebo (N = 54)	Gaviscon (N = 56)
Day 0 Visit (Baseline)	Mean (SD)	2.26 (1.42)	2.34 (1.23)
	Median	2.13	2.25
	Min–Max	0–5.0	0–4.8
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.57 (1.40)	0.98 (1.00)
	Median	1.50	1.00
	Min–Max	0–5.0	0–3.5
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.69 (1.45)	–1.36 (1.22)
	Median	–0.50	–1.25
	Min–Max	–5.0–2.8	–4.8–1.0

Source: Table 3.2.5-1.

Initial values are the raw mean scores of each patient for symptom heartburn (sum of score values 1a, 1b, 2a, 2b)/4.

The mean (SD) RDQ scores for heartburn at baseline was 2.26 (1.42) for patients in the placebo group and 2.34 (1.23) for patients in the Gaviscon group. At the End of Study Visit, the mean (SD) RDQ score was 1.57 (1.40) for patients in the placebo group and 0.98 (1.00) for patients in the Gaviscon group.

From baseline to the End of Study Visit, a mean decrease of the RDQ score for heartburn was recorded for patients in both treatment groups; the mean change (SD) was –0.69 (1.45) for patients in the placebo group and -1.36 (1.22) for patients in the Gaviscon group.

Table 11-11 summarises the equivalent analysis for the PP population which is consistent with the results of the ITT population.

Table 11-11 RDQ Score – Heartburn – PP Population

Visit	Statistics	Placebo (N = 49)	Gaviscon (N = 54)
Day 0 Visit (Baseline)	Mean (SD)	2.16 (1.41)	2.36 (1.20)
	Median	2.00	2.25
	Min–Max	0–5.0	0–4.8
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.44 (1.34)	1.00 (1.01)
	Median	1.50	1.0
	Min–Max	0–5.0	0–3.5
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.72 (1.51)	–1.36 (1.21)
	Median	–0.50	–1.25
	Min–Max	–5.0–2.8	–4.8–1.0

Source: Table 3.2.5-2.

Initial values are the raw mean scores of each patient for symptom heartburn (sum of score values 1a, 1b, 2a, 2b)/4.

Statistical significance of the change in RDQ score for heartburn was tested with regard to between and within treatment group differences using an ANCOVA model. The results for the ITT population are presented in Table 11-12.

Table 11-12 ANCOVA of Change in RDQ Score – Heartburn – ITT Population

	Change in heartburn RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	54	–0.72	(–1.01, –0.42)	< .0001
Gaviscon	56	–1.34	(–1.63, –1.05)	< .0001
Difference Gaviscon - placebo	110	–0.62	(–1.03, –0.21)	0.0036

Source: Table 3.2.6-1.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with “change in RDQ symptom score” as dependent variable and “baseline RDQ symptom score” as covariate and treatment group as fixed effect.

The LS Mean decrease in the RDQ score for heartburn was significantly greater in the Gaviscon than in the placebo group; the LS Mean difference between both treatment groups was -0.62 in favour of the Gaviscon group with a p-value of 0.0036.

Similar results were obtained for the PP population and are presented in Table 11-13.

Table 11-13 ANCOVA of Change in RDQ Score – Heartburn – PP Population

	Change in heartburn RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	49	–0.78	(–1.09, –0.48)	< .0001
Gaviscon	54	–1.30	(–1.59, –1.01)	< .0001
Difference Gaviscon - placebo	103	–0.52	(–0.94, –0.09)	0.0183

Source: Table 3.2.6-2.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with "change in RDQ symptom score" as dependent variable and "baseline RDQ symptom score" as covariate and treatment group as fixed effect.

11.4.1.3.2 Change From Baseline in Symptom Score - Regurgitation

In Table 11-14, the baseline and post-baseline RDQ scores of regurgitation as well as changes from baseline to End of Visit are presented for the ITT population by treatment group.

Table 11-14 RDQ Score – Regurgitation – ITT Population

Visit	Statistics	Placebo (N = 54)	Gaviscon (N = 56)
Day 0 Visit (Baseline)	Mean (SD)	2.47 (1.49)	2.16 (1.41)
	Median	2.63	2.13
	Min–Max	0–5.0	0–5.0
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.53 (1.55)	0.82 (1.11)
	Median	1.00	0.50
	Min–Max	0–5.0	0–4.5
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.94 (1.60)	–1.34 (1.32)
	Median	–0.88	–1.50
	Min–Max	–5.0–2.3	–4.0–1.8

Source: Table 3.2.9-1.

Initial values are the raw mean scores of each patient for symptom regurgitation (sum of score values 1e, 1f, 2e, 2f)/4.

At baseline, patients in the placebo group had a mean (SD) regurgitation RDQ score of 2.47 (1.49) and patients in the Gaviscon group had a mean (SD) score of 2.16 (1.41). At the End of Study Visit, the mean (SD) regurgitation RDQ score decreased in both the placebo and Gaviscon groups; mean (SD) scores were 1.53 (1.55) in the placebo and 0.82 (1.11) in the Gaviscon groups. The mean changes (SD) from baseline to End of Study Visit were -0.94 (1.60) and –1.34 (1.32) for patients in the placebo and Gaviscon group, respectively.

The results of the ITT population were consistent with the results of the PP population which are presented in Table 11-15.

Table 11-15 RDQ Score – Regurgitation – PP Population

Visit	Statistics	Placebo (N = 49)	Gaviscon (N = 54)
Day 0 Visit (Baseline)	Mean (SD)	2.49 (1.48)	2.17 (1.42)
	Median	2.75	2.13
	Min–Max	0–5.0	0–5.0
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.45 (1.49)	0.83 (1.13)
	Median	1.00	0.50
	Min–Max	0–4.5	0–4.5
Change from Baseline Visit to End of Study Visit	Mean (SD)	–1.04 (1.62)	–1.34 (1.33)
	Median	–1.00	–1.50
	Min–Max	–5.0–2.3	–4.0–1.8

Source: Table 3.2.9-2.
Initial values are the raw mean scores of each patient for symptom regurgitation (sum of score values 1e, 1f, 2e, 2f)/4.

Table 11-16 depicts the ANCOVA results of the change in regurgitation RDQ score by treatment group and by between treatment group differences for the ITT population.

Table 11-16 ANCOVA of change in RDQ score – Regurgitation – ITT Population

	Change in regurgitation RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	54	–0.85	(–1.18, –0.53)	< .0001
Gaviscon	56	–1.43	(–1.75, –1.11)	< .0001
Difference Gaviscon - placebo	110	–0.58	(–1.03, –0.12)	0.0137

Source: Table 3.2.10-1.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with “change in RDQ symptom score” as dependent variable and “Baseline RDQ symptom score” as covariate and treatment group as fixed effect.

The reduction of the regurgitation RDQ score was significantly greater in the Gaviscon as compared to the placebo group; the LS Mean difference between both treatment groups was –0.58 (p = 0.0137) in favour of the Gaviscon group.

Similar results were found for the PP population and are presented in Table 11-17.

Table 11-17 ANCOVA of change in RDQ score – Regurgitation – PP Population

	Change in regurgitation RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	49	–0.94	(–1.27, –0.60)	< .0001
Gaviscon	54	–1.43	(–1.76, –1.11)	< .0001
Difference Gaviscon - placebo	103	–0.50	(–0.97, –0.03)	0.0379

Source: Table 3.2.10-2.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with “change in RDQ symptom score” as dependent variable and “Baseline RDQ symptom score” as covariate and treatment group as fixed effect.

11.4.1.3.3 Change From Baseline in Symptom Score – GERD Dimension

The GERD dimension is defined as the combination of the single dimensions heartburn and regurgitation. Table 11-18 presents the baseline and post-baseline GERD RDQ scores and the change from baseline to the End of Visit by treatment group for the ITT population.

Table 11-18 RDQ Score – GERD Dimension – ITT Population

Visit	Statistics	Placebo (N = 54)	Gaviscon (N = 56)
Day 0 Visit (Baseline)	Mean (SD)	2.37 (1.17)	2.25 (1.14)
	Median	2.13	2.00
	Min–Max	0.6–5.0	0–4.5
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.55 (1.18)	0.90 (0.90)
	Median	1.50	0.63
	Min–Max	0–5.0	0–4.0
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.82 (1.38)	–1.35 (1.05)
	Median	–0.38	–1.19
	Min–Max	–5.0–1.1	–4.3–0.9

Source: Table 3.2.11-1.

Initial values are the raw mean scores of each patient for symptoms heartburn and regurgitation (sum of score values 1a, 1b, 1e, 1f, 2a, 2b, 2e, 2f)/8.

Mean (SD) values for the RDQ score of GERD were similar in the placebo and Gaviscon group (2.37 [1.17] vs. 2.25 [1.14]) at baseline. At the end of study treatment, the mean (SD) GERD RDQ scores decreased in both treatment groups to 1.55 (1.18) in the placebo and to 0.90 (0.90) in the Gaviscon group. The mean changes (SD) from baseline to End of Study Visit were –0.82 (1.38) and –1.35 (1.05) for patients in the placebo and Gaviscon group, respectively.

Results of the PP population were similar to the ITT population as can be seen in Table 11-19.

Table 11-19 RDQ Score – GERD Dimension – PP Population

Visit	Statistics	Placebo (N = 49)	Gaviscon (N = 54)
Day 0 Visit (Baseline)	Mean (SD)	2.33 (1.15)	2.26 (1.12)
	Median	2.00	2.00
	Min–Max	0.6–5.0	0—4.5
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.45 (1.08)	0.91 (0.91)
	Median	1.50	0.63
	Min–Max	0–4.6	0–4.0
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.88 (1.42)	–1.35 (1.05)
	Median	–0.50	–1.19
	Min–Max	–5.0–1.1	–4.3–0.9

Source: Table 3.2.11-2.

Initial values are the raw mean scores of each patient for symptoms heartburn and regurgitation (sum of score values 1a, 1b, 1e, 1f, 2a, 2b, 2e, 2f)/8.

Table 11-20 shows the results of ANCOVA analysis of the change in the RDQ score of the GERD dimension from baseline to End of Visit by treatment group and by between treatment group differences.

Table 11-20 ANCOVA of Change in RDQ score – GERD Dimension – ITT Population

	Change in GERD RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	54	–0.78	(–1.04, –0.52)	< .0001
Gaviscon	56	–1.39	(–1.65, –1.13)	< .0001
Difference Gaviscon - placebo	110	–0.61	(–0.98, –0.24)	0.0015

Source Table 3.2.12-1.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with “change in RDQ symptom score” as dependent variable and “Baseline RDQ symptom score” as covariate and treatment group as fixed effect.

Comparison of the magnitude of change in GERD score from baseline to the End of Study Visit between the placebo and Gaviscon group revealed a greater decrease in the Gaviscon group than in the placebo group (LS Mean difference –0.61 , p = 0.0015).

Results for the PP population were consistent with the results for the ITT population and are presented in Table 11-21.

Table 11-21 ANCOVA of Change in RDQ Score – GERD Dimension – PP Population

	Change in GERD RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	49	–0.86	(–1.12, –0.59)	< .0001
Gaviscon	54	–1.37	(–1.63, –1.12)	< .0001
Difference Gaviscon - placebo	103	–0.52	(–0.89, –0.15)	0.0069

Source: Table 3.2.12-2.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with “change in RDQ symptom score” as dependent variable and “Baseline RDQ symptom score” as covariate and treatment group as fixed effect.

Note: the combination of heartburn and regurgitation into the GERD dimension resulted in the lowest p-values for between group differences of the changes in RDQ score from baseline to the End of Study Visit. This applies to the ITT as well as to the PP population.

11.4.1.3.4 Change From Baseline in Symptom Score - Dyspepsia

The baseline and post-baseline RDQ scores of dyspepsia as well as changes from baseline to End of Visit are presented by treatment group for the ITT population in Table 11-22.

Table 11-22 RDQ Score – Dyspepsia – ITT Population

Visit	Statistics	Placebo (N = 54)	Gaviscon (N = 56)
Day 0 Visit (Baseline)	Mean (SD)	2.33 (1.29)	2.06 (1.39)
	Median	2.25	1.75
	Min–Max	0–5.0	0–4.5
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.52 (1.28)	0.99 (1.17)
	Median	1.50	0.63
	Min–Max	0–5.0	0–3.8
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.81 (1.29)	–1.07 (1.50)
	Median	–0.5	–1.00
	Min–Max	–5.0–1.5	–4.5–2.8

Source: Table 3.2.7-1.

Initial values are the raw mean scores of each patient for symptom dyspepsia (sum of score values 1c, 1d, 2c, 2d)/4.

Mean values (SD) of the dyspepsia RDQ scores at baseline were similar in both treatment groups with 2.33 (1.29) for patients in the placebo and 2.06 (1.39) for patients in the Gaviscon group. At the End of Study Visit, mean (SD) values decreased in both groups, to 1.52 (1.28) in the placebo and to 0.99 (1.17) in the Gaviscon group. The mean changes (SD) from baseline to End of Study Visit were –0.81 (1.29) and –1.07 (1.50) for patients in the placebo and Gaviscon group, respectively.

As can be seen from Table 11-23, results of the dyspepsia RDQ scores were similar in the PP population.

Table 11-23 RDQ Score – Dyspepsia – PP Population

Visit	Statistics	Placebo (N = 49)	Gaviscon (N = 54)
Day 0 Visit (Baseline)	Mean (SD)	2.30 (1.23)	2.04 (1.39)
	Median	2.25	1.75
	Min–Max	0–5.0	0–4.5
End of Study Visit (V3 or End of Treatment)	Mean (SD)	1.39 (1.19)	1.00 (1.18)
	Median	1.50	0.63
	Min–Max	0–4.8	0–3.8
Change from Baseline Visit to End of Study Visit	Mean (SD)	–0.91 (1.30)	–1.04 (1.51)
	Median	–0.50	–0.96
	Min–Max	–5.0–1.0	–4.5–2.8

Source: Table 3.2.7-2.
Initial values are the raw mean scores of each patient for symptom dyspepsia (sum of score values 1c, 1d, 2c, 2d)/4.

The ANCOVA analysis of the change in dyspepsia RDQ score is displayed by treatment group and by between group differences for the ITT population in Table 11-24.

Table 11-24 ANCOVA of Change in RDQ Score – Dyspepsia – ITT Population

	Change in dyspepsia RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	54	–0.72	(–1.03, –0.42)	< .0001
Gaviscon	56	–1.15	(–1.45, –0.86)	< .0001
Difference Gaviscon - placebo	110	–0.43	(–0.86, –0.01)	0.0474

Source: Table 3.2.8-1.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with "change in RDQ symptom score" as dependent variable and "Baseline RDQ symptom score" as covariate and treatment group as fixed effect.

Compared to the placebo group, patients in the Gaviscon group had a greater, statistically significant reduction in dyspepsia RDQ sores with a LS Mean difference of -0.43 (p = 0.0474).

A similar trend was also observed in the PP population although the difference in the LS Mean change in dyspepsia RDQ score between the placebo and Gaviscon group did not reach significance (p = 0.1776). Results for the PP population are depicted in Table 11-25. The difference in the level of significance between the ITT and the PP population is based on the observation that patients excluded from the ITT population in the placebo group had a lower RDQ score at the End of Study Visit compared to the remaining patients.

Table 11-25 ANCOVA of Change in RDQ Score – Dyspepsia – PP Population

	Change in dyspepsia RDQ score			
	N	LS Mean	95% CI	p-value[1]
Placebo	49	–0.82	(–1.14, –0.51)	< .0001
Gaviscon	54	–1.12	(–1.42, –0.82)	< .0001
Difference Gaviscon - placebo	103	–0.30	(–0.73, 0.14)	0.1776

Source: Table 3.2.8-2.

[1] p-value results from t-test with hypothesis that the respective LS Mean is zero.

Results are based on a covariance analysis model with "change in RDQ symptom score" as dependent variable and "Baseline RDQ symptom score" as covariate and treatment group as fixed effect.

11.4.1.3.5 Change From Baseline in Frequency and Intensity of Heartburn

Both frequency and intensity in RDQ scores were analysed for each dimension of the RDQ (i.e. heartburn, regurgitation and dyspepsia) and for the GERD dimension (heartburn and regurgitation combined) separately.

Change from Baseline in Frequency of Heartburn

Table 11-26 presents the frequency of heartburn in RDQ score at baseline and End of Study Visit as well as the change score from baseline to End of Study Visit by treatment group for the ITT population. Between treatment group differences were analysed using the Wilcoxon rank-sum test.

Table 11-26 Frequency of Heartburn in RDQ Score - ITT Population

Frequency of heartburn (questions 1a and 1b)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	N miss	0	0	0
	Mean (SD)	2.29 (1.52)	1.60 (1.49)	–0.69 (1.48)
	Median	2.00	1.50	–0.50
	Min–Max	0–5.0	0–5.0	–5.0–3.0
Gaviscon	N	56	55	55
	N miss	0	1	1
	Mean (SD)	2.32 (1.39)	0.98 (1.09)	–1.34 (1.35)
	Median	2.00	1.00	–1.00
	Min–Max	0–5.0	0–4.0	–5.0–1.5
	p-value[1]	0.9736	0.0274	0.0033

Source: Table 3.2.13-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of heartburn (sum of score values 1a,1b)/2.

The mean (SD) RDQ scores for frequency of heartburn were similar between the placebo and Gaviscon group (2.29 [1.52] vs. 2.32 [1.39]) at baseline. At the End of Study Visit, the mean RDQ scores were reduced for patients in both treatment groups; the mean (SD) RDQ scores were 1.60 (1.49) in the placebo and 0.98 (1.09) in the Gaviscon group. A significantly greater (p = 0.0033) mean (SD) change from baseline to End of Study Visit was observed in the Gaviscon group (-1.34 [1.35]) as compared to the placebo group (-0.69 [1.48]).

As shown in Table 11-27, the frequencies of heartburn in RDQ scores were similar for the PP population in comparison with the ITT population.

Table 11-27 Frequency of Heartburn in RDQ Score - PP Population

Frequency of heartburn (questions 1a and 1b)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	N miss	0	0	0
	Mean (SD)	2.19 (1.49)	1.46 (1.41)	–0.73 (1.54)
	Median	2.00	1.00	–0.50
	Min–Max	0–5.0	0–5.0	–5.0–3.0
Gaviscon	N	54	53	53
	N miss	0	1	1
	Mean (SD)	2.33 (1.36)	1.00 (1.10)	–1.33 (1.34)
	Median	2.00	1.00	–1.00
	Min–Max	0–5.0	0–4.0	–5.0–1.5
	p-value[1]	0.7069	0.1028	0.0086

Source: Table 3.2.13-2.
[1] p-value results from Wilcoxon rank-sum test (normal approximation).
Initial values are the raw mean scores of each patient for frequency of heartburn (sum of score values 1a,1b)/2.

For shifts in the frequency of heartburn from baseline to the End of Study Visit separated by item 1a (burning feeling behind the breastbone) and item 1b (pain behind the breastbone), see Tables 3.2.14-1 (ITT population) and 3.2.14.-2 (PP population).

Item 1a – Frequency of Heartburn - Burning Feeling Behind the Breastbone (ITT Population)

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in frequency of burning feeling behind the breastbone) in the Gaviscon group than in the placebo group (69.6% vs. 44.4%). In the placebo group, 7 patients (13.0%) had a shift to at least one above baseline score (i.e. increase in frequency of symptoms) compared to 2 patients (3.6%) in the Gaviscon group.

Item 1b - Frequency of Heartburn - Pain Behind the Breastbone

In the Gaviscon group, a higher proportion of patients (43.6%) had a shift to at least one below baseline score (i.e. decline in frequency of pain behind the breastbone) than in the placebo group (31.5%). 5 patients (9.3%) had a shift to at least one above baseline score (i.e. increase in frequency of symptoms) in the placebo group whereas in the Gaviscon group, only 2 patients (3.6%) had a shift to at least one above baseline score.

Consistent results were also found for the PP population.

Change from Baseline in Intensity of Heartburn

Table 11-28 presents the intensity of heartburn in RDQ score at baseline, End of Study Visit and the change score from baseline to End of Study Visit by treatment group for the ITT population. The scores were compared between treatment groups using the Wilcoxon rank-sum test.

Table 11-28 Intensity of Heartburn in RDQ Score - ITT Population

Intensity of heartburn (questions 2a and 2b)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	N miss	0	0	0
	Mean (SD)	2.24 (1.42)	1.54 (1.40)	–0.70 (1.53)
	Median	2.00	1.50	–0.25
	Min–Max	0–5.0	0–5.0	–5.0–2.5
Gaviscon	N	56	56	56
	N miss	0	0	0
	Mean (SD)	2.36 (1.17)	0.98 (1.08)	–1.38 (1.25)
	Median	2.50	1.00	–1.50
	Min–Max	0–4.5	0–5.0	–4.5–1.5
	p-value[1]	0.5304	0.0330	0.0044

Source: Table 3.2.15-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for intensity of heartburn (sum of score values 2a, 2b)/2.

The mean (SD) RDQ score for intensity of heartburn was similar between the placebo and Gaviscon group (2.24 [1.42] vs. 2.36 [1.17]) at baseline. At the End of Study Visit, the mean RDQ scores were reduced for patients in the 2 treatment groups; the mean (SD) RDQ scores were 1.54 (1.40) in the placebo and 0.98 (1.08) in the Gaviscon group. This finding was mirrored by the mean (SD) change from baseline to End of Study Visit which was significantly greater (p = 0.0044) in the Gaviscon group (–1.38 [1.25]) than in the placebo group (–0.70 [1.53]).

Table 11-29 depicts the intensity of heartburn in RDQ scores for the PP population at baseline, End of Study Visit and the change score from baseline to End of Study Visit.

Table 11-29 Intensity of Heartburn in RDQ Score - PP Population

Intensity of heartburn (questions 2a and 2b)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	N miss	0	0	0
	Mean (SD)	2.13 (1.41)	1.43 (1.36)	–0.70 (1.59)
	Median	2.00	1.50	0
	Min–Max	0–5.0	0–5.0	–5.0–2.5
Gaviscon	N	54	54	54
	N miss	0	0	0
	Mean (SD)	2.38 (1.14)	1.00 (1.09)	–1.38 (1.25)
	Median	2.50	1.00	–1.50
	Min–Max	0–4.5	0–5.0	–4.5–1.5
	p-value[1]	0.2629	0.1146	0.0056

Source: Table 3.2.15-2.
[1] p-value results from Wilcoxon rank-sum test (normal approximation).
Initial values are the raw mean scores of each patient for intensity of heartburn (sum of score values 2a,2b)/2.

The results for the PP population were generally in line with data from the ITT population. A deviation from the ITT population was found regarding RDQ scores at the End of Study Visit which did not reach significance comparing the 2 treatment groups (p = 0.1146).

For shifts in the intensity of heartburn from baseline to the End of Study Visit separated by item 2a (burning feeling behind the breastbone) and item 2b (pain behind the breastbone), see Tables 3.2.16-1 (ITT population) and 3.2.16.-2 (PP population).

Item 2a – Intensity of Heartburn - Burning Feeling Behind the Breastbone

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in intensity of burning feeling behind the breastbone) in the Gaviscon group than in the placebo group (69.6% vs. 46.3%). In the placebo group, 6 patients (11.1%) had a shift to at least one above baseline score (i.e. increase in intensity of symptoms) compared to 3 patients (5.4%) in the Gaviscon group.

Item 2b - Intensity of Heartburn - Pain Behind the Breastbone

In the Gaviscon group, a higher proportion of patients (44.6%) had a shift to at least one below baseline score (i.e. decline in intensity of pain behind the breastbone) than in the placebo group (31.5%). 6 patients (11.1%) had a shift to at least one above baseline score (i.e. increase in intensity of symptoms) in the placebo group whereas in the Gaviscon group, only 2 patients (3.6%) had a shift to at least one above baseline score.

Consistent results were found for the PP population.

11.4.1.3.6 Change From Baseline in Frequency and Intensity of Regurgitation

Change from Baseline in Frequency of Regurgitation

Table 11-30 presents the frequency of regurgitation in RDQ score at baseline and End of Study Visit as well as the change score from baseline to End of Study Visit by treatment group for the ITT population. The RDQ scores were analysed for between treatment group differences using the Wilcoxon rank-sum test.

Table 11-30 Frequency of Regurgitation in RDQ Score - ITT Population

Frequency of regurgitation (questions 1e and 1f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.50 (1.64)	1.52 (1.58)	–0.98 (1.69)
	Median	2.25	1.00	–1.00
	Min–Max	0–5.0	0–5.0	–5.0–2.5
Gaviscon	N	56	56	56
	Nmiss	0	0	0
	Mean (SD)	2.16 (1.57)	0.79 (1.18)	–1.37 (1.48)
	Median	2.00	0.50	–1.50
	Min–Max	0–5.0	0–5.0	–4.5–2.0
	p-value[1]	0.2878	0.0163	0.1132

Source: Table 3.2.21-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of regurgitation (sum of score values 1e, 1f)/2.

The mean (SD) RDQ scores for frequency of regurgitation were balanced between the placebo and Gaviscon group (2.50 [1.64] vs. 2.16 [1.57]) at baseline. At the End of Study Visit, patients in both treatment groups had a reduced mean RDQ score; the mean (SD) RDQ scores were 1.52 (1.58) for the placebo and 0.79 (1.18) for the Gaviscon group. The mean (SD) change from baseline to End of Study Visit was -0.98 (1.69) in the placebo and -1.37 (1.48) in the Gaviscon group; between group differences failed to reach significance (p = 0.1132).

Similar results were found for the PP population as presented in Table 11-31.

Table 11-31 Frequency of Regurgitation in RDQ Score - PP Population

Frequency of regurgitation (questions 1e and 1f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean (SD)	2.52 (1.64)	1.44 (1.52)	–1.08 (1.72)
	Median	2.50	1.00	–1.00
	Min–Max	0–5.0	0–5.0	–5.0–2.5
Gaviscon	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.18 (1.58)	0.81 (1.19)	–1.37 (1.50)
	Median	2.00	0.50	–1.50
	Min–Max	0–5.0	0–5.0	–4.5–2.0
	p-value[1]	0.3182	0.0337	0.2362

Source: Table 3.2.21-2.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of regurgitation (sum of score values 1e, 1f)/2.

For shifts in the frequency of regurgitation from baseline to the End of Study Visit separated by item 1e (acid taste in mouth) and item 1f (unpleasant movement of materials upwards from the stomach), see Tables 3.2.22-1 (ITT population) and 3.2.22-2 (PP population).

Item 1e – Frequency of Regurgitation – Acid Taste in Mouth (ITT Population)

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in frequency of acid taste in the mouth) in the Gaviscon group than in the placebo group (64.3% vs. 51.9%). In the placebo group, 5 patients (9.3%) had a shift to at least one above baseline score (i.e. increase in frequency of symptoms) compared to 3 patients (5.4%) in the Gaviscon group.

Item 1f - Frequency of Regurgitation – Unpleasant Movement of Materials Upwards From the Stomach (ITT Population)

The proportion of patients having a shift to at least one below baseline score (i.e. decline in frequency of unpleasant movement of materials upwards from the stomach) was similar in the placebo and Gaviscon group (51.9% vs. 58.9%). In the placebo group, 7 patients (13.0%) had a shift to at least one above baseline score (i.e. increase in frequency of symptoms) compared to 4 patients (7.1%) in the Gaviscon group.

Results for the PP population were in agreement with the results for the ITT population.

Change from Baseline in Intensity of Regurgitation

The intensity of regurgitation in RDQ score at baseline, End of Study Visit and the change score from baseline to End of Study Visit are presented by treatment group for the ITT population in Table 11-32 The Wilcoxon rank-sum test served to analyse between treatment group differences.

Table 11-32 Intensity of Regurgitation in RDQ Score - ITT Population

Intensity of regurgitation (questions 2e and 2f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.44 (1.46)	1.54 (1.55)	–0.91 (1.61)
	Median	2.75	1.00	–0.50
	Min–Max	0–5.0	0–5.0	–5.0–2.0
Gaviscon	N	56	56	56
	Nmiss	0	0	0
	Mean (SD)	2.15 (1.38)	0.84 (1.16)	–1.31 (1.39)
	Median	2.50	0.50	–1.50
	Min–Max	0–5.0	0–5.0	–4.5–2.0
	p-value[1]	0.2797	0.0188	0.0810

Source: Table 3.2.23-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for intensity of regurgitation (sum of score values 2e, 2f)/2.

At baseline, patients in the placebo and Gaviscon group had similar mean (SD) RDQ scores for intensity of regurgitation (2.44 [1.46] vs. 2.15 [1.38]). At the End of Study Visit, the mean (SD) RDQ scores decreased in both the placebo and Gaviscon group to 1.54 (1.55) vs. 0.84 (1.16). The mean (SD) change from baseline to End of Study was –0.91 (1.61) in the placebo group and –1.31 (1.39) in the Gaviscon group. No significant difference was reached when comparing the change RDQ scores between the 2 treatment groups (p = 0.0810).

These results were corroborated by findings for the PP population as can be seen in Table 11-33.

Table 11-33 Intensity of Regurgitation in RDQ Score - PP Population

Intensity of regurgitation (questions 2e and 2f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean (SD)	2.47 (1.44)	1.47 (1.50)	–1.00 (1.64)
	Median	3.00	1.00	–1.00
	Min–Max	0–5.0	0–4.5	–5.0–2.0
Gaviscon	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.16 (1.39)	0.85 (1.18)	–1.31 (1.42)
	Median	2.50	0.50	–1.50
	Min–Max	0–5.0	0–5.0	–4.5–2.0
	p-value[1]	0.2484	0.0381	0.1883

Source: Table 3.2.23-2.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for intensity of regurgitation (sum of score values 2e, 2f)/2.

For shifts in the intensity of regurgitation from baseline to the End of Study Visit separated by item 2e (acid taste in mouth) and item 2f (unpleasant movement of materials upwards from the stomach), see Tables 3.2.24-1 (ITT population) and 3.2.24-2 (PP population).

Item 2e – Intensity of Regurgitation - Acid Taste in Mouth

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in intensity of acid taste in the mouth) in the Gaviscon group than in the placebo group (62.5% vs. 48.1%). In the placebo group, 8 patients (14.8%) had a shift to at least one above baseline score (i.e. increase in intensity of symptoms) compared to 5 patients (8.9%) in the Gaviscon group.

Item 2f - Intensity of Regurgitation - Unpleasant Movement of Materials Upwards From the Stomach

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in intensity of unpleasant movement of materials upwards from the stomach) in the Gaviscon group than in the placebo group (58.9% vs. 44.4%). In the placebo group, 9 patients (16.7%) had a shift to at least one above baseline score (i.e. increase in intensity of symptoms) compared to only 4 patients (7.1%) in the Gaviscon group.

Consistent results were found for the PP population.

11.4.1.3.7 Change From Baseline in Frequency and Intensity of the GERD Dimension

Change from Baseline in Frequency of the GERD Dimension

The frequency of the GERD dimension in RDQ score at baseline, End of Study Visit and change RDQ score from baseline to End of Study Visit by treatment group is presented in Table 11-34 for the ITT population. The Wilcoxon rank-sum test served to analyse between treatment group differences.

Table 11-34 Frequency of GERD dimension in RDQ score - ITT population

Frequency of GERD dimension (questions 1a, 1b, 1e, 1f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.39 (1.27)	1.56 (1.22)	–0.83 (1.44)
	Median	2.13	1.50	–0.50
	Min–Max	0.5–5.0	0–5.0	–5.0–1.3
Gaviscon	N	56	55	55
	Nmiss	0	1	1
	Mean (SD)	2.24 (1.31)	0.89 (0.97)	–1.35 (1.21)
	Median	2.00	0.50	–1.25
	Min–Max	0–5.0	0–4.5	–4.8–1.0
	p-value[1]	0.5936	0.0019	0.0083

Source: Table 3.2.25-1.
[1] p-value results from Wilcoxon rank-sum test (normal approximation).
Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 1a, 1b, 1e, 1f)/4.

The mean (SD) RDQ scores for frequency of GERD were similar between the placebo and Gaviscon group (2.39 [1.27] vs. 2.24 [1.31]) at baseline. At the End of Study Visit, the mean RDQ scores were 1.56 (1.22) for patients in the placebo and 0.89 (0.97) for patients in the Gaviscon group. From baseline to the End of Study Visit, the mean (SD) change was significantly greater (p = 0.0083) in the Gaviscon group (–1.35 [1.21]) than in the placebo group (–0.83 [1.44]).

Similar trends were observed in the PP population which is presented in Table 11-35.

Table 11-35 Frequency of GERD Dimension in RDQ Score - PP Population

Frequency of GERD dimension (questions 1a, 1b, 1e, 1f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean (SD)	2.36 (1.25)	1.45 (1.11)	–0.91 (1.48)
	Median	2.25	1.50	–0.50
	Min–Max	0.5–5.0	0–5.0	–5.0–1.3
Gaviscon	N	54	53	53
	Nmiss	0	1	1
	Mean (SD)	2.25 (1.29)	0.91 (0.98)	–1.35 (1.22)
	Median	2.00	0.50	–1.25
	Min–Max	0–5.0	0–4.5	–4.8–1.0
	p-value[1]	0.7107	0.0080	0.0268

Source: Table 3.2.25-2.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 1a, 1b, 1e, 1f)/4.

Change From Baseline in Intensity of GERD

Table 11-36 presents the intensity of GERD in RDQ score at baseline and End of Study Visit as well as the change score from baseline to End of Study Visit by treatment group for the ITT population. The scores were compared between treatment groups using the Wilcoxon rank-sum test.

Table 11-36 Intensity of GERD Dimension in RDQ Score - ITT Population

Intensity of GERD dimension (questions 2a, 2b, 2e, 2f)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.34 (1.16)	1.54 (1.20)	–0.81 (1.40)
	Median	2.00	1.50	–0.50
	Min–Max	0.5–5.0	0–5.0	–5.0–1.5
Gaviscon	N	56	56	56
	Nmiss	0	0	0
	Mean (SD)	2.25 (1.06)	0.91 (0.99)	–1.34 (1.07)
	Median	2.25	0.75	–1.25
	Min–Max	0–4.0	0–5.0	–3.8–1.5
	p-value[1]	0.9713	0.0024	0.0044

Source: Table 3.2.26-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 2a, 2b, 2e, 2f)/4.

At baseline, the mean (SD) RDQ score for intensity of GERD was comparable between the placebo and Gaviscon group (2.34 [1.16] vs. 2.25 [1.06]). At the End of Study Visit, the mean RDQ scores were reduced for patients in both treatment groups; the mean (SD) RDQ scores were 1.54 (1.20) in the placebo and 0.91 (0.99) in the Gaviscon group. The mean (SD) change from baseline to End of Study Visit was significantly greater (p = 0.0044) in the Gaviscon group (–1.34 [1.07]) than in the placebo group (–0.81 [1.40]).

Similar results were found for the PP population and are depicted in Table 11-37.

Table 11-37 Intensity of GERD Dimension in RDQ Score - PP Population

Intensity of GERD dimension (questions 2a, 2b, 2e, 2f)	Statistic	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean (SD)	2.30 (1.14)	1.45 (1.12)	–0.85 (1.44)
	Median	2.00	1.50	–0.50
	Min–Max	0.5–5.0	0–4.3	–5.0–1.5
Gaviscon	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.27 (1.04)	0.93 (0.10)	–1.34 (1.08)
	Median	2.25	0.75	–1.25
	Min–Max	0–4.0	0–5.0	–3.8–1.5
	p-value[1]	0.8295	0.0087	0.0122

Source: Table 3.2.26-2.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 2a, 2b, 2e, 2f)/4.

11.4.1.3.8 Change From Baseline in Frequency and Intensity of Dyspepsia

Change from Baseline in Frequency of Dyspepsia

Table 11-38 presents the frequency of dyspepsia in RDQ score at baseline visit, End of Study Visit and the change score from baseline to End of Study Visit by treatment group for the ITT population. The RDQ scores were analysed for between treatment group differences using the Wilcoxon rank-sum test.

Table 11-38 Frequency of Dyspepsia in RDQ Score - ITT Population

Frequency of dyspepsia (questions 1c and 1d)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	N miss	0	0	0
	Mean (SD)	2.39 (1.42)	1.56 (1.35)	–0.82 (1.36)
	Median	2.50	1.25	–0.50
	Min–Max	0–5.0	0–5.0	–5.0–1.5
Gaviscon	N	55	56	55
	N miss	1	0	1
	Mean (SD)	2.03 (1.55)	0.99 (1.26)	–1.05 (1.78)
	Median	1.50	0.50	–1.00
	Min–Max	0–5.0	0–5.0	–5.0-4.5
	p-value[1]	0.1181	0.0070	0.2577

Source: Table 3.2.17-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of dyspepsia (sum of score values 1c, 1d)/2.

At baseline, the mean (SD) RDQ scores for frequency of dyspepsia between the placebo and Gaviscon group were similar (2.39 [1.42] vs. 2.03 [1.55]). At the End of Study Visit, the mean RDQ scores were 1.56 (1.35) in the placebo and 0.99 (1.26) in the Gaviscon group. The mean (SD) change from baseline to End of Study Visit was –0.82 (1.36) for the placebo and –1.05 (1.78) for the Gaviscon group; between treatment group differences in the change from baseline to End of Study Visit did not reach significance (p = 0.2577).

Findings for the PP population were consistent with data from the ITT population as shown in Table 11-39.

Table 11-39 Frequency of Dyspepsia in RDQ Score - PP Population

Frequency of dyspepsia (questions 1c and 1d)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	N miss	0	0	0
	Mean (SD)	2.37 (1.38)	1.42 (1.24)	–0.95 (1.36)
	Median	2.50	1.00	–0.50
	Min–Max	0–5.0	0–5.0	–5.0–1.5
Gaviscon	N	53	54	53
	N miss	1	0	1
	Mean (SD)	2.02 (1.54)	1.01 (1.28)	–1.03 (1.79)
	Median	1.50	0.50	–1.00
	Min–Max	0–5.0	0–5.0	–5.0–4.5
	p-value[1]	0.1323	0.0328	0.5947

Source: Table 3.2.17-2.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for frequency of dyspepsia (sum of score values 1c,1d)/2.

For shifts in the frequency of dyspepsia from baseline to the End of Study Visit separated by item 1c (burning feeling in the centre of the upper stomach) and item 1d (pain in the centre of the upper stomach), see Tables 3.2.18-1 (ITT population) and 3.2.18-2 (PP population).

Item 1c – Frequency of Dyspepsia - Burning Feeling in the Centre of the Upper Stomach

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in frequency of burning feeling in the centre of the upper stomach) in the Gaviscon than in the placebo group (58.9% vs. 48.1%). In the placebo group, 6 patients (11.1%) had a shift to at least one above baseline score (i.e. increase in frequency of symptoms) compared to 8 patients (14.3%) in the Gaviscon group.

Item 1d - Frequency of Dyspepsia - Pain in the Centre of the Upper Stomach

A similar proportion of patients in the placebo and Gaviscon group (17 [31.5%] vs. 22 [40.0%]) had a shift to at least one below baseline score (i.e. decline in frequency of pain in the centre of the upper stomach). More patients in the Gaviscon group (6 [10.7%]) experienced a shift to at least one above baseline score (i.e. increase in frequency of symptoms) than in the placebo group (2 [3.7%]).

Results for the PP population are in agreement with the results for the ITT population.

Change from Baseline in Intensity of Dyspepsia

The intensity of dyspepsia in RDQ score at baseline, End of Study Visit and the change score from baseline to End of Study Visit are presented by treatment group for the ITT population in Table 11-40. The RDQ scores were compared between treatment groups using the Wilcoxon rank-sum test.

Table 11-40 Intensity of Dyspepsia in RDQ Score - ITT Population

Intensity of dyspepsia (questions 2c and 2d)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.27 (1.26)	1.47 (1.28)	–0.80 (1.38)
	Median	2.00	1.50	–0.50
	Min–Max	0–5.0	0–5.0	–5.0–2.0
Gaviscon	N	56	56	56
	Nmiss	0	0	0
	Mean (SD)	2.05 (1.32)	0.98 (1.20)	–1.07 (1.35)
	Median	1.75	0.50	–1.00
	Min–Max	0–5.0	0–4.0	–4.0–2.0
	p-value[1]	0.3467	0.0147	0.1427

Source: Table 3.2.19-1.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for intensity of dyspepsia (sum of score values 2c, 2d)/2.

At baseline, the mean (SD) RDQ scores for intensity of dyspepsia were comparable between the placebo and Gaviscon group (2.27 [1.26] vs. 2.05 [1.32]). A reduction of the mean (SD) RDQ scores was found for both the placebo and Gaviscon group at the End of Study Visit (1.47 [1.28] vs. 0.98 [1.20]). This did not translate into significant between group differences in the change of RDQ score from baseline to End of Study Visit (p = 0.1427); the mean (SD) change was –0.80 (1.38) in the placebo group and –1.07 (1.35) in the Gaviscon group.

Results were similar for the PP population except no between group differences reached significance as shown in Table 11-41.

Table 11-41 Intensity of Dyspepsia in RDQ Score - PP Population

Intensity of dyspepsia (questions 2c and 2d)	Statistics	Day 0 Visit (Baseline)	End of Study Visit	Change from Baseline
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean (SD)	2.23 (1.20)	1.36 (1.22)	–0.88 (1.39)
	Median	2.00	1.00	–0.50
	Min–Max	0–5.0	0–4.5	–5.0–2.0
Gaviscon	N	54	54	54
	Nmiss	0	0	0
	Mean (SD)	2.04 (1.33)	1.0 (1.21)	–1.04 (1.36)
	Median	1.75	0.50	–1.00
	Min–Max	0–5.0	0–4.0	–4.0–2.0
	p-value[1]	0.3705	0.0559	0.3364

Source: Table 3.2.19-2.

[1] p-value results from Wilcoxon rank-sum test (normal approximation).

Initial values are the raw mean scores of each patient for intensity of dyspepsia (sum of score values 2c, 2d)/2.

For shifts in the intensity of dyspepsia from baseline to the End of Study Visit separated by item 2c (burning feeling behind the breastbone) and item 2d (pain behind the breastbone), see Tables 3.2.20-1 (ITT population) and 3.2.20-2 (PP population).

Item 2c – Intensity of Dyspepsia - Burning Feeling in the Centre of the Upper Stomach (ITT Population)

A higher proportion of patients had a shift to at least one below baseline score (i.e. decline in intensity of burning feeling in the centre of the upper stomach) in the Gaviscon than in the placebo group (62.5% vs. 50.0%). A similar proportion of patients in the placebo and Gaviscon group had a shift to at least one above baseline score (i.e. increase in intensity of symptoms; 7 patients [13%] in the placebo group and 6 patients [10.7%] in the Gaviscon group).

Item 2d - Intensity of Dyspepsia - Pain in the Centre of the Upper Stomach (ITT population)

The proportions of patients with shifts at least one below or one above baseline score were similar between the 2 treatment groups. In the placebo group, 18 patients (33.3%) had a shift to at least one below baseline score (i.e. decline in intensity of pain in the centre of the upper stomach) and 3 patients (5.6%) had a shift to at least one above baseline score (i.e. increase in intensity of symptoms). In the Gaviscon group, 23 patients (41.1%) had a shift to at least one below baseline score and 5 patients (8.9%) had a shift to at least one above baseline score.

Consistent results were found for the PP population.

11.4.1.3.9 Overall Treatment Evaluation

The OTE measured the patient's responsiveness/satisfaction and was determined at the End of Study Visit.

OTE Question 1

Question 1 of the OTE assesses how the patients rate the overall change in their clinical status on a 15-point scale (from -7 = a very great deal worse to +7 = a very great deal better).

Table 11-42 presents descriptive statistics for the single answer analysis to OTE question 1 and a summary of the answer analysis by treatment group for the ITT population.

Table 11-42 OTE Score - Question 1 - ITT Population

Question 1	Statistics	Placebo (N = 54)		Gaviscon (N = 56)	
Single answer analysis					
A very great deal better (+7)	N (%)	5	(9.3)	11	(19.6)
A great deal better (+6)	N (%)	4	(7.4)	6	(10.7)
A good deal better (+5)	N (%)	5	(9.3)	15	(26.8)
Moderately better (+4)	N (%)	5	(9.3)	6	(10.7)
Somewhat better (+3)	N (%)	3	(5.6)	3	(5.4)
A little better (+2)	N (%)	6	(11.1)	4	(7.1)
Almost the same, hardly any better at all (+1)	N (%)	6	(11.1)	2	(3.6)
No change (0)	N (%)	12	(22.2)	8	(14.3)
Almost the same, hardly any worse at all (-1)	N (%)	2	(3.7)	1	(1.8)
A little worse (-2)	N (%)	2	(3.7)	0	
Somewhat worse (-3)	N (%)	0		0	
Moderately worse (-4)	N (%)	1	(1.9)	0	
A good deal worse (-5)	N (%)	1	(1.9)	0	
A great deal worse (-6)	N (%)	1	(1.9)	0	
A very great deal worse (-7)	N (%)	1	(1.9)	0	
Summary answer analysis					
Better (+1 to +7)	N (%)	34	(63.0)	47	(83.9)
No change (0)	N (%)	12	(22.2)	8	(14.3)
Worse (-1 to -7)	N (%)	8	(14.8)	1	(1.8)
Descriptive statistics	N	54		56	
	Mean (SD)	1.9	(3.34)	4.1	(2.44)
	Median	2.0		5.0	
	Min–Max	–7–7		–1–7	

Source: Table 3.2.1-1.

The majority of patients in the placebo and Gaviscon groups reported a better clinical status at the End of Study Visit (63.0% vs. 83.9%). No change in clinical status was reported by 22.2% of patients in the placebo group and by 14.3% of patients in the Gaviscon group. Worsening of the clinical status was experienced by 14.8% of patients in the placebo and by 1.8% of the patients in the Gaviscon group. Patients in the placebo group had a mean (SD) OTE score of 1.9 (3.34) and patients in the Gaviscon group had a mean (SD) OTE score of 4.1 (2.44).

A Wilcoxon rank-sum test was applied to analyse between treatment group differences in the scores on OTE question 1. Median OTE scores are presented by treatment group along with the respective p-value in Table 11-43.

Table 11-43 Summary of OTE Score - Question 1 - ITT Population

Question 1	N	Median OTE score	p-value[1]
Placebo	54	2	0.0005
Gaviscon	56	5	

Source: Table 3.2.3-1.

[1] p-value results from the Wilcoxon rank-sum test.

The median OTE scores differed significantly between treatment groups (p = 0.0005) with patients in the placebo group having a median OTE score of 2 and patients in the Gaviscon group having a median OTE score of 5.

As to the PP population, results for descriptive statistics of the single answer analysis to OTE question 1 and a summary of the answer analysis by treatment group are shown in Table 11-44. These results are almost identical to the results presented for the ITT population.

Table 11-44 OTE Score - Question 1 – PP Population

Visit	Statistics	Placebo (N = 49)		Gaviscon (N = 54)	
Single answer analysis					
A very great deal better (+7)	N (%)	5	(10.2)	11	(20.4)
A great deal better (+6)	N (%)	4	(8.2)	5	(9.3)
A good deal better (+5)	N (%)	5	(10.2)	14	(25.9)
Moderately better (+4)	N (%)	5	(10.2)	6	(11.1)
Somewhat better (+3)	N (%)	2	(4.1)	3	(5.6)
A little better (+2)	N (%)	4	(8.2)	4	(7.4)
Almost the same, hardly any better at all (+1)	N (%)	6	(12.2)	2	(3.7)
No change (0)	N (%)	11	(22.4)	8	(14.8)
Almost the same, hardly any worse at all (-1)	N (%)	2	(4.1)	1	(1.9)
A little worse (-2)	N (%)	1	(2.0)	0	
Somewhat worse (-3)	N (%)	0		0	
Moderately worse (-4)	N (%)	1	(2.0)	0	
A good deal worse (-5)	N (%)	1	(2.0)	0	
A great deal worse (-6)	N (%)	1	(2.0)	0	
A very great deal worse (-7)	N (%)	1	(2.0)	0	
Summary answer analysis					
Better (+1 to +7)	N (%)	31	(63.3)	45	(83.3)
No change (0)	N (%)	11	(22.4)	8	(14.8)
Worse (-1 to -7)	N (%)	7	(14.3)	1	(1.9)
Descriptive statistics	N	49		54	
	Mean (SD)	2.0	(3.45)	4.1	(2.47)
	Median	2.0		5.0	
	Min–Max	–7–7		–1–7	

Source: Table 3.2.1-2.

For the PP population, the Wilcoxon rank-sum test also indicated a significant difference with p = 0.0023 in the median OTE scores between the 2 treatment groups in favour of Gaviscon as can be seen in Table 11-45.

Table 11-45 Summary of OTE Score - Question 1 - PP Population

Question 1	N	Median OTE score	p-value[1]
Placebo	49	2	0.0023
Gaviscon	54	5	

Source: Table 3.2.3-2.
[1] p-value results from the Wilcoxon rank-sum test.

OTE Question 2

OTE question 2 addressed how patients perceived the importance of the change of the clinical status on a 7-point scale (from 1 = not important to 7 = extremely important). Data on the importance of change not only encompassed patients who reported a better clinical status but also patients who reported a worsening of their clinical status.

Table 11-46 presents descriptive statistics for the single answer analysis to OTE question 2 by treatment group for the ITT population.

Table 11-46 OTE score - Question 2 - ITT Population

Question 2	Statistics	Placebo (N = 54)		Gaviscon (N = 56)	
Extremely important	N (%)	8	(14.8)	9	(16.1)
Very important	N (%)	11	(20.4)	15	(26.8)
Important	N (%)	12	(22.2)	15	(26.8)
Moderately important	N (%)	2	(3.7)	1	(1.8)
Somewhat important	N (%)	2	(3.7)	4	(7.1)
Slightly important	N (%)	5	(9.3)	4	(7.1)
Not important	N (%)	2	(3.7)	0	
No change[1]	N (%)	12	(22.2)	8	(14.3)

Source: Table 3.2.2-1.
[1] Patients who answered OTE question 1 with 'No change' should not answer OTE question 2, but are added to OTE question 2 under 'No change'.

The distribution of scores of OTE question 2 were balanced between the 2 treatment groups. Table 11-47 presents OTE question 2 median scores by treatment group and the result of the Wilcoxon rank-sum test for treatment group differences.

Table 11-47 Summary of OTE Score - Question 2 - ITT Population

Question 2	N	Median OTE score	p-value[1]
Placebo	42	5	0.5263
Gaviscon	48	5.5	

Source: Table 3.2.4-1.

[1] p-value results from Wilcoxon rank-sum test.

The median OTE scores were almost identical for patients in the placebo and Gaviscon group (5 vs. 5.5, p = 0.5263).

As presented in Table 11-48, the distribution of OTE question 2 scores was very similar in the PP population as compared to the ITT population.

Table 11-48 OTE Score - Question 2 - PP Population

Question 2	Statistics	Placebo (N = 49)		Gaviscon (N = 54)	
Extremely important	N (%)	8	(16.3)	9	(16.7)
Very important	N (%)	10	(20.4)	14	(25.9)
Important	N (%)	10	(20.4)	14	(25.9)
Moderately important	N (%)	2	(4.1)	1	(1.9)
Somewhat important	N (%)	2	(4.1)	4	(7.4)
Slightly important	N (%)	4	(8.2)	4	(7.4)
Not important	N (%)	2	(4.1)	0	
No change[1]	N (%)	11	(22.4)	8	(14.8)

Source: Table 3.2.2-2.

[1] Patients who answered OTE question 1 with 'No change' should not answer OTE question 2, but are added to OTE question 2 under 'No change'.

Table 11-49 presents the median OTE scores and Wilcoxon rank-sum test comparing the median OTE scores between the 2 treatment groups for the PP population.

Table 11-49 Summary of OTE Score - Question 2 - PP Population

Question 2	N	Median OTE score	p-value[1]
Placebo	38	5	0.6806
Gaviscon	46	5.5	

Source: Table 3.2.4-2.

[1] p-value results from Wilcoxon rank-sum test.

11.4.2 Statistical/Analytical Issues

Detailed documentation of statistical methods, as the final SAP, is presented in Appendix 16.1.9.

11.4.2.1 Adjustments for Covariates

The change in RDQ score was analysed using an ANCOVA model with a fixed term for treatment and the baseline RDQ score as a covariate.

11.4.2.2 Handling of Withdrawals or Missing Data

No sensitivity analysis was performed since only 2 values for individual RDQ symptoms were missing.

For 2 patients who withdrew from the study due to lack of efficacy, RDQ baseline values were carried forward to the End of Study Visit values.

All efficacy analyses were done for the PP population as well as for the ITT population.

11.4.2.3 Interim Analyses and Data Monitoring

No interim analyses were performed and there was no data monitoring, therefore this section is not applicable.

11.4.2.4 Multi-site Studies

This was a single-site study, therefore this section is not applicable.

11.4.2.5 Multiple Comparison/Multiplicity

No multiple comparisons were made, therefore this section is not applicable.

11.4.2.6 Use of an "Efficacy Subset" of Patients

No efficacy subsets of patients were analysed, therefore this section is not applicable.

11.4.2.7 Active-Control Studies Intended to Show Equivalence

This study was not designed to test equivalence, therefore this section is not applicable.

11.4.2.8 Examination of Subgroups

No subgroups were examined in this study, therefore this section is not applicable.

11.4.3 Tabulation of Individual Response Data

In addition to tables providing group data for efficacy variables, relevant individual patient data are presented in by-patient tabular listings in Appendix 16.2.6.

No individual response data are included in the body of the report.

11.4.4 Drug Dose, Drug Concentration and Relationships to Response

11.4.4.1 Drug Dose and Relationships to Response

This was not a dose response study and fixed doses of study medication were used, therefore this section is not applicable.

11.4.4.2 Drug Concentration, Pharmacokinetics and Relationships to Response

Drug concentrations were not measured, therefore this section is not applicable.

11.4.5 Drug-Drug and Drug-Disease Interactions

No drug-drug or drug-disease interactions were seen, therefore this section is not applicable.

11.4.6 By-Patient Displays

Group mean data represent the principal analysis in this study and so this section is not applicable.

11.4.7 Efficacy Conclusions

This pilot study was conducted to provide preliminary evidence that Gaviscon Double Action Tablets are effective in managing the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD and to provide guidance for the design and conduct of subsequent pivotal trials.

111 patients were enrolled and randomised to either Gaviscon or placebo treatment in a 1:1 ratio at a single study centre in the UK. 110 patients were included in the SAF population, which comprised all eligible patients who received at least one dose of study medication. The ITT population was identical to the SAF population since all patients at least partially completed the RDQ. The PP population comprised 103 patients showing adequate compliance with the treatment during the study (≥ 75% study medication) and no major protocol deviations.

3 patients in the placebo group withdrew from the study; 2 patients due to poor efficacy and 1 patient due to an at least possibly related AE. None of the patients in the Gaviscon group withdrew from study treatment.

Demographic characteristics were well balanced between the treatment groups. Of the 110 patients in the ITT/SAF population, 60 patients (54.5%) were men and 50 patients (45.5%) were women. All but 1 patient were Caucasian (99.1%). 30% of the patients had smoked in the last 3 months and no patients had abused alcohol.

Baseline GERD status as well as the use of drugs for treatment of acid-related disorders were representative of patients with GERD and were generally similar between the 2 treatment groups at baseline. The majority of all patients had moderate to severe symptoms of acid reflux (87.3%) and heartburn (94.5%), while only 54.5% of all patients had moderate to severe symptoms of dyspepsia. About one fifth of all patients reported no symptoms of dyspepsia whereas only about 3% of patients did not express symptoms of either acid reflux or heartburn. In 62.7% of all patients, the time since the onset of GERD symptoms was between 1 and 10 years; in 30.0% of patients, the time since the onset of symptoms was > 10 years. A slightly higher proportion of patients had a symptom onset of > 10 years in the Gaviscon group than in the placebo group (33.9% vs. 25.9%). Most patients (87.3%) reported prior drug use for treatment of acid-related disorders.

Analyses of the primary and secondary variables were performed in the ITT and PP population with similar results. Subsequently, results are summarised for the ITT population.

The primary endpoint was the change from baseline in the overall RDQ symptom score (for heartburn, regurgitation and dyspepsia combined) after treatment with Gaviscon compared with placebo. A decrease in the overall RDQ score from baseline to the End of Study Visit was observed for patients in both the placebo and the Gaviscon groups. The mean (SD) change in the RDQ score was –0.82 (1.25) for patients in the placebo group and -1.26 (1.08) for patients in the Gaviscon group. This decrease in RDQ score was significantly greater for patients in the Gaviscon group than for patients in the placebo group (LS Mean difference -0.55, p = 0.0033).

Secondary endpoints included the change from baseline in symptom score for each dimension of the RDQ separately (heartburn, regurgitation and dyspepsia) as well as for the GERD dimension (heartburn and regurgitation combined) after treatment with Gaviscon compared with placebo. From baseline to the End of Study Visit, a mean decrease in the RDQ score (i.e. decline in symptoms) of each of the dimensions heartburn, regurgitation, dyspepsia and the GERD dimension was observed in both treatment groups. Results of an ANCOVA revealed significantly greater reductions in symptom scores of each of the RDQ dimensions and the GERD dimension for patients in the Gaviscon group than for patients in the placebo group (LS mean difference of placebo minus Gaviscon; heartburn: -0.62, p = 0.004; regurgitation: -0.58, p = 0.014; dyspepsia: -0.43, p = 0.047; GERD dimension: -0.61, p = 0.002).

Further, frequency and intensity of RDQ scores were analysed separately for each of the RDQ dimensions and the GERD dimension. Patients in the Gaviscon group had significantly greater declines in both the frequencies and intensities of heartburn and the GERD dimension from baseline to the End of Study Visit than patients in the placebo group as determined by the Wilcoxon rank-sum test (heartburn: p = 0.0033 [frequency] and p = 0.0044 [intensity]; GERD dimension: p = 0.0083 [frequency] and p = 0.0044 [intensity]). Both intensities and frequencies of regurgitation and dyspepsia decreased in the 2 treatment groups after study drug administration, although no significant differences were found in the magnitude of change between treatment groups. Failure of reaching significance might be partly due to the smaller sample population of patients with moderate to severe symptoms of dyspepsia and due to the lack of adjustment for baseline covariates.

Another secondary endpoint was the OTE which measured patient's responsiveness/satisfaction at the End of Study Visit. 63.0% of patients in the placebo group and 83.9% of patients in the Gaviscon group reported a better clinical status (OTE question 1) at the End of Study Visit. Patients in the Gaviscon group evaluated their overall treatment response higher than patients in the placebo group (Gaviscon group: mean [SD] OTE = 4.1 [2.44]; placebo group: mean [SD] OTE: = 1.9 [3.34]). Median treatment evaluation (OTE question 1) was significantly higher (p = 0.0005) in the Gaviscon group (median OTE question 1 = 5 "a good deal better") than in the placebo group (median OTE question 1 = 2 "a little better"). No significant differences in the perception of the importance of clinical improvement or worsening (OTE question 2) were observed between the 2 treatment groups: the median scores on perception of importance of clinical improvement / worsening were almost identical for patients in the placebo and Gaviscon group (5 vs. 5.5, p = 0.5263), both groups perceiving the change in clinical status as being important. However, more patients experienced a clinical worsening in the control group than in the Gaviscon group (14.8% vs. 1.8%) and some of these patients also perceived this worsening as being important. Therefore, the between treatment group comparison of the perception of the importance of the change in clinical status has to be interpreted with caution.

12 SAFETY EVALUATION

All patients who received at least one dose of IMP were included in the safety analysis.

The locations of all tables, figures and listings pertinent to Section 12 are provided in Table 12-1.

Table 12-1 Location of Tables, Figures and Listings for Safety Data

Topic	Location	
	Tables and Figures	Listings
Duration of IMP exposure	Section 14.3, Table 1.2	Appendix 16.2.5, Listing 5
Summary of adverse events	Section 14.3.1, Table 4.1.1	
Incidence of adverse events by SOC and PT	Section 14.3.1, Table 4.1.2	Appendix 16.2.7, Listing 12
Incidence of adverse events by severity, SOC and PT	Section 14.3.1, Table 4.1.3	
Incidence of adverse events by relationship, SOC and PT	Section 14.3.1, Table 4.1.4	
Summary of severe and related adverse events	Section 14.3.1, Table 4.1.5	Appendix 16.2.7, Listing 13
Summary of haematology	Section 14.3.4, Tables 4.2.1 to 4.2.5 Tables 4.2.16 to 4.2.20 Figures 3 to 7	Appendix 16.2.8, Listing 14
Summary of biochemistry	Section 14.3.4, Tables 4.2.6 to 4.2.15 Tables 4.2.21 to 4.2.30 Figures 8 to 17	Appendix 16.2.8, Listings 15.1 and 15.2
Summary of vital signs	Section 14.3.5, Tables 4.3.1 to 4.3.3	Appendix 16.2.9, Listing 16

12.1 Extent of Exposure

In both treatment groups, nearly all patients (98.2%) had taken at least 75% of the scheduled amounts of tablets (Section 14.3, Table 1.2). All patients in the Gaviscon group and 96.3% of patients in the placebo group took ≥ 75% of the scheduled dose over the 7-day treatment period.

12.2 Adverse Events (AEs)

12.2.1 Brief Summary of Adverse Events

Frequencies of the major AE categories are summarised in Table 12-2.

Table 12-2 Summary of Patients with Adverse Events – SAF Population

		Placebo		Gaviscon	
	Statistics	(N = 54)		(N = 56)	
Patients with adverse events	N (%)	18	(33.3)	16	(28.6)
Patients with mild adverse events	N (%)	17	(31.5)	16	(28.6)
Patients with moderate adverse events	N (%)	3	(5.6)	0	
Patients with at least possibly related adverse events	N (%)	6	(11.1)	1	(1.8)
Patients who discontinued IMP due to adverse events	N (%)	1	(1.9)	0	
Patients who discontinued IMP due to at least possibly related adverse events	N (%)	1	(1.9)	0	

Source: Tables 4.1.1 and 4.1.5.

18 patients (33.3%) in the placebo and 16 patients (28.6%) in the Gaviscon group experienced AEs. None of the patients had serious and/or severe AEs.

In the placebo group, 17 patients (31.5%) experienced mild and 3 patients (5.6%) moderate AEs. 6 patients (11.1%) were considered to have at least possibly related AEs; of these, 1 patient (1.9%) discontinued treatment due to an at least possibly related AE.

In the Gaviscon group, 16 patients (28.6%) had mild and no patients had moderate AEs. 1 patient (1.8%) was considered to have an at least possibly related AE.

For between treatment group comparisons of the incidence of related/not related AEs, see Table 4.1.5 in Section 14.3.1. No statistically significant differences were observed between treatment groups in the incidence of related AEs and not related AEs with Fisher's exact test revealing p-values of 0.09 each.

12.2.2 Display of Adverse Events

All AEs for each patient, including the same event on several occasions are listed in Appendix 16.2.7, giving both preferred terms (PTs) according to MedDRA 15.1 and the original term used by the Investigator.

An overview of the locations of tables, figures and listings reporting AE data is provided in Table 12-1.

The tables in the following sections describe AEs occurring after the initiation of treatment with the IMP.

12.2.3 Analysis of Adverse Events

The distribution of AEs by SOC is summarised in Table 12-3.

Table 12-3 Incidence of Adverse Events by SOC – SAF Population

System Organ Class (SOC)	Statistic	Placebo (N = 54)		Gaviscon (N = 56)	
Gastrointestinal disorders	N (%)	8	(14.8)	4	(7.1)
Infections and infestations	N (%)	4	(7.4)	6	(10.7)
Investigations	N (%)	3	(5.6)	2	(3.6)
Nervous system disorders	N (%)	1	(1.9)	3	(5.4)
Injury, poisoning and procedural complications	N (%)	2	(3.7)	1	(1.8)
Respiratory, thoracic and mediastinal disorders	N (%)	2	(3.7)	0	
Musculoskeletal and connective tissue disorders	N (%)	1	(1.9)	0	

Source: Table 4.1.2.

In both treatment groups, the most commonly affected SOCs in descending order of frequency were as follows (placebo vs. Gaviscon): gastrointestinal disorders (14.8% vs. 7.1%), infections and infestations (7.4% vs. 10.7%), investigations (5.6% vs. 3.6%), nervous system disorders (1.9% vs. 5.4%) and injury, poisoning and procedural complications (3.7% vs. 1.8%).

In the placebo group, the most frequently reported PTs of the SOC gastrointestinal disorders were diarrhoea (7.4%) followed by flatulence (5.6%). In the Gaviscon group, no accumulation of specific PTs was observed for gastrointestinal disorders (Section 14.3.1, Table 4.1.2).

Table 12-4 summarises the frequencies in severity levels (mild, moderate, severe) of the SOC gastrointestinal disorders and the relationship to study treatment.

Table 12-4 Gastrointestinal Disorders by Severity and Relationship to Study Treatment

Gastrointestinal disorders	Statistic	Placebo (N = 54)		Gaviscon (N = 56)	
Severity					
All	N (%)	8	(14.8)	4	(7.1)
Mild	N (%)	6	(11.1)	4	(7.1)
Moderate	N (%)	2	(3.7)	0	
Severe	N (%)	0		0	
Relationship					
All	N (%)	8	(14.8)	4	(7.1)
Unrelated or unlikely related[1]	N (%)	3	(5.6)	3	(5.4)
At least possibly related[2]	N (%)	5	(9.3)	1	(1.8)

Source: Tables 4.1.3 and 4.1.4.

[1] includes the categories “Unassessable/Unclassified” and “Conditional/Unclassified”.

[2] includes the categories “possibly”, “probably” and “certainly” related.

For each patient the highest relationship per adverse event is used. For the “All” rows the highest relationship applicable is used.

6/8 patients in the placebo and 4/4 patients in the Gaviscon group were reported to have mild gastrointestinal disorders. 2 additional patients in the placebo group experienced moderate gastrointestinal disorders.

Gastrointestinal disorders were rated to be unrelated or unlikely related to study treatment in 3/8 patients in the placebo and in 3/4 patients in the Gaviscon group. For 5/8 patients in the placebo and 1/4 patients in the Gaviscon group, gastrointestinal disorders were rated to be at least possibly related to study treatment.

12.3 Deaths, Other Serious Adverse Events (SAEs) and Other Significant Adverse Events

There were no deaths and no other SAEs observed in this trial. 1 patient (Patient 1039) in the placebo group withdrew from study due to an AE (Appendix 16.2.3, Listing 1). This patient (Patient 1039) was a 57 year old Caucasian woman with mild to moderate symptoms of GERD according to the Investigator’s assessment. In the past, this patient was diagnosed with depression and drug hypersensitivity, both still ongoing. Prior and concomitant medications were Rennies and venlafaxine. From 20–24 September 2012, the patient suffered from moderate diarrhoea given as reason for discontinuation of study treatment.

12.4 Clinical Laboratory Evaluation

12.4.1 Listing of Individual Laboratory Measurements by Patient and Each Clinically Significant Abnormal Laboratory Value

Listings of individual laboratory measurements are included in Appendix 16.2.8 (Listings 14, 15.1 and 15.2).

12.4.2 Evaluation of Each Laboratory Parameter

The active moiety of the IMP used in this study has been licensed for use in man for many years. The safety profile is very well established (see Section 7).

12.4.2.1 Laboratory Values over Time

Investigations included haematology (haemoglobin, red blood cells, mean cell haemoglobin concentration, white blood cells and platelet count) and biochemistry (electrolytes [sodium, potassium and calcium], urea, creatinine, uric acid, glucose, inorganic phosphors, alanine transaminase and aspartate transaminase). Haematology parameters are presented in Section 14.3.4, Tables 4.2.1 to 4.2.5, Tables 4.2.16 to 4.2.20 and Figures 3 to 7. Biochemistry parameters are presented in Section 14.3.4, Tables 4.2.6 to 4.2.15, Tables 4.2.21 to 4.2.30 and Figures 8 to 17.

No meaningful changes were observed in any of the investigated parameters over time in either treatment group.

12.4.2.2 Individual Patient Changes

Individual patient changes are presented in Appendix 16.2.8 (Listings 14, 15.1 and 15.2).

The numbers of patients with abnormal findings were generally low.

12.5 Vital Signs, Physical Findings and Other Observations Related to Safety

A table of each parameter of blood pressure and heart rate is included in Section 14.3.5 (Tables 4.3.1 to 4.3.3) and a listing of individual measurements by patient is given in Appendix 16.2.9 (Listing 16).

There were no meaningful changes in any of the vital sign assessments.

12.6 Safety Conclusions

All safety analyses were performed on the SAF population which comprised 110 patients.

33.3% of patients in the placebo and 28.6% of patients in the Gaviscon group experienced one or more AEs. In both treatment groups, the most commonly reported adverse events (AEs) by system organ class (SOC) in descending order of frequency were (placebo vs. Gaviscon, respectively) gastrointestinal disorders (14.8% vs. 7.1%), infections and infestations (7.4% vs. 10.7%), investigations (5.6% vs. 3.6%), nervous system disorders (1.9% vs. 5.4%) and injury, poisoning and procedural complications (3.7% vs. 1.8%). The observation that gastrointestinal disorders were most frequently reported is consistent with the nature of the underlying disease.

In the placebo group, 17 patients (31.5%) experienced mild and 3 patients (5.6%) moderate AEs. In the Gaviscon group, 16 patients (28.6%) had mild and no patients moderate AEs. Hence, none of the patients in both treatment groups had any serious and/or severe AEs.

The vast majority of at least possibly related AEs belonged to the SOC of gastrointestinal disorders. In the placebo group, 6 patients (11.1%) were considered to have at least possibly related AEs; of these, 5 patients (9.3%) were deemed to experience gastrointestinal disorders related to study treatment. In the Gaviscon group, 1 patient (1.8%) was reported to have an at least possibly related AE which was in the gastrointestinal disorders SOC.

Incidences of related AEs and not related AEs were not significantly different between the 2 treatment groups.

No meaningful changes were observed in any of the laboratory values and vital sign assessments over time in either treatment group.

There were no withdrawals from study treatment due to AEs in the Gaviscon group. In the placebo group, 1 patient withdrew from the study due to an AE of moderate diarrhoea.

In summary, the majority of safety findings are consistent with the underlying disease. There were no unexpected or new safety signals for Gaviscon Double Action Tablets in this trial.

13 DISCUSSION AND OVERALL CONCLUSIONS

13.1 Discussion

This randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study was conducted to assess the effect of Gaviscon Double Action Tablets in patients with GERD to provide data for further clinical investigations.

111 patients were enrolled and randomised to either Gaviscon or placebo treatment at a single study centre in the UK. Of these, 110 patients took at least one dose of study medication and were included in the SAF population. Demographic and baseline disease characteristics were generally balanced between the 2 treatment groups. Baseline GERD status as well as the use of drugs for treatment of acid-related disorders were representative of patients with GERD. The vast majority of all patients had moderate to severe symptoms of acid reflux and heartburn, while only about half of all patients had moderate to severe symptoms of dyspepsia. About one fifth of all patients reported no symptoms of dyspepsia whereas only very few patients did not express symptoms of either acid reflux or heartburn. In about two thirds of patients, the time since onset of GERD symptoms was between 1 and 10 years and in about one third of patients, the time since onset of symptoms was > 10 years.

Analyses of the primary and secondary variables were performed in the ITT (N = 110) and PP population (N = 103). Results retrieved from both patient populations were very similar; subsequently, only results for the ITT population are discussed.

Gaviscon Double Action Tablets improved overall symptoms of GERD and dyspepsia (i.e. heartburn, regurgitation and dyspepsia combined) as assessed by RDQ - A 7-day treatment period with Gaviscon led to a marked reduction of overall symptoms in patients with GERD and dyspepsia. The relief from overall symptoms was significantly greater in the Gaviscon than in the placebo group (p = 0.0033).

Gaviscon Double Action Tablets differentially affected frequency and intensity of the individual dimensions of heartburn, regurgitation, the GERD dimension and dyspepsia as assessed by RDQ - The expression (i.e. the mean of intensity and frequency) of each of the core symptoms of GERD, i.e. heartburn and regurgitation, of the GERD dimension (i.e. heartburn and regurgitation combined) and of dyspepsia was significantly diminished at the End of Study Visit in patients in the Gaviscon group. These improvements in symptom scores were significantly more pronounced in the Gaviscon group than in the placebo group.

Both the intensities and frequencies of heartburn as well as of the GERD dimension declined to a significantly greater extent in the Gaviscon group than in the placebo group. Although no significant between treatment group differences were found in the magnitude of change in both frequencies and intensities of regurgitation and dyspepsia, there was a trend towards greater reductions for patients in the Gaviscon group than for patients in the placebo group. Failure of reaching significance might be partly due to the smaller sample population of patients with moderate to severe symptoms of dyspepsia and due to the lack of adjustment for baseline covariates.

Together, these findings suggest that Gaviscon may have a stronger beneficial impact on heartburn and on the combined core symptoms of GERD, i.e. heartburn and regurgitation, than on dyspepsia and regurgitation. Moreover, Gaviscon may exert its strongest therapeutic effects considering the combination of frequency and intensity of various dimensions.

Gaviscon Double Action Tablets improved the clinical status as assessed by OTE. 63.0% of patients in the placebo group and 83.9% of patients in the Gaviscon group reported a better clinical status (OTE question 1) at the End of Study Visit. Patients in the Gaviscon group evaluated their overall treatment higher than patients in the placebo group (Gaviscon: mean [SD] OTE = 4.1 [2.44]; placebo mean [SD] OTE = 1.9 [3.34]). Median treatment evaluation (OTE question 1) was significantly higher (p = 0.0005) in the Gaviscon group (median OTE question 1 = 5 “a good deal better”) than in the placebo group (median OTE question 1 = 2 “a little better”).

Gaviscon Double Action Tablets were well tolerated – Analysis of the safety variables (i.e. AEs, clinical laboratory investigations, vital signs and physical examinations) did not indicate any clinically relevant safety issues. More patients in the placebo group (N = 6, 11.1%) than patients in the Gaviscon group (N = 1, 1.8%) reported AEs that were considered to be at least possibly related to the study treatment. Most patients experienced at least possibly related events which were gastrointestinal in nature. No allergic reactions to Gaviscon were observed in this trial.

In agreement with the findings from this trial, a previous study on Gaviscon Advance [12] demonstrated that the proportion of patients who responded positively to study treatment regarding overall GERD symptoms was greater in the Gaviscon than in the placebo group. However, at the level of individual symptoms and frequency/severity, Gaviscon Advance had either no or only weak advantages compared to placebo. The beneficial effects of Gaviscon Advanced were more pronounced after a 4-week than after a 2-weeks treatment period. This indicates that treatment duration might be a crucial factor augmenting the positive effects of alginate preparations in the control of GERD symptoms.

13.2 Conclusion

This is the first study assessing the efficacy of Gaviscon Double Action Tablets compared to placebo using a validated instrument, i.e. the RDQ. The statistically significant results of this trial suggest that Gaviscon Double Action Tablets reduce the symptoms of GERD, i.e. heartburn and acid regurgitation, and of dyspepsia, and give an indication of the magnitude of treatment benefit obtained in the UK population using the RDQ in order to power and conduct a larger confirmatory study. According to the patients' self-assessment, the clinical status of GERD had improved by the end of the 7-day treatment period. Lending further support to the patients' responsiveness and satisfaction, none of the patients in the Gaviscon group withdrew from the study and patient compliance was generally very high. The positive effects of Gaviscon Double Action Tablets for managing the symptoms of GERD were in the absence of clinically relevant health risks.

In summary, findings of this trial suggest a favourable benefit/risk balance of Gaviscon Double Action Tablets in patients with GERD and dyspepsia and provide the basis for further clinical investigations.

14 TABLES, FIGURES AND GRAPHS REFERRED TO BUT NOT INCLUDED IN THE TEXT

14.1 Demographic Data

Tables 2.1-1 to 2.2-3 (Baseline demographics) (9 pages)

Tables 2.3-1 to 2.3-3 (GERD status at baseline) (9 pages)

Tables 2.4-1 to 2.4-3 (Medical history) (14 pages)

Tables 2.5-1 to 2.6-3 (Prior and concomitant medication) (29 pages)

Table 2.1-1: Baseline demographics - categorical - ALL population

Parameter	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Sex				
Male	N (%)	28 (50.9)	32 (57.1)	60 (54.1)
Female	N (%)	27 (49.1)	24 (42.9)	51 (45.9)
Race				
Caucasian	N (%)	55 (100.0)	55 (98.2)	110 (99.1)
Asian	N (%)	0	1 (1.8)	1 (0.9)
Afro-Caribbean	N (%)	0	0	0
Other	N (%)	0	0	0
12-lead ECG				
Normal	N (%)	53 (96.4)	56 (100.0)	109 (98.2)
Abnormal, clinically not relevant	N (%)	2 (3.6)	0	2 (1.8)
Abnormal, clinically relevant	N (%)	0	0	0
Smoking habits (in the last 3 months)				
Non-smoker	N (%)	38 (69.1)	39 (69.6)	77 (69.4)
Smoker	N (%)	17 (30.9)	17 (30.4)	34 (30.6)
Alcohol use (in the last 3 months)				
Non-drinker*	N (%)	55 (100.0)	56 (100.0)	111 (100.0)
Drinker	N (%)	0	0	0
Abuse of drugs (in the last 3 months)				
No	N (%)	55 (100.0)	56 (100.0)	111 (100.0)
Yes	N (%)	0	0	0

* Non-drinker defined as weekly alcohol intake of ≤ 14.0 or 17.5 units

Table 2.1-2: Baseline demographics - categorical - ITT population

Parameter	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Sex				
Male	N (%)	28 (51.9)	32 (57.1)	60 (54.5)
Female	N (%)	26 (48.1)	24 (42.9)	50 (45.5)
Race				
Caucasian	N (%)	54 (100.0)	55 (98.2)	109 (99.1)
Asian	N (%)	0	1 (1.8)	1 (0.9)
Afro-Caribbean	N (%)	0	0	0
Other	N (%)	0	0	0
12-lead ECG				
Normal	N (%)	52 (96.3)	56 (100.0)	108 (98.2)
Abnormal, clinically not relevant	N (%)	2 (3.7)	0	2 (1.8)
Abnormal, clinically relevant	N (%)	0	0	0
Smoking habits (in the last 3 months)				
Non-smoker	N (%)	38 (70.4)	39 (69.6)	77 (70.0)
Smoker	N (%)	16 (29.6)	17 (30.4)	33 (30.0)
Alcohol use (in the last 3 months)				
Non-drinker*	N (%)	54 (100.0)	56 (100.0)	110 (100.0)
Drinker	N (%)	0	0	0
Abuse of drugs (in the last 3 months)				
No	N (%)	54 (100.0)	56 (100.0)	110 (100.0)
Yes	N (%)	0	0	0

* Non-drinker defined as weekly alcohol intake of ≤ 14.0 or 17.5 units

Table 2.1-3: Baseline demographics - categorical - PP population

Parameter	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Sex				
Male	N (%)	27 (55.1)	30 (55.6)	57 (55.3)
Female	N (%)	22 (44.9)	24 (44.4)	46 (44.7)
Race				
Caucasian	N (%)	49 (100.0)	53 (98.1)	102 (99.0)
Asian	N (%)	0	1 (1.9)	1 (1.0)
Afro-Caribbean	N (%)	0	0	0
Other	N (%)	0	0	0
12-lead ECG				
Normal	N (%)	47 (95.9)	54 (100.0)	101 (98.1)
Abnormal, clinically not relevant	N (%)	2 (4.1)	0	2 (1.9)
Abnormal, clinically relevant	N (%)	0	0	0
Smoking habits (in the last 3 months)				
Non-smoker	N (%)	34 (69.4)	38 (70.4)	72 (69.9)
Smoker	N (%)	15 (30.6)	16 (29.6)	31 (30.1)
Alcohol use (in the last 3 months)				
Non-drinker*	N (%)	49 (100.0)	54 (100.0)	103 (100.0)
Drinker	N (%)	0	0	0
Abuse of drugs (in the last 3 months)				
No	N (%)	49 (100.0)	54 (100.0)	103 (100.0)
Yes	N (%)	0	0	0

* Non-drinker defined as weekly alcohol intake of < 14.0 or 17.5 units

Table 2.2-1: Baseline demographics - continuous - ALL population

Parameter	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Age (years)				
	N	55	56	111
	Nmiss	0	0	0
	Mean	42.8	42.9	42.8
	SD	13.10	12.40	12.70
	Min	21	19	19
	Q1	29.0	34.0	33.0
	Median	44.0	41.0	43.0
	Q3	54.0	52.0	54.0
	Max	75	68	75
Body mass index (kg/m**2)				
	N	55	56	111
	Nmiss	0	0	0
	Mean	30.39	29.20	29.79
	SD	6.283	5.507	5.907
	Min	19.6	19.0	19.0
	Q1	25.40	25.40	25.40
	Median	29.72	28.24	28.91
	Q3	33.22	32.17	32.86
	Max	49.1	42.8	49.1
Systolic blood pressure (mmHg)				
	N	55	56	111
	Nmiss	0	0	0
	Mean	131.3	130.6	131.0
	SD	14.67	16.08	15.33
	Min	101	99	99
	Q1	118.0	118.0	118.0
	Median	133.0	132.0	132.0
	Q3	142.0	138.0	142.0
	Max	160	184	184

Table 2.2-1: Baseline demographics - continuous - ALL population

Parameter	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Diastolic blood pressure (mmHg)				
	N	55	56	111
	Nmiss	0	0	0
	Mean	82.7	80.6	81.7
	SD	8.60	7.47	8.08
	Min	60	66	60
	Q1	77.0	74.0	76.0
	Median	83.0	80.5	82.0
	Q3	89.0	86.5	88.0
	Max	100	96	100
Heart rate (bpm)				
	N	55	56	111
	Nmiss	0	0	0
	Mean	77.7	73.8	75.7
	SD	11.30	12.99	12.29
	Min	53	48	48
	Q1	69.0	65.5	67.0
	Median	77.0	74.0	75.0
	Q3	86.0	82.0	85.0
	Max	104	109	109

Table 2.2-2: Baseline demographics - continuous - ITT population

Parameter	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Age (years)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	43.1	42.9	43.0
	SD	13.04	12.40	12.66
	Min	21	19	19
	Q1	31.0	34.0	34.0
	Median	44.0	41.0	43.0
	Q3	54.0	52.0	54.0
	Max	75	68	75
Body mass index (kg/m**2)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	30.48	29.20	29.83
	SD	6.304	5.507	5.919
	Min	19.6	19.0	19.0
	Q1	25.56	25.40	25.40
	Median	29.74	28.24	28.97
	Q3	33.22	32.17	32.86
	Max	49.1	42.8	49.1
Systolic blood pressure (mmHg)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	131.6	130.6	131.1
	SD	14.66	16.08	15.34
	Min	101	99	99
	Q1	120.0	118.0	118.0
	Median	133.0	132.0	132.0
	Q3	142.0	138.0	142.0
	Max	160	184	184

Table 2.2-2: Baseline demographics - continuous - ITT population

Parameter	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Diastolic blood pressure (mmHg)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	82.9	80.6	81.7
	SD	8.62	7.47	8.10
	Min	60	66	60
	Q1	78.0	74.0	76.0
	Median	83.0	80.5	82.0
	Q3	89.0	86.5	88.0
	Max	100	96	100
Heart rate (bpm)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	77.5	73.8	75.6
	SD	11.25	12.99	12.25
	Min	53	48	48
	Q1	69.0	65.5	67.0
	Median	77.0	74.0	75.0
	Q3	85.0	82.0	84.0
	Max	104	109	109

Table 2.2-3: Baseline demographics - continuous - PP population

Parameter	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Age (years)				
	N	49	54	103
	Nmiss	0	0	0
	Mean	42.5	42.6	42.5
	SD	13.37	12.23	12.72
	Min	21	19	19
	Q1	29.0	34.0	33.0
	Median	44.0	41.0	42.0
	Q3	54.0	52.0	52.0
	Max	75	68	75
Body mass index (kg/m**2)				
	N	49	54	103
	Nmiss	0	0	0
	Mean	30.89	29.22	30.01
	SD	6.424	5.609	6.039
	Min	19.6	19.0	19.0
	Q1	25.56	25.39	25.40
	Median	30.08	28.06	29.21
	Q3	33.64	32.57	33.22
	Max	49.1	42.8	49.1
Systolic blood pressure (mmHg)				
	N	49	54	103
	Nmiss	0	0	0
	Mean	132.4	130.5	131.4
	SD	14.60	16.37	15.51
	Min	101	99	99
	Q1	122.0	118.0	118.0
	Median	133.0	131.0	132.0
	Q3	143.0	138.0	142.0
	Max	160	184	184

Table 2.2-3: Baseline demographics - continuous - PP population

Parameter	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Diastolic blood pressure (mmHg)				
	N	49	54	103
	Nmiss	0	0	0
	Mean	84.0	80.4	82.1
	SD	7.79	7.49	7.81
	Min	68	66	66
	Q1	79.0	74.0	76.0
	Median	83.0	80.0	83.0
	Q3	89.0	86.0	89.0
	Max	100	96	100
Heart rate (bpm)				
	N	49	54	103
	Nmiss	0	0	0
	Mean	77.7	73.7	75.6
	SD	10.89	12.37	11.80
	Min	55	48	48
	Q1	70.0	66.0	68.0
	Median	77.0	74.0	75.0
	Q3	84.0	82.0	83.0
	Max	104	109	109

Table 2.3-1: GERD status at baseline - ALL population

Parameter	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Start of GERD symptoms				
> 3 months - < 1 year	N (%)	5 (9.1)	3 (5.4)	8 (7.2)
1 year - 10 years	N (%)	36 (65.5)	34 (60.7)	70 (63.1)
> 10 years	N (%)	14 (25.5)	19 (33.9)	33 (29.7)
Acid Reflux				
None	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
Mild	N (%)	3 (5.5)	7 (12.5)	10 (9.0)
Moderate	N (%)	32 (58.2)	21 (37.5)	53 (47.7)
Severe	N (%)	18 (32.7)	26 (46.4)	44 (39.6)
Missing	N (%)	0	0	0
Dyspepsia				
None	N (%)	12 (21.8)	10 (17.9)	22 (19.8)
Mild	N (%)	13 (23.6)	15 (26.8)	28 (25.2)
Moderate	N (%)	23 (41.8)	24 (42.9)	47 (42.3)
Severe	N (%)	7 (12.7)	7 (12.5)	14 (12.6)
Missing	N (%)	0	0	0
Heartburn				
None	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Mild	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Moderate	N (%)	31 (56.4)	31 (55.4)	62 (55.9)
Severe	N (%)	20 (36.4)	23 (41.1)	43 (38.7)
Missing	N (%)	0	0	0
Other: Abdominal bloating				
Mild	N (%)	0	0	0
Moderate	N (%)	1 (1.8)	0	1 (0.9)
Severe	N (%)	0	0	0
Other: Gas reflux				
Mild	N (%)	0	0	0
Moderate	N (%)	0	0	0
Severe	N (%)	1 (1.8)	0	1 (0.9)

Table 2.3-1: GERD status at baseline - ALL population

Parameter	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Other: Cough				
Mild	N (%)	1 (1.8)	0	1 (0.9)
Moderate	N (%)	0	0	0
Severe	N (%)	0	0	0
Other: Wind				
Mild	N (%)	0	0	0
Moderate	N (%)	0	2 (3.6)	2 (1.8)
Severe	N (%)	0	0	0
Other: Vomiting				
Mild	N (%)	0	1 (1.8)	1 (0.9)
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0
Other: Abdominal pain				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	1 (1.8)	0	1 (0.9)
Other: Nausea				
Mild	N (%)	1 (1.8)	0	1 (0.9)
Moderate	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
Severe	N (%)	0	0	0
Other: Breathless				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0
Other: Trapped wind				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0
Other: Build up of saliva				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0

Table 2.3-1: GERD status at baseline - ALL population

Parameter	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Other: Pain across back				
Mild	N (%)	0	0	0
Moderate	N (%)	1 (1.8)	0	1 (0.9)
Severe	N (%)	0	0	0
Other: Bloated				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0

Table 2.3-2: GERD status at baseline - ITT population

Parameter	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Start of GERD symptoms				
> 3 months - < 1 year	N (%)	5 (9.3)	3 (5.4)	8 (7.3)
1 year - 10 years	N (%)	35 (64.8)	34 (60.7)	69 (62.7)
> 10 years	N (%)	14 (25.9)	19 (33.9)	33 (30.0)
Acid Reflux				
None	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
Mild	N (%)	3 (5.6)	7 (12.5)	10 (9.1)
Moderate	N (%)	31 (57.4)	21 (37.5)	52 (47.3)
Severe	N (%)	18 (33.3)	26 (46.4)	44 (40.0)
Missing	N (%)	0	0	0
Dyspepsia				
None	N (%)	12 (22.2)	10 (17.9)	22 (20.0)
Mild	N (%)	13 (24.1)	15 (26.8)	28 (25.5)
Moderate	N (%)	23 (42.6)	24 (42.9)	47 (42.7)
Severe	N (%)	6 (11.1)	7 (12.5)	13 (11.8)
Missing	N (%)	0	0	0
Heartburn				
None	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Mild	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Moderate	N (%)	31 (57.4)	31 (55.4)	62 (56.4)
Severe	N (%)	19 (35.2)	23 (41.1)	42 (38.2)
Missing	N (%)	0	0	0
Other: Abdominal bloating				
Mild	N (%)	0	0	0
Moderate	N (%)	1 (1.9)	0	1 (0.9)
Severe	N (%)	0	0	0
Other: Gas reflux				
Mild	N (%)	0	0	0
Moderate	N (%)	0	0	0
Severe	N (%)	1 (1.9)	0	1 (0.9)

Table 2.3-2: GERD status at baseline - ITT population

Parameter	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Other: Cough				
Mild	N (%)	1 (1.9)	0	1 (0.9)
Moderate	N (%)	0	0	0
Severe	N (%)	0	0	0
Other: Wind				
Mild	N (%)	0	0	0
Moderate	N (%)	0	2 (3.6)	2 (1.8)
Severe	N (%)	0	0	0
Other: Vomiting				
Mild	N (%)	0	1 (1.8)	1 (0.9)
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0
Other: Abdominal pain				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	1 (1.9)	0	1 (0.9)
Other: Nausea				
Mild	N (%)	1 (1.9)	0	1 (0.9)
Moderate	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
Severe	N (%)	0	0	0
Other: Breathless				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0
Other: Trapped wind				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0
Other: Build up of saliva				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0

Table 2.3-2: GERD status at baseline - ITT population

Parameter	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Other: Pain across back				
Mild	N (%)	0	0	0
Moderate	N (%)	1 (1.9)	0	1 (0.9)
Severe	N (%)	0	0	0
Other: Bloated				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.8)	1 (0.9)
Severe	N (%)	0	0	0

Table 2.3-3: GERD status at baseline - PP population

Parameter	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Start of GERD symptoms				
> 3 months - < 1 year	N (%)	5 (10.2)	3 (5.6)	8 (7.8)
1 year - 10 years	N (%)	33 (67.3)	32 (59.3)	65 (63.1)
> 10 years	N (%)	11 (22.4)	19 (35.2)	30 (29.1)
Acid Reflux				
None	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
Mild	N (%)	3 (6.1)	6 (11.1)	9 (8.7)
Moderate	N (%)	29 (59.2)	20 (37.0)	49 (47.6)
Severe	N (%)	15 (30.6)	26 (48.1)	41 (39.8)
Missing	N (%)	0	0	0
Dyspepsia				
None	N (%)	11 (22.4)	10 (18.5)	21 (20.4)
Mild	N (%)	12 (24.5)	14 (25.9)	26 (25.2)
Moderate	N (%)	21 (42.9)	23 (42.6)	44 (42.7)
Severe	N (%)	5 (10.2)	7 (13.0)	12 (11.7)
Missing	N (%)	0	0	0
Heartburn				
None	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
Mild	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
Moderate	N (%)	29 (59.2)	29 (53.7)	58 (56.3)
Severe	N (%)	16 (32.7)	23 (42.6)	39 (37.9)
Missing	N (%)	0	0	0
Other: Abdominal bloating				
Mild	N (%)	0	0	0
Moderate	N (%)	1 (2.0)	0	1 (1.0)
Severe	N (%)	0	0	0
Other: Gas reflux				
Mild	N (%)	0	0	0
Moderate	N (%)	0	0	0
Severe	N (%)	1 (2.0)	0	1 (1.0)

Table 2.3-3: GERD status at baseline - PP population

Parameter	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Other: Wind				
Mild	N (%)	0	0	0
Moderate	N (%)	0	2 (3.7)	2 (1.9)
Severe	N (%)	0	0	0
Other: Vomiting				
Mild	N (%)	0	1 (1.9)	1 (1.0)
Moderate	N (%)	0	1 (1.9)	1 (1.0)
Severe	N (%)	0	0	0
Other: Abdominal pain				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.9)	1 (1.0)
Severe	N (%)	1 (2.0)	0	1 (1.0)
Other: Nausea				
Mild	N (%)	1 (2.0)	0	1 (1.0)
Moderate	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
Severe	N (%)	0	0	0
Other: Breathless				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.9)	1 (1.0)
Severe	N (%)	0	0	0
Other: Trapped wind				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.9)	1 (1.0)
Severe	N (%)	0	0	0
Other: Build up of saliva				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.9)	1 (1.0)
Severe	N (%)	0	0	0
Other: Pain across back				
Mild	N (%)	0	0	0
Moderate	N (%)	1 (2.0)	0	1 (1.0)
Severe	N (%)	0	0	0

Table 2.3-3: GERD status at baseline - PP population

Parameter	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Other: Bloated				
Mild	N (%)	0	0	0
Moderate	N (%)	0	1 (1.9)	1 (1.0)
Severe	N (%)	0	0	0

Table 2.4-1: Medical History - ALL population

System Organ Class Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Blood and lymphatic system disorders	N (%)	0	1 (1.8)	1 (0.9)
Anaemia	N (%)	0	1 (1.8)	1 (0.9)
Cardiac disorders	N (%)	0	2 (3.6)	2 (1.8)
Myocardial infarction	N (%)	0	2 (3.6)	2 (1.8)
Ear and labyrinth disorders	N (%)	0	1 (1.8)	1 (0.9)
Hearing impaired	N (%)	0	1 (1.8)	1 (0.9)
Endocrine disorders	N (%)	4 (7.3)	1 (1.8)	5 (4.5)
Hypothyroidism	N (%)	4 (7.3)	1 (1.8)	5 (4.5)
Eye disorders	N (%)	1 (1.8)	0	1 (0.9)
Dry eye	N (%)	1 (1.8)	0	1 (0.9)
Gastrointestinal disorders	N (%)	9 (16.4)	4 (7.1)	13 (11.7)
Abdominal pain	N (%)	1 (1.8)	0	1 (0.9)
Constipation	N (%)	0	1 (1.8)	1 (0.9)
Diarrhoea	N (%)	1 (1.8)	0	1 (0.9)
Duodenal ulcer	N (%)	1 (1.8)	0	1 (0.9)
Gastric ulcer	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Haemorrhoids	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Hiatus hernia	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
Inguinal hernia	N (%)	1 (1.8)	0	1 (0.9)
General disorders and administration site conditions	N (%)	0	1 (1.8)	1 (0.9)
Fatigue	N (%)	0	1 (1.8)	1 (0.9)
Immune system disorders	N (%)	4 (7.3)	2 (3.6)	6 (5.4)
Allergy to animal	N (%)	0	1 (1.8)	1 (0.9)
Allergy to metals	N (%)	1 (1.8)	0	1 (0.9)
Drug hypersensitivity	N (%)	3 (5.5)	0	3 (2.7)
Seasonal allergy	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Infections and infestations	N (%)	3 (5.5)	3 (5.4)	6 (5.4)
Ear infection	N (%)	1 (1.8)	0	1 (0.9)
Hepatitis B	N (%)	0	1 (1.8)	1 (0.9)
Sinusitis	N (%)	0	1 (1.8)	1 (0.9)

Table 2.4-1: Medical History - ALL population

System Organ Class Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Upper respiratory tract infection	N (%)	3 (5.5)	0	3 (2.7)
Viral infection	N (%)	0	1 (1.8)	1 (0.9)
Injury, poisoning and procedural complications	N (%)	6 (10.9)	7 (12.5)	13 (11.7)
Epicondylitis	N (%)	0	1 (1.8)	1 (0.9)
Facial bones fracture	N (%)	1 (1.8)	0	1 (0.9)
Graft complication	N (%)	0	1 (1.8)	1 (0.9)
Head injury	N (%)	1 (1.8)	0	1 (0.9)
Hip fracture	N (%)	0	1 (1.8)	1 (0.9)
Incisional hernia	N (%)	0	1 (1.8)	1 (0.9)
Joint injury	N (%)	2 (3.6)	0	2 (1.8)
Laceration	N (%)	0	1 (1.8)	1 (0.9)
Limb injury	N (%)	0	1 (1.8)	1 (0.9)
Lower limb fracture	N (%)	0	2 (3.6)	2 (1.8)
Nerve injury	N (%)	0	1 (1.8)	1 (0.9)
Pelvic fracture	N (%)	0	1 (1.8)	1 (0.9)
Skull fracture	N (%)	1 (1.8)	0	1 (0.9)
Upper limb fracture	N (%)	1 (1.8)	0	1 (0.9)
Investigations	N (%)	5 (9.1)	4 (7.1)	9 (8.1)
Alanine aminotransferase increased	N (%)	0	1 (1.8)	1 (0.9)
Arthroscopy	N (%)	0	1 (1.8)	1 (0.9)
Aspartate aminotransferase increased	N (%)	0	1 (1.8)	1 (0.9)
Blood glucose increased	N (%)	0	2 (3.6)	2 (1.8)
Blood pressure increased	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Cardiac murmur	N (%)	1 (1.8)	0	1 (0.9)
Colposcopy	N (%)	1 (1.8)	0	1 (0.9)
Haemoglobin decreased	N (%)	1 (1.8)	0	1 (0.9)
Laparoscopy	N (%)	1 (1.8)	0	1 (0.9)
Platelet count increased	N (%)	1 (1.8)	0	1 (0.9)
Smear cervix abnormal	N (%)	1 (1.8)	0	1 (0.9)
Metabolism and nutrition disorders	N (%)	5 (9.1)	6 (10.7)	11 (9.9)
Gout	N (%)	1 (1.8)	0	1 (0.9)
Hypercholesterolaemia	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Hyperlipidaemia	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Type 1 diabetes mellitus	N (%)	0	2 (3.6)	2 (1.8)
Type 2 diabetes mellitus	N (%)	2 (3.6)	3 (5.4)	5 (4.5)

Table 2.4-1: Medical History - ALL population

System Organ Class Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Musculoskeletal and connective tissue disorders	N (%)	11 (20.0)	7 (12.5)	18 (16.2)
Ankylosing spondylitis	N (%)	0	1 (1.8)	1 (0.9)
Arthralgia	N (%)	0	3 (5.4)	3 (2.7)
Arthritis	N (%)	2 (3.6)	0	2 (1.8)
Back pain	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
Fibromyalgia	N (%)	0	1 (1.8)	1 (0.9)
Intervertebral disc protrusion	N (%)	1 (1.8)	0	1 (0.9)
Limb asymmetry	N (%)	1 (1.8)	0	1 (0.9)
Musculoskeletal pain	N (%)	1 (1.8)	0	1 (0.9)
Osteoarthritis	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Pain in extremity	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	N (%)	1 (1.8)	0	1 (0.9)
Skin papilloma	N (%)	1 (1.8)	0	1 (0.9)
Nervous system disorders	N (%)	10 (18.2)	11 (19.6)	21 (18.9)
Carpal tunnel syndrome	N (%)	0	1 (1.8)	1 (0.9)
Headache	N (%)	6 (10.9)	9 (16.1)	15 (13.5)
Migraine	N (%)	3 (5.5)	0	3 (2.7)
Multiple sclerosis	N (%)	1 (1.8)	0	1 (0.9)
Neuralgia	N (%)	1 (1.8)	0	1 (0.9)
Restless legs syndrome	N (%)	0	1 (1.8)	1 (0.9)
Psychiatric disorders	N (%)	13 (23.6)	8 (14.3)	21 (18.9)
Anxiety	N (%)	3 (5.5)	2 (3.6)	5 (4.5)
Depressed mood	N (%)	1 (1.8)	0	1 (0.9)
Depression	N (%)	9 (16.4)	7 (12.5)	16 (14.4)
Insomnia	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
Postpartum depression	N (%)	0	1 (1.8)	1 (0.9)
Renal and urinary disorders	N (%)	0	2 (3.6)	2 (1.8)
Incontinence	N (%)	0	1 (1.8)	1 (0.9)
Stress urinary incontinence	N (%)	0	1 (1.8)	1 (0.9)

Table 2.4-1: Medical History - ALL population

System Organ Class Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Reproductive system and breast disorders	N (%)	4 (7.3)	3 (5.4)	7 (6.3)
Endometriosis	N (%)	1 (1.8)	0	1 (0.9)
Menorrhagia	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Ovarian cyst	N (%)	0	1 (1.8)	1 (0.9)
Polycystic ovaries	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Premenstrual syndrome	N (%)	1 (1.8)	0	1 (0.9)
Vulvovaginal pruritus	N (%)	1 (1.8)	0	1 (0.9)
Respiratory, thoracic and mediastinal disorders	N (%)	6 (10.9)	7 (12.5)	13 (11.7)
Asthma	N (%)	5 (9.1)	4 (7.1)	9 (8.1)
Cough	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Infantile asthma	N (%)	0	1 (1.8)	1 (0.9)
Pneumothorax	N (%)	0	1 (1.8)	1 (0.9)
Rhinitis allergic	N (%)	0	1 (1.8)	1 (0.9)
Skin and subcutaneous tissue disorders	N (%)	9 (16.4)	9 (16.1)	18 (16.2)
Acne	N (%)	0	1 (1.8)	1 (0.9)
Alopecia	N (%)	1 (1.8)	0	1 (0.9)
Dermatitis contact	N (%)	1 (1.8)	0	1 (0.9)
Dry skin	N (%)	0	1 (1.8)	1 (0.9)
Eczema	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Pruritus allergic	N (%)	1 (1.8)	0	1 (0.9)
Psoriasis	N (%)	1 (1.8)	3 (5.4)	4 (3.6)
Rosacea	N (%)	2 (3.6)	0	2 (1.8)
Scar	N (%)	2 (3.6)	5 (8.9)	7 (6.3)
Social circumstances	N (%)	1 (1.8)	0	1 (0.9)
Menopause	N (%)	1 (1.8)	0	1 (0.9)
Surgical and medical procedures	N (%)	9 (16.4)	18 (32.1)	27 (24.3)
Appendicectomy	N (%)	1 (1.8)	0	1 (0.9)
Arthrodesis	N (%)	0	1 (1.8)	1 (0.9)
Caesarean section	N (%)	2 (3.6)	6 (10.7)	8 (7.2)
Carpal tunnel decompression	N (%)	0	1 (1.8)	1 (0.9)
Cholecystectomy	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
Female sterilisation	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
Hysterectomy	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Knee arthroplasty	N (%)	0	1 (1.8)	1 (0.9)

Table 2.4-1: Medical History - ALL population

System Organ Class Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
Laparotomy	N (%)	1 (1.8)	0	1 (0.9)
Ligament operation	N (%)	0	1 (1.8)	1 (0.9)
Meniscus removal	N (%)	0	1 (1.8)	1 (0.9)
Skin graft	N (%)	0	2 (3.6)	2 (1.8)
Sterilisation	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
Umbilical hernia repair	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
Vascular disorders	N (%)	5 (9.1)	5 (8.9)	10 (9.0)
Hypertension	N (%)	5 (9.1)	5 (8.9)	10 (9.0)

Table 2.4-2: Medical History - ITT population

System Organ Class Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Blood and lymphatic system disorders	N (%)	0	1 (1.8)	1 (0.9)
Anaemia	N (%)	0	1 (1.8)	1 (0.9)
Cardiac disorders	N (%)	0	2 (3.6)	2 (1.8)
Myocardial infarction	N (%)	0	2 (3.6)	2 (1.8)
Ear and labyrinth disorders	N (%)	0	1 (1.8)	1 (0.9)
Hearing impaired	N (%)	0	1 (1.8)	1 (0.9)
Endocrine disorders	N (%)	4 (7.4)	1 (1.8)	5 (4.5)
Hypothyroidism	N (%)	4 (7.4)	1 (1.8)	5 (4.5)
Eye disorders	N (%)	1 (1.9)	0	1 (0.9)
Dry eye	N (%)	1 (1.9)	0	1 (0.9)
Gastrointestinal disorders	N (%)	8 (14.8)	4 (7.1)	12 (10.9)
Abdominal pain	N (%)	1 (1.9)	0	1 (0.9)
Constipation	N (%)	0	1 (1.8)	1 (0.9)
Diarrhoea	N (%)	1 (1.9)	0	1 (0.9)
Duodenal ulcer	N (%)	1 (1.9)	0	1 (0.9)
Gastric ulcer	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Haemorrhoids	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Hiatus hernia	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Inguinal hernia	N (%)	1 (1.9)	0	1 (0.9)
General disorders and administration site conditions	N (%)	0	1 (1.8)	1 (0.9)
Fatigue	N (%)	0	1 (1.8)	1 (0.9)
Immune system disorders	N (%)	4 (7.4)	2 (3.6)	6 (5.5)
Allergy to animal	N (%)	0	1 (1.8)	1 (0.9)
Allergy to metals	N (%)	1 (1.9)	0	1 (0.9)
Drug hypersensitivity	N (%)	3 (5.6)	0	3 (2.7)
Seasonal allergy	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Infections and infestations	N (%)	3 (5.6)	3 (5.4)	6 (5.5)
Ear infection	N (%)	1 (1.9)	0	1 (0.9)
Hepatitis B	N (%)	0	1 (1.8)	1 (0.9)
Sinusitis	N (%)	0	1 (1.8)	1 (0.9)

Table 2.4-2: Medical History - ITT population

System Organ Class Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Upper respiratory tract infection	N (%)	3 (5.6)	0	3 (2.7)
Viral infection	N (%)	0	1 (1.8)	1 (0.9)
Injury, poisoning and procedural complications	N (%)	6 (11.1)	7 (12.5)	13 (11.8)
Epicondylitis	N (%)	0	1 (1.8)	1 (0.9)
Facial bones fracture	N (%)	1 (1.9)	0	1 (0.9)
Graft complication	N (%)	0	1 (1.8)	1 (0.9)
Head injury	N (%)	1 (1.9)	0	1 (0.9)
Hip fracture	N (%)	0	1 (1.8)	1 (0.9)
Incisional hernia	N (%)	0	1 (1.8)	1 (0.9)
Joint injury	N (%)	2 (3.7)	0	2 (1.8)
Laceration	N (%)	0	1 (1.8)	1 (0.9)
Limb injury	N (%)	0	1 (1.8)	1 (0.9)
Lower limb fracture	N (%)	0	2 (3.6)	2 (1.8)
Nerve injury	N (%)	0	1 (1.8)	1 (0.9)
Pelvic fracture	N (%)	0	1 (1.8)	1 (0.9)
Skull fracture	N (%)	1 (1.9)	0	1 (0.9)
Upper limb fracture	N (%)	1 (1.9)	0	1 (0.9)
Investigations	N (%)	5 (9.3)	4 (7.1)	9 (8.2)
Alanine aminotransferase increased	N (%)	0	1 (1.8)	1 (0.9)
Arthroscopy	N (%)	0	1 (1.8)	1 (0.9)
Aspartate aminotransferase increased	N (%)	0	1 (1.8)	1 (0.9)
Blood glucose increased	N (%)	0	2 (3.6)	2 (1.8)
Blood pressure increased	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Cardiac murmur	N (%)	1 (1.9)	0	1 (0.9)
Colposcopy	N (%)	1 (1.9)	0	1 (0.9)
Haemoglobin decreased	N (%)	1 (1.9)	0	1 (0.9)
Laparoscopy	N (%)	1 (1.9)	0	1 (0.9)
Platelet count increased	N (%)	1 (1.9)	0	1 (0.9)
Smear cervix abnormal	N (%)	1 (1.9)	0	1 (0.9)
Metabolism and nutrition disorders	N (%)	5 (9.3)	6 (10.7)	11 (10.0)
Gout	N (%)	1 (1.9)	0	1 (0.9)
Hypercholesterolaemia	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Hyperlipidaemia	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Type 1 diabetes mellitus	N (%)	0	2 (3.6)	2 (1.8)
Type 2 diabetes mellitus	N (%)	2 (3.7)	3 (5.4)	5 (4.5)

Table 2.4-2: Medical History - ITT population

System Organ Class Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Musculoskeletal and connective tissue disorders	N (%)	11 (20.4)	7 (12.5)	18 (16.4)
Ankylosing spondylitis	N (%)	0	1 (1.8)	1 (0.9)
Arthralgia	N (%)	0	3 (5.4)	3 (2.7)
Arthritis	N (%)	2 (3.7)	0	2 (1.8)
Back pain	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
Fibromyalgia	N (%)	0	1 (1.8)	1 (0.9)
Intervertebral disc protrusion	N (%)	1 (1.9)	0	1 (0.9)
Limb asymmetry	N (%)	1 (1.9)	0	1 (0.9)
Musculoskeletal pain	N (%)	1 (1.9)	0	1 (0.9)
Osteoarthritis	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Pain in extremity	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	N (%)	1 (1.9)	0	1 (0.9)
Skin papilloma	N (%)	1 (1.9)	0	1 (0.9)
Nervous system disorders	N (%)	10 (18.5)	11 (19.6)	21 (19.1)
Carpal tunnel syndrome	N (%)	0	1 (1.8)	1 (0.9)
Headache	N (%)	6 (11.1)	9 (16.1)	15 (13.6)
Migraine	N (%)	3 (5.6)	0	3 (2.7)
Multiple sclerosis	N (%)	1 (1.9)	0	1 (0.9)
Neuralgia	N (%)	1 (1.9)	0	1 (0.9)
Restless legs syndrome	N (%)	0	1 (1.8)	1 (0.9)
Psychiatric disorders	N (%)	13 (24.1)	8 (14.3)	21 (19.1)
Anxiety	N (%)	3 (5.6)	2 (3.6)	5 (4.5)
Depressed mood	N (%)	1 (1.9)	0	1 (0.9)
Depression	N (%)	9 (16.7)	7 (12.5)	16 (14.5)
Insomnia	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
Postpartum depression	N (%)	0	1 (1.8)	1 (0.9)
Renal and urinary disorders	N (%)	0	2 (3.6)	2 (1.8)
Incontinence	N (%)	0	1 (1.8)	1 (0.9)
Stress urinary incontinence	N (%)	0	1 (1.8)	1 (0.9)

Table 2.4-2: Medical History - ITT population

System Organ Class Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Reproductive system and breast disorders	N (%)	4 (7.4)	3 (5.4)	7 (6.4)
Endometriosis	N (%)	1 (1.9)	0	1 (0.9)
Menorrhagia	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Ovarian cyst	N (%)	0	1 (1.8)	1 (0.9)
Polycystic ovaries	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Premenstrual syndrome	N (%)	1 (1.9)	0	1 (0.9)
Vulvovaginal pruritus	N (%)	1 (1.9)	0	1 (0.9)
Respiratory, thoracic and mediastinal disorders	N (%)	6 (11.1)	7 (12.5)	13 (11.8)
Asthma	N (%)	5 (9.3)	4 (7.1)	9 (8.2)
Cough	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Infantile asthma	N (%)	0	1 (1.8)	1 (0.9)
Pneumothorax	N (%)	0	1 (1.8)	1 (0.9)
Rhinitis allergic	N (%)	0	1 (1.8)	1 (0.9)
Skin and subcutaneous tissue disorders	N (%)	9 (16.7)	9 (16.1)	18 (16.4)
Acne	N (%)	0	1 (1.8)	1 (0.9)
Alopecia	N (%)	1 (1.9)	0	1 (0.9)
Dermatitis contact	N (%)	1 (1.9)	0	1 (0.9)
Dry skin	N (%)	0	1 (1.8)	1 (0.9)
Eczema	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Pruritus allergic	N (%)	1 (1.9)	0	1 (0.9)
Psoriasis	N (%)	1 (1.9)	3 (5.4)	4 (3.6)
Rosacea	N (%)	2 (3.7)	0	2 (1.8)
Scar	N (%)	2 (3.7)	5 (8.9)	7 (6.4)
Social circumstances	N (%)	1 (1.9)	0	1 (0.9)
Menopause	N (%)	1 (1.9)	0	1 (0.9)
Surgical and medical procedures	N (%)	9 (16.7)	18 (32.1)	27 (24.5)
Appendicectomy	N (%)	1 (1.9)	0	1 (0.9)
Arthrodesis	N (%)	0	1 (1.8)	1 (0.9)
Caesarean section	N (%)	2 (3.7)	6 (10.7)	8 (7.3)
Carpal tunnel decompression	N (%)	0	1 (1.8)	1 (0.9)
Cholecystectomy	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
Female sterilisation	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
Hysterectomy	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Knee arthroplasty	N (%)	0	1 (1.8)	1 (0.9)

Table 2.4-2: Medical History - ITT population

System Organ Class Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Laparotomy	N (%)	1 (1.9)	0	1 (0.9)
Ligament operation	N (%)	0	1 (1.8)	1 (0.9)
Meniscus removal	N (%)	0	1 (1.8)	1 (0.9)
Skin graft	N (%)	0	2 (3.6)	2 (1.8)
Sterilisation	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Umbilical hernia repair	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
Vascular disorders	N (%)	5 (9.3)	5 (8.9)	10 (9.1)
Hypertension	N (%)	5 (9.3)	5 (8.9)	10 (9.1)

Table 2.4-3: Medical History - PP population

System Organ Class Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Blood and lymphatic system disorders	N (%)	0	1 (1.9)	1 (1.0)
Anaemia	N (%)	0	1 (1.9)	1 (1.0)
Cardiac disorders	N (%)	0	2 (3.7)	2 (1.9)
Myocardial infarction	N (%)	0	2 (3.7)	2 (1.9)
Ear and labyrinth disorders	N (%)	0	1 (1.9)	1 (1.0)
Hearing impaired	N (%)	0	1 (1.9)	1 (1.0)
Endocrine disorders	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
Hypothyroidism	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
Eye disorders	N (%)	1 (2.0)	0	1 (1.0)
Dry eye	N (%)	1 (2.0)	0	1 (1.0)
Gastrointestinal disorders	N (%)	5 (10.2)	3 (5.6)	8 (7.8)
Abdominal pain	N (%)	1 (2.0)	0	1 (1.0)
Constipation	N (%)	0	1 (1.9)	1 (1.0)
Diarrhoea	N (%)	1 (2.0)	0	1 (1.0)
Gastric ulcer	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Haemorrhoids	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Inguinal hernia	N (%)	1 (2.0)	0	1 (1.0)
General disorders and administration site conditions	N (%)	0	1 (1.9)	1 (1.0)
Fatigue	N (%)	0	1 (1.9)	1 (1.0)
Immune system disorders	N (%)	3 (6.1)	2 (3.7)	5 (4.9)
Allergy to animal	N (%)	0	1 (1.9)	1 (1.0)
Allergy to metals	N (%)	1 (2.0)	0	1 (1.0)
Drug hypersensitivity	N (%)	2 (4.1)	0	2 (1.9)
Seasonal allergy	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Infections and infestations	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
Ear infection	N (%)	1 (2.0)	0	1 (1.0)
Hepatitis B	N (%)	0	1 (1.9)	1 (1.0)
Sinusitis	N (%)	0	1 (1.9)	1 (1.0)
Upper respiratory tract infection	N (%)	2 (4.1)	0	2 (1.9)
Viral infection	N (%)	0	1 (1.9)	1 (1.0)

Table 2.4-3: Medical History - PP population

System Organ Class Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Injury, poisoning and procedural complications	N (%)	5 (10.2)	7 (13.0)	12 (11.7)
Epicondylitis	N (%)	0	1 (1.9)	1 (1.0)
Facial bones fracture	N (%)	1 (2.0)	0	1 (1.0)
Graft complication	N (%)	0	1 (1.9)	1 (1.0)
Head injury	N (%)	1 (2.0)	0	1 (1.0)
Hip fracture	N (%)	0	1 (1.9)	1 (1.0)
Incisional hernia	N (%)	0	1 (1.9)	1 (1.0)
Joint injury	N (%)	2 (4.1)	0	2 (1.9)
Laceration	N (%)	0	1 (1.9)	1 (1.0)
Limb injury	N (%)	0	1 (1.9)	1 (1.0)
Lower limb fracture	N (%)	0	2 (3.7)	2 (1.9)
Nerve injury	N (%)	0	1 (1.9)	1 (1.0)
Pelvic fracture	N (%)	0	1 (1.9)	1 (1.0)
Skull fracture	N (%)	1 (2.0)	0	1 (1.0)
Investigations	N (%)	3 (6.1)	4 (7.4)	7 (6.8)
Alanine aminotransferase increased	N (%)	0	1 (1.9)	1 (1.0)
Arthroscopy	N (%)	0	1 (1.9)	1 (1.0)
Aspartate aminotransferase increased	N (%)	0	1 (1.9)	1 (1.0)
Blood glucose increased	N (%)	0	2 (3.7)	2 (1.9)
Blood pressure increased	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Colposcopy	N (%)	1 (2.0)	0	1 (1.0)
Laparoscopy	N (%)	1 (2.0)	0	1 (1.0)
Smear cervix abnormal	N (%)	1 (2.0)	0	1 (1.0)
Metabolism and nutrition disorders	N (%)	5 (10.2)	6 (11.1)	11 (10.7)
Gout	N (%)	1 (2.0)	0	1 (1.0)
Hypercholesterolaemia	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Hyperlipidaemia	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Type 1 diabetes mellitus	N (%)	0	2 (3.7)	2 (1.9)
Type 2 diabetes mellitus	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
Musculoskeletal and connective tissue disorders	N (%)	9 (18.4)	6 (11.1)	15 (14.6)
Ankylosing spondylitis	N (%)	0	1 (1.9)	1 (1.0)
Arthralgia	N (%)	0	3 (5.6)	3 (2.9)
Arthritis	N (%)	1 (2.0)	0	1 (1.0)
Back pain	N (%)	3 (6.1)	1 (1.9)	4 (3.9)

Table 2.4-3: Medical History - PP population

System Organ Class Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Fibromyalgia	N (%)	0	1 (1.9)	1 (1.0)
Limb asymmetry	N (%)	1 (2.0)	0	1 (1.0)
Musculoskeletal pain	N (%)	1 (2.0)	0	1 (1.0)
Osteoarthritis	N (%)	2 (4.1)	0	2 (1.9)
Pain in extremity	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	N (%)	1 (2.0)	0	1 (1.0)
Skin papilloma	N (%)	1 (2.0)	0	1 (1.0)
Nervous system disorders	N (%)	10 (20.4)	10 (18.5)	20 (19.4)
Carpal tunnel syndrome	N (%)	0	1 (1.9)	1 (1.0)
Headache	N (%)	6 (12.2)	8 (14.8)	14 (13.6)
Migraine	N (%)	3 (6.1)	0	3 (2.9)
Multiple sclerosis	N (%)	1 (2.0)	0	1 (1.0)
Neuralgia	N (%)	1 (2.0)	0	1 (1.0)
Restless legs syndrome	N (%)	0	1 (1.9)	1 (1.0)
Psychiatric disorders	N (%)	10 (20.4)	8 (14.8)	18 (17.5)
Anxiety	N (%)	3 (6.1)	2 (3.7)	5 (4.9)
Depressed mood	N (%)	1 (2.0)	0	1 (1.0)
Depression	N (%)	7 (14.3)	7 (13.0)	14 (13.6)
Insomnia	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
Postpartum depression	N (%)	0	1 (1.9)	1 (1.0)
Renal and urinary disorders	N (%)	0	2 (3.7)	2 (1.9)
Incontinence	N (%)	0	1 (1.9)	1 (1.0)
Stress urinary incontinence	N (%)	0	1 (1.9)	1 (1.0)
Reproductive system and breast disorders	N (%)	3 (6.1)	3 (5.6)	6 (5.8)
Menorrhagia	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Ovarian cyst	N (%)	0	1 (1.9)	1 (1.0)
Polycystic ovaries	N (%)	0	1 (1.9)	1 (1.0)
Premenstrual syndrome	N (%)	1 (2.0)	0	1 (1.0)
Vulvovaginal pruritus	N (%)	1 (2.0)	0	1 (1.0)

Table 2.4-3: Medical History - PP population

System Organ Class Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Respiratory, thoracic and mediastinal disorders	N (%)	6 (12.2)	7 (13.0)	13 (12.6)
Asthma	N (%)	5 (10.2)	4 (7.4)	9 (8.7)
Cough	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Infantile asthma	N (%)	0	1 (1.9)	1 (1.0)
Pneumothorax	N (%)	0	1 (1.9)	1 (1.0)
Rhinitis allergic	N (%)	0	1 (1.9)	1 (1.0)
Skin and subcutaneous tissue disorders	N (%)	6 (12.2)	9 (16.7)	15 (14.6)
Acne	N (%)	0	1 (1.9)	1 (1.0)
Dermatitis contact	N (%)	1 (2.0)	0	1 (1.0)
Dry skin	N (%)	0	1 (1.9)	1 (1.0)
Eczema	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
Pruritus allergic	N (%)	1 (2.0)	0	1 (1.0)
Psoriasis	N (%)	1 (2.0)	3 (5.6)	4 (3.9)
Rosacea	N (%)	1 (2.0)	0	1 (1.0)
Scar	N (%)	1 (2.0)	5 (9.3)	6 (5.8)
Surgical and medical procedures	N (%)	8 (16.3)	17 (31.5)	25 (24.3)
Appendicectomy	N (%)	1 (2.0)	0	1 (1.0)
Caesarean section	N (%)	2 (4.1)	6 (11.1)	8 (7.8)
Carpal tunnel decompression	N (%)	0	1 (1.9)	1 (1.0)
Cholecystectomy	N (%)	0	2 (3.7)	2 (1.9)
Female sterilisation	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
Hysterectomy	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Laparotomy	N (%)	1 (2.0)	0	1 (1.0)
Ligament operation	N (%)	0	1 (1.9)	1 (1.0)
Meniscus removal	N (%)	0	1 (1.9)	1 (1.0)
Skin graft	N (%)	0	2 (3.7)	2 (1.9)
Sterilisation	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
Umbilical hernia repair	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
Vascular disorders	N (%)	5 (10.2)	5 (9.3)	10 (9.7)
Hypertension	N (%)	5 (10.2)	5 (9.3)	10 (9.7)

Table 2.5-1: Prior medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
ANALGESICS	N (%)	4 (7.3)	3 (5.4)	7 (6.3)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
PANADEINE CO	N (%)	2 (3.6)	0	2 (1.8)
PARACETAMOL	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
ANTIBACTERIALS FOR SYSTEMIC USE	N (%)	3 (5.5)	0	3 (2.7)
AMOXICILLIN	N (%)	1 (1.8)	0	1 (0.9)
FLUCLOXACILLIN	N (%)	1 (1.8)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.8)	0	1 (0.9)
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE	N (%)	1 (1.8)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.8)	0	1 (0.9)
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
BISMUTH SUBSALICYLATE	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
ANTIHISTAMINES FOR SYSTEMIC USE	N (%)	0	1 (1.8)	1 (0.9)
LORATADINE	N (%)	0	1 (1.8)	1 (0.9)
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS	N (%)	3 (5.5)	2 (3.6)	5 (4.5)
ETORICOXIB	N (%)	0	1 (1.8)	1 (0.9)
IBUPROFEN	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
ANTITHROMBOTIC AGENTS	N (%)	0	1 (1.8)	1 (0.9)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
CARDIAC THERAPY	N (%)	3 (5.5)	2 (3.6)	5 (4.5)
IBUPROFEN	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
SODIUM ALGINATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Prior medications are defined as medications taken prior to the day of dispensation of study drug.

Table 2.5-1: Prior medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
DRUGS FOR ACID RELATED DISORDERS	N (%)	50 (90.9)	47 (83.9)	97 (87.4)
ANTACIDS	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
BISMUTH SUBSALICYLATE	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
BISODOL 1	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
CALCIUM CARBONATE	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
CHOLAKTOL	N (%)	0	1 (1.8)	1 (0.9)
GASTROCOTE	N (%)	1 (1.8)	0	1 (0.9)
LANSOPRAZOLE	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
MAGNESIA KOMP N	N (%)	0	1 (1.8)	1 (0.9)
OMEPRAZOLE	N (%)	6 (10.9)	12 (21.4)	18 (16.2)
PANTOPRAZOLE	N (%)	1 (1.8)	0	1 (0.9)
PEPTAC	N (%)	18 (32.7)	22 (39.3)	40 (36.0)
RANITIDINE	N (%)	7 (12.7)	4 (7.1)	11 (9.9)
RANITIDINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
RENNIES	N (%)	27 (49.1)	18 (32.1)	45 (40.5)
SODIUM ALGINATE	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS	N (%)	1 (1.8)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.8)	0	1 (0.9)
MEDICATED DRESSINGS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM ALGINATE	N (%)	0	1 (1.8)	1 (0.9)
MINERAL SUPPLEMENTS	N (%)	1 (1.8)	3 (5.4)	4 (3.6)
CALCIUM CARBONATE	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
MAGNESIA KOMP N	N (%)	0	1 (1.8)	1 (0.9)
NASAL PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OPHTHALMOLOGICALS	N (%)	1 (1.8)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.8)	0	1 (0.9)
OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Medications only included if ending on or prior to the day of dispensation of study drug.

Table 2.5-1: Prior medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
OTHER DERMATOLOGICAL PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OTHER GYNECOLOGICALS	N (%)	3 (5.5)	2 (3.6)	5 (4.5)
IBUPROFEN	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OTHER HEMATOLOGICAL AGENTS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OTOLOGICALS	N (%)	1 (1.8)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.8)	0	1 (0.9)
STOMATOLOGICAL PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
THROAT PREPARATIONS	N (%)	1 (1.8)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.8)	0	1 (0.9)
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	N (%)	3 (5.5)	2 (3.6)	5 (4.5)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
IBUPROFEN	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
UROLOGICALS	N (%)	0	1 (1.8)	1 (0.9)
TOLTERODINE L-TARTRATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Prior medication is any medication taken prior to the day of dispensation of study drug.

Table 2.5-2: Prior medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
ANALGESICS	N (%)	4 (7.4)	3 (5.4)	7 (6.4)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
PANADEINE CO	N (%)	2 (3.7)	0	2 (1.8)
PARACETAMOL	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
ANTIBACTERIALS FOR SYSTEMIC USE	N (%)	3 (5.6)	0	3 (2.7)
AMOXICILLIN	N (%)	1 (1.9)	0	1 (0.9)
FLUCLOXACILLIN	N (%)	1 (1.9)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.9)	0	1 (0.9)
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE	N (%)	1 (1.9)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.9)	0	1 (0.9)
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
BISMUTH SUBSALICYLATE	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
ANTIHISTAMINES FOR SYSTEMIC USE	N (%)	0	1 (1.8)	1 (0.9)
LORATADINE	N (%)	0	1 (1.8)	1 (0.9)
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS	N (%)	3 (5.6)	2 (3.6)	5 (4.5)
ETORICOXIB	N (%)	0	1 (1.8)	1 (0.9)
IBUPROFEN	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
ANTITHROMBOTIC AGENTS	N (%)	0	1 (1.8)	1 (0.9)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
CARDIAC THERAPY	N (%)	3 (5.6)	2 (3.6)	5 (4.5)
IBUPROFEN	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
SODIUM ALGINATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Prior medications are defined as medications taken prior to the day of dispensation of study drug.

Table 2.5-2: Prior medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
DRUGS FOR ACID RELATED DISORDERS	N (%)	49 (90.7)	47 (83.9)	96 (87.3)
ANTACIDS	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
BISMUTH SUBSALICYLATE	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
BISODOL 1	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
CALCIUM CARBONATE	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
CHOLAKTOL	N (%)	0	1 (1.8)	1 (0.9)
GASTROCOTE	N (%)	1 (1.9)	0	1 (0.9)
LANSOPRAZOLE	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
MAGNESIA KOMP N	N (%)	0	1 (1.8)	1 (0.9)
OMEPRAZOLE	N (%)	6 (11.1)	12 (21.4)	18 (16.4)
PANTOPRAZOLE	N (%)	1 (1.9)	0	1 (0.9)
PEPTAC	N (%)	18 (33.3)	22 (39.3)	40 (36.4)
RANITIDINE	N (%)	7 (13.0)	4 (7.1)	11 (10.0)
RANITIDINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
RENNIES	N (%)	26 (48.1)	18 (32.1)	44 (40.0)
SODIUM ALGINATE	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS	N (%)	1 (1.9)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.9)	0	1 (0.9)
MEDICATED DRESSINGS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM ALGINATE	N (%)	0	1 (1.8)	1 (0.9)
MINERAL SUPPLEMENTS	N (%)	1 (1.9)	3 (5.4)	4 (3.6)
CALCIUM CARBONATE	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
MAGNESIA KOMP N	N (%)	0	1 (1.8)	1 (0.9)
NASAL PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OPHTHALMOLOGICALS	N (%)	1 (1.9)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.9)	0	1 (0.9)
OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Medications recorded on the day of dispensation prior to the day of dispensation of study drug.

Table 2.5-2: Prior medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
OTHER DERMATOLOGICAL PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OTHER GYNECOLOGICALS	N (%)	3 (5.6)	2 (3.6)	5 (4.5)
IBUPROFEN	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OTHER HEMATOLOGICAL AGENTS	N (%)	0	1 (1.8)	1 (0.9)
SODIUM BICARBONATE	N (%)	0	1 (1.8)	1 (0.9)
OTOLOGICALS	N (%)	1 (1.9)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.9)	0	1 (0.9)
STOMATOLOGICAL PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
THROAT PREPARATIONS	N (%)	1 (1.9)	0	1 (0.9)
OXYTETRACYCLINE	N (%)	1 (1.9)	0	1 (0.9)
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	N (%)	3 (5.6)	2 (3.6)	5 (4.5)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.8)	1 (0.9)
IBUPROFEN	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
UROLOGICALS	N (%)	0	1 (1.8)	1 (0.9)
TOLTERODINE L-TARTRATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Prior medication is any medication taken prior to the day of dispensation of study drug.

Table 2.5-3: Prior medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
ANALGESICS	N (%)	4 (8.2)	3 (5.6)	7 (6.8)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.9)	1 (1.0)
PANADEINE CO	N (%)	2 (4.1)	0	2 (1.9)
PARACETAMOL	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
ANTIBACTERIALS FOR SYSTEMIC USE	N (%)	2 (4.1)	0	2 (1.9)
AMOXICILLIN	N (%)	1 (2.0)	0	1 (1.0)
FLUCLOXACILLIN	N (%)	1 (2.0)	0	1 (1.0)
ANTIDIARRHEALS, INTESTINAL	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS				
BISMUTH SUBSALICYLATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
ANTIHISTAMINES FOR SYSTEMIC USE	N (%)	0	1 (1.9)	1 (1.0)
LORATADINE	N (%)	0	1 (1.9)	1 (1.0)
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS	N (%)	3 (6.1)	2 (3.7)	5 (4.9)
ETORICOXIB	N (%)	0	1 (1.9)	1 (1.0)
IBUPROFEN	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
ANTITHROMBOTIC AGENTS	N (%)	0	1 (1.9)	1 (1.0)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.9)	1 (1.0)
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS	N (%)	0	1 (1.9)	1 (1.0)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
CARDIAC THERAPY	N (%)	3 (6.1)	2 (3.7)	5 (4.9)
IBUPROFEN	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
SODIUM ALGINATE	N (%)	0	1 (1.9)	1 (1.0)
DRUGS FOR ACID RELATED DISORDERS	N (%)	44 (89.8)	45 (83.3)	89 (86.4)
ANTACIDS	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BISMUTH SUBSALICYLATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BISODOL 1	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
CALCIUM CARBONATE	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
CHOLAKTOL	N (%)	0	1 (1.9)	1 (1.0)
GASTROCOTE	N (%)	1 (2.0)	0	1 (1.0)
LANSOPRAZOLE	N (%)	1 (2.0)	2 (3.7)	3 (2.9)

Note: Prior medication is any medication stopped prior to the day of dispensation of study drug.

Table 2.5-3: Prior medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
MAGNESIA KOMP N	N (%)	0	1 (1.9)	1 (1.0)
OMEPRAZOLE	N (%)	6 (12.2)	12 (22.2)	18 (17.5)
PEPTAC	N (%)	17 (34.7)	21 (38.9)	38 (36.9)
RANITIDINE	N (%)	6 (12.2)	4 (7.4)	10 (9.7)
RANITIDINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
RENNIES	N (%)	24 (49.0)	17 (31.5)	41 (39.8)
SODIUM ALGINATE	N (%)	0	1 (1.9)	1 (1.0)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
MEDICATED DRESSINGS	N (%)	0	1 (1.9)	1 (1.0)
SODIUM ALGINATE	N (%)	0	1 (1.9)	1 (1.0)
MINERAL SUPPLEMENTS	N (%)	1 (2.0)	3 (5.6)	4 (3.9)
CALCIUM CARBONATE	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
MAGNESIA KOMP N	N (%)	0	1 (1.9)	1 (1.0)
NASAL PREPARATIONS	N (%)	0	1 (1.9)	1 (1.0)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS	N (%)	0	1 (1.9)	1 (1.0)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
OTHER DERMATOLOGICAL PREPARATIONS	N (%)	0	1 (1.9)	1 (1.0)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
OTHER GYNECOLOGICALS	N (%)	3 (6.1)	2 (3.7)	5 (4.9)
IBUPROFEN	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
OTHER HEMATOLOGICAL AGENTS	N (%)	0	1 (1.9)	1 (1.0)
SODIUM BICARBONATE	N (%)	0	1 (1.9)	1 (1.0)
STOMATOLOGICAL PREPARATIONS	N (%)	0	1 (1.9)	1 (1.0)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.9)	1 (1.0)
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	N (%)	3 (6.1)	2 (3.7)	5 (4.9)
ACETYLSALICYLIC ACID	N (%)	0	1 (1.9)	1 (1.0)
IBUPROFEN	N (%)	3 (6.1)	1 (1.9)	4 (3.9)

Note: Prior medications are defined as medications stopped prior to the day of dispensation of study drug.

Table 2.5-3: Prior medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
UROLOGICALS	N (%)	0	1 (1.9)	1 (1.0)
TOLTERODINE L-TARTRATE	N (%)	0	1 (1.9)	1 (1.0)

Note: Prior medication is defined as medication taken prior to the day of dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	N (%)	4 (7.3)	5 (8.9)	9 (8.1)
CANDESARTAN	N (%)	0	1 (1.8)	1 (0.9)
ENALAPRIL	N (%)	0	1 (1.8)	1 (0.9)
PERINDOPRIL	N (%)	1 (1.8)	0	1 (0.9)
RAMIPRIL	N (%)	3 (5.5)	3 (5.4)	6 (5.4)
ANALGESICS	N (%)	14 (25.5)	14 (25.0)	28 (25.2)
ACETYLSALICYLIC ACID	N (%)	2 (3.6)	0	2 (1.8)
DIHYDROCODEINE	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
GABAPENTIN	N (%)	0	1 (1.8)	1 (0.9)
MERSYNDOL	N (%)	1 (1.8)	0	1 (0.9)
PANADEINE CO	N (%)	5 (9.1)	5 (8.9)	10 (9.0)
PANSORAL	N (%)	0	1 (1.8)	1 (0.9)
PARACETAMOL	N (%)	5 (9.1)	6 (10.7)	11 (9.9)
PREGABALIN	N (%)	1 (1.8)	0	1 (0.9)
SOLPADEINE	N (%)	0	1 (1.8)	1 (0.9)
TRAMADOL	N (%)	1 (1.8)	0	1 (0.9)
ANTI-PARKINSON DRUGS	N (%)	0	1 (1.8)	1 (0.9)
PRAMIPEXOLE DIHYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIANEMIC PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
FERROUS SULFATE	N (%)	0	1 (1.8)	1 (0.9)
ANTIBACTERIALS FOR SYSTEMIC USE	N (%)	2 (3.6)	0	2 (1.8)
LYMECYCLINE	N (%)	1 (1.8)	0	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.8)	0	1 (0.9)
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE	N (%)	1 (1.8)	0	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.8)	0	1 (0.9)
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS	N (%)	2 (3.6)	3 (5.4)	5 (4.5)
BECLOMETASONE	N (%)	1 (1.8)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
ANTIEMETICS AND ANTINAUSEANTS	N (%)	0	1 (1.8)	1 (0.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIEPILEPTICS	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
GABAPENTIN	N (%)	0	1 (1.8)	1 (0.9)
PREGABALIN	N (%)	1 (1.8)	0	1 (0.9)
ANTIFUNGALS FOR DERMATOLOGICAL USE	N (%)	0	1 (1.8)	1 (0.9)
KETOCONAZOLE	N (%)	0	1 (1.8)	1 (0.9)
ANTIGOUT PREPARATIONS	N (%)	1 (1.8)	0	1 (0.9)
ALLOPURINOL	N (%)	1 (1.8)	0	1 (0.9)
COLCHICINE	N (%)	1 (1.8)	0	1 (0.9)
ANTIHISTAMINES FOR SYSTEMIC USE	N (%)	1 (1.8)	4 (7.1)	5 (4.5)
CETIRIZINE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
CETIRIZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
LORATADINE	N (%)	0	1 (1.8)	1 (0.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS	N (%)	1 (1.8)	0	1 (0.9)
IBUPROFEN	N (%)	1 (1.8)	0	1 (0.9)
ANTIMYCOTICS FOR SYSTEMIC USE	N (%)	0	1 (1.8)	1 (0.9)
KETOCONAZOLE	N (%)	0	1 (1.8)	1 (0.9)
ANTIPROTOZOALS	N (%)	1 (1.8)	0	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.8)	0	1 (0.9)
ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.	N (%)	0	1 (1.8)	1 (0.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIPSORIATICS	N (%)	0	1 (1.8)	1 (0.9)
DAIVOBET	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
ANTITHROMBOTIC AGENTS	N (%)	2 (3.6)	0	2 (1.8)
ACETYLSALICYLIC ACID	N (%)	2 (3.6)	0	2 (1.8)
BETA BLOCKING AGENTS	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
BISOPROLOL	N (%)	0	1 (1.8)	1 (0.9)
PROPRANOLOL	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
CALCIUM CHANNEL BLOCKERS	N (%)	2 (3.6)	3 (5.4)	5 (4.5)
AMLODIPINE	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
FELODIPINE	N (%)	0	1 (1.8)	1 (0.9)
CARDIAC THERAPY	N (%)	1 (1.8)	0	1 (0.9)
IBUPROFEN	N (%)	1 (1.8)	0	1 (0.9)
CORTICOSTEROIDS FOR SYSTEMIC USE	N (%)	2 (3.6)	3 (5.4)	5 (4.5)
BECLOMETASONE	N (%)	1 (1.8)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS	N (%)	4 (7.3)	3 (5.4)	7 (6.3)
BECLOMETASONE	N (%)	1 (1.8)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
CLOBETASONE BUTYRATE	N (%)	2 (3.6)	0	2 (1.8)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
COUGH AND COLD PREPARATIONS	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
CITRIC ACID MONOHYDRATE	N (%)	0	1 (1.8)	1 (0.9)
COUGH SYRUP	N (%)	1 (1.8)	0	1 (0.9)
DIURETICS	N (%)	1 (1.8)	2 (3.6)	3 (2.7)
BENDROFLUMETHIAZIDE	N (%)	1 (1.8)	2 (3.6)	3 (2.7)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
DRUGS FOR ACID RELATED DISORDERS	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
ANTACIDS	N (%)	1 (1.8)	0	1 (0.9)
CALCIUM CARBONATE	N (%)	1 (1.8)	0	1 (0.9)
PEPTAC	N (%)	0	1 (1.8)	1 (0.9)
RENNIES	N (%)	1 (1.8)	0	1 (0.9)
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	N (%)	5 (9.1)	4 (7.1)	9 (8.1)
BECLOMETASONE	N (%)	1 (1.8)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
NEDOCROMIL SODIUM	N (%)	0	1 (1.8)	1 (0.9)
SALBUTAMOL	N (%)	5 (9.1)	2 (3.6)	7 (6.3)
SERETIDE	N (%)	0	1 (1.8)	1 (0.9)
DRUGS USED IN DIABETES	N (%)	2 (3.6)	5 (8.9)	7 (6.3)
GLICLAZIDE	N (%)	0	1 (1.8)	1 (0.9)
INSULIN ASPART	N (%)	0	1 (1.8)	1 (0.9)
INSULIN DETEMIR	N (%)	0	1 (1.8)	1 (0.9)
INSULIN LISPRO	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
LIRAGLUTIDE	N (%)	0	1 (1.8)	1 (0.9)
METFORMIN	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
SITAGLIPTIN PHOSPHATE	N (%)	0	1 (1.8)	1 (0.9)
EMOLLIENTS AND PROTECTIVES	N (%)	2 (3.6)	1 (1.8)	3 (2.7)
HYDROMOL	N (%)	2 (3.6)	0	2 (1.8)
SOFT PARAFFIN AND FAT PRODUCTS	N (%)	0	1 (1.8)	1 (0.9)
ENDOCRINE THERAPY	N (%)	0	1 (1.8)	1 (0.9)
MEDROXYPROGESTERONE ACETATE	N (%)	0	1 (1.8)	1 (0.9)
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
KETOCONAZOLE	N (%)	0	1 (1.8)	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.8)	0	1 (0.9)
LIPID MODIFYING AGENTS	N (%)	3 (5.5)	3 (5.4)	6 (5.4)
ATORVASTATIN	N (%)	0	2 (3.6)	2 (1.8)
SIMVASTATIN	N (%)	3 (5.5)	1 (1.8)	4 (3.6)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
MINERAL SUPPLEMENTS	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
CALCIUM CARBONATE	N (%)	1 (1.8)	0	1 (0.9)
LEKOVIT CA	N (%)	0	1 (1.8)	1 (0.9)
NASAL PREPARATIONS	N (%)	2 (3.6)	2 (3.6)	4 (3.6)
BECLOMETASONE	N (%)	1 (1.8)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
NEDOCROMIL SODIUM	N (%)	0	1 (1.8)	1 (0.9)
OPHTHALMOLOGICALS	N (%)	3 (5.5)	3 (5.4)	6 (5.4)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
CARBOMER	N (%)	1 (1.8)	0	1 (0.9)
CLOBETASONE BUTYRATE	N (%)	2 (3.6)	0	2 (1.8)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
NEDOCROMIL SODIUM	N (%)	0	1 (1.8)	1 (0.9)
OTHER GYNECOLOGICALS	N (%)	2 (3.6)	4 (7.1)	6 (5.4)
IBUPROFEN	N (%)	1 (1.8)	0	1 (0.9)
LEVONORGESTREL	N (%)	1 (1.8)	4 (7.1)	5 (4.5)
OTHER NERVOUS SYSTEM DRUGS	N (%)	2 (3.6)	0	2 (1.8)
NICOTINE	N (%)	2 (3.6)	0	2 (1.8)
OTOLOGICALS	N (%)	0	2 (3.6)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
PSYCHOANALEPTICS	N (%)	12 (21.8)	5 (8.9)	17 (15.3)
AMITRIPTYLINE	N (%)	3 (5.5)	0	3 (2.7)
CITALOPRAM	N (%)	1 (1.8)	0	1 (0.9)
FLUOXETINE	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
FLUOXETINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
MIRTAZAPINE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
PAROXETINE	N (%)	1 (1.8)	0	1 (0.9)
SERTRALINE	N (%)	1 (1.8)	0	1 (0.9)
TRAZODONE	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
VENLAFAXINE	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
PSYCHOLEPTICS	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ZOPICLONE	N (%)	1 (1.8)	0	1 (0.9)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	N (%)	8 (14.5)	9 (16.1)	17 (15.3)
CILEST	N (%)	1 (1.8)	0	1 (0.9)
DESOGESTREL	N (%)	3 (5.5)	0	3 (2.7)
ETONOGESTREL	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
EUGYNON	N (%)	1 (1.8)	3 (5.4)	4 (3.6)
KLIOGEST	N (%)	1 (1.8)	0	1 (0.9)
LEVONORGESTREL	N (%)	1 (1.8)	4 (7.1)	5 (4.5)
MEDROXYPROGESTERONE ACETATE	N (%)	0	1 (1.8)	1 (0.9)
STOMATOLOGICAL PREPARATIONS	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
ACETYLSALICYLIC ACID	N (%)	2 (3.6)	0	2 (1.8)
CARBOMER	N (%)	1 (1.8)	0	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.8)	0	1 (0.9)
PANSORAL	N (%)	0	1 (1.8)	1 (0.9)
THYROID THERAPY	N (%)	4 (7.3)	1 (1.8)	5 (4.5)
LEVOTHYROXINE	N (%)	1 (1.8)	0	1 (0.9)
LEVOTHYROXINE SODIUM	N (%)	3 (5.5)	1 (1.8)	4 (3.6)
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	N (%)	2 (3.6)	0	2 (1.8)
ACETYLSALICYLIC ACID	N (%)	2 (3.6)	0	2 (1.8)
IBUPROFEN	N (%)	1 (1.8)	0	1 (0.9)
UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	N (%)	1 (1.8)	3 (5.4)	4 (3.6)
MACROCYSTIS PYRIFERA	N (%)	0	1 (1.8)	1 (0.9)
OENOTHERA BIENNIS OIL	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
SENNA ALEXANDRINA	N (%)	0	1 (1.8)	1 (0.9)
TRIFOLIUM PRATENSE	N (%)	1 (1.8)	0	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-1: Concomitant medication - ALL population

ATC level 2 Preferred Term	Statistic	Placebo (N=55)	Gaviscon Double Action Tablets (N=56)	Overall (N=111)
UROLOGICALS	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
FESOTERODINE FUMARATE	N (%)	1 (1.8)	0	1 (0.9)
SOLIFENACIN	N (%)	0	1 (1.8)	1 (0.9)
VASOPROTECTIVES	N (%)	2 (3.6)	3 (5.4)	5 (4.5)
BECLOMETASONE	N (%)	1 (1.8)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.8)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
VITAMINS	N (%)	0	2 (3.6)	2 (1.8)
MULTIVITAMINS, PLAIN	N (%)	0	1 (1.8)	1 (0.9)
VITAMIN B COMPLEX	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	N (%)	4 (7.4)	5 (8.9)	9 (8.2)
CANDESARTAN	N (%)	0	1 (1.8)	1 (0.9)
ENALAPRIL	N (%)	0	1 (1.8)	1 (0.9)
PERINDOPRIL	N (%)	1 (1.9)	0	1 (0.9)
RAMIPRIL	N (%)	3 (5.6)	3 (5.4)	6 (5.5)
ANALGESICS	N (%)	14 (25.9)	14 (25.0)	28 (25.5)
ACETYLSALICYLIC ACID	N (%)	2 (3.7)	0	2 (1.8)
DIHYDROCODEINE	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
GABAPENTIN	N (%)	0	1 (1.8)	1 (0.9)
MERSYNDOL	N (%)	1 (1.9)	0	1 (0.9)
PANADEINE CO	N (%)	5 (9.3)	5 (8.9)	10 (9.1)
PANSORAL	N (%)	0	1 (1.8)	1 (0.9)
PARACETAMOL	N (%)	5 (9.3)	6 (10.7)	11 (10.0)
PREGABALIN	N (%)	1 (1.9)	0	1 (0.9)
SOLPADEINE	N (%)	0	1 (1.8)	1 (0.9)
TRAMADOL	N (%)	1 (1.9)	0	1 (0.9)
ANTI-PARKINSON DRUGS	N (%)	0	1 (1.8)	1 (0.9)
PRAMIPEXOLE DIHYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIANEMIC PREPARATIONS	N (%)	0	1 (1.8)	1 (0.9)
FERROUS SULFATE	N (%)	0	1 (1.8)	1 (0.9)
ANTIBACTERIALS FOR SYSTEMIC USE	N (%)	2 (3.7)	0	2 (1.8)
LYMECYCLINE	N (%)	1 (1.9)	0	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.9)	0	1 (0.9)
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE	N (%)	1 (1.9)	0	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.9)	0	1 (0.9)
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS	N (%)	2 (3.7)	3 (5.4)	5 (4.5)
BECLOMETASONE	N (%)	1 (1.9)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
ANTIEMETICS AND ANTINAUSEANTS	N (%)	0	1 (1.8)	1 (0.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIEPILEPTICS	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
GABAPENTIN	N (%)	0	1 (1.8)	1 (0.9)
PREGABALIN	N (%)	1 (1.9)	0	1 (0.9)
ANTIFUNGALS FOR DERMATOLOGICAL USE	N (%)	0	1 (1.8)	1 (0.9)
KETOCONAZOLE	N (%)	0	1 (1.8)	1 (0.9)
ANTIGOUT PREPARATIONS	N (%)	1 (1.9)	0	1 (0.9)
ALLOPURINOL	N (%)	1 (1.9)	0	1 (0.9)
COLCHICINE	N (%)	1 (1.9)	0	1 (0.9)
ANTIHISTAMINES FOR SYSTEMIC USE	N (%)	1 (1.9)	4 (7.1)	5 (4.5)
CETIRIZINE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
CETIRIZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
LORATADINE	N (%)	0	1 (1.8)	1 (0.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS	N (%)	1 (1.9)	0	1 (0.9)
IBUPROFEN	N (%)	1 (1.9)	0	1 (0.9)
ANTIMYCOTICS FOR SYSTEMIC USE	N (%)	0	1 (1.8)	1 (0.9)
KETOCONAZOLE	N (%)	0	1 (1.8)	1 (0.9)
ANTIPROTOZOALS	N (%)	1 (1.9)	0	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.9)	0	1 (0.9)
ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.	N (%)	0	1 (1.8)	1 (0.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ANTIPSORIATICS	N (%)	0	1 (1.8)	1 (0.9)
DAIVOBET	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
ANTITHROMBOTIC AGENTS	N (%)	2 (3.7)	0	2 (1.8)
ACETYLSALICYLIC ACID	N (%)	2 (3.7)	0	2 (1.8)
BETA BLOCKING AGENTS	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
BISOPROLOL	N (%)	0	1 (1.8)	1 (0.9)
PROPRANOLOL	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
CALCIUM CHANNEL BLOCKERS	N (%)	2 (3.7)	3 (5.4)	5 (4.5)
AMLODIPINE	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
FELODIPINE	N (%)	0	1 (1.8)	1 (0.9)
CARDIAC THERAPY	N (%)	1 (1.9)	0	1 (0.9)
IBUPROFEN	N (%)	1 (1.9)	0	1 (0.9)
CORTICOSTEROIDS FOR SYSTEMIC USE	N (%)	2 (3.7)	3 (5.4)	5 (4.5)
BECLOMETASONE	N (%)	1 (1.9)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS	N (%)	4 (7.4)	3 (5.4)	7 (6.4)
BECLOMETASONE	N (%)	1 (1.9)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
CLOBETASONE BUTYRATE	N (%)	2 (3.7)	0	2 (1.8)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
COUGH AND COLD PREPARATIONS	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
CITRIC ACID MONOHYDRATE	N (%)	0	1 (1.8)	1 (0.9)
COUGH SYRUP	N (%)	1 (1.9)	0	1 (0.9)
DIURETICS	N (%)	1 (1.9)	2 (3.6)	3 (2.7)
BENDROFLUMETHIAZIDE	N (%)	1 (1.9)	2 (3.6)	3 (2.7)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
DRUGS FOR ACID RELATED DISORDERS	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
ANTACIDS	N (%)	1 (1.9)	0	1 (0.9)
CALCIUM CARBONATE	N (%)	1 (1.9)	0	1 (0.9)
PEPTAC	N (%)	0	1 (1.8)	1 (0.9)
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	N (%)	5 (9.3)	4 (7.1)	9 (8.2)
BECLOMETASONE	N (%)	1 (1.9)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
NEDOCROMIL SODIUM	N (%)	0	1 (1.8)	1 (0.9)
SALBUTAMOL	N (%)	5 (9.3)	2 (3.6)	7 (6.4)
SERETIDE	N (%)	0	1 (1.8)	1 (0.9)
DRUGS USED IN DIABETES	N (%)	2 (3.7)	5 (8.9)	7 (6.4)
GLICLAZIDE	N (%)	0	1 (1.8)	1 (0.9)
INSULIN ASPART	N (%)	0	1 (1.8)	1 (0.9)
INSULIN DETEMIR	N (%)	0	1 (1.8)	1 (0.9)
INSULIN LISPRO	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
LIRAGLUTIDE	N (%)	0	1 (1.8)	1 (0.9)
METFORMIN	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
SITAGLIPTIN PHOSPHATE	N (%)	0	1 (1.8)	1 (0.9)
EMOLLIENTS AND PROTECTIVES	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
HYDROMOL	N (%)	2 (3.7)	0	2 (1.8)
SOFT PARAFFIN AND FAT PRODUCTS	N (%)	0	1 (1.8)	1 (0.9)
ENDOCRINE THERAPY	N (%)	0	1 (1.8)	1 (0.9)
MEDROXYPROGESTERONE ACETATE	N (%)	0	1 (1.8)	1 (0.9)
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
KETOCONAZOLE	N (%)	0	1 (1.8)	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.9)	0	1 (0.9)
LIPID MODIFYING AGENTS	N (%)	3 (5.6)	3 (5.4)	6 (5.5)
ATORVASTATIN	N (%)	0	2 (3.6)	2 (1.8)
SIMVASTATIN	N (%)	3 (5.6)	1 (1.8)	4 (3.6)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
MINERAL SUPPLEMENTS	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
CALCIUM CARBONATE	N (%)	1 (1.9)	0	1 (0.9)
LEKOVIT CA	N (%)	0	1 (1.8)	1 (0.9)
NASAL PREPARATIONS	N (%)	2 (3.7)	2 (3.6)	4 (3.6)
BECLOMETASONE	N (%)	1 (1.9)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
NEDOCROMIL SODIUM	N (%)	0	1 (1.8)	1 (0.9)
OPHTHALMOLOGICALS	N (%)	3 (5.6)	3 (5.4)	6 (5.5)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
CARBOMER	N (%)	1 (1.9)	0	1 (0.9)
CLOBETASONE BUTYRATE	N (%)	2 (3.7)	0	2 (1.8)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
NEDOCROMIL SODIUM	N (%)	0	1 (1.8)	1 (0.9)
OTHER GYNECOLOGICALS	N (%)	2 (3.7)	4 (7.1)	6 (5.5)
IBUPROFEN	N (%)	1 (1.9)	0	1 (0.9)
LEVONORGESTREL	N (%)	1 (1.9)	4 (7.1)	5 (4.5)
OTHER NERVOUS SYSTEM DRUGS	N (%)	1 (1.9)	0	1 (0.9)
NICOTINE	N (%)	1 (1.9)	0	1 (0.9)
OTOLOGICALS	N (%)	0	2 (3.6)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
PSYCHOANALEPTICS	N (%)	12 (22.2)	5 (8.9)	17 (15.5)
AMITRIPTYLINE	N (%)	3 (5.6)	0	3 (2.7)
CITALOPRAM	N (%)	1 (1.9)	0	1 (0.9)
FLUOXETINE	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
FLUOXETINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
MIRTAZAPINE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
PAROXETINE	N (%)	1 (1.9)	0	1 (0.9)
SERTRALINE	N (%)	1 (1.9)	0	1 (0.9)
TRAZODONE	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
VENLAFAXINE	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
PSYCHOLEPTICS	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.8)	1 (0.9)
ZOPICLONE	N (%)	1 (1.9)	0	1 (0.9)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	N (%)	8 (14.8)	9 (16.1)	17 (15.5)
CILEST	N (%)	1 (1.9)	0	1 (0.9)
DESOGESTREL	N (%)	3 (5.6)	0	3 (2.7)
ETONOGESTREL	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
EUGYNON	N (%)	1 (1.9)	3 (5.4)	4 (3.6)
KLIOGEST	N (%)	1 (1.9)	0	1 (0.9)
LEVONORGESTREL	N (%)	1 (1.9)	4 (7.1)	5 (4.5)
MEDROXYPROGESTERONE ACETATE	N (%)	0	1 (1.8)	1 (0.9)
STOMATOLOGICAL PREPARATIONS	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
ACETYLSALICYLIC ACID	N (%)	2 (3.7)	0	2 (1.8)
CARBOMER	N (%)	1 (1.9)	0	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
METRONIDAZOLE	N (%)	1 (1.9)	0	1 (0.9)
PANSORAL	N (%)	0	1 (1.8)	1 (0.9)
THYROID THERAPY	N (%)	4 (7.4)	1 (1.8)	5 (4.5)
LEVOTHYROXINE	N (%)	1 (1.9)	0	1 (0.9)
LEVOTHYROXINE SODIUM	N (%)	3 (5.6)	1 (1.8)	4 (3.6)
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	N (%)	2 (3.7)	0	2 (1.8)
ACETYLSALICYLIC ACID	N (%)	2 (3.7)	0	2 (1.8)
IBUPROFEN	N (%)	1 (1.9)	0	1 (0.9)
UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	N (%)	1 (1.9)	3 (5.4)	4 (3.6)
MACROCYSTIS PYRIFERA	N (%)	0	1 (1.8)	1 (0.9)
OENOTHERA BIENNIS OIL	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
SENNA ALEXANDRINA	N (%)	0	1 (1.8)	1 (0.9)
TRIFOLIUM PRATENSE	N (%)	1 (1.9)	0	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-2: Concomitant medication - ITT population

ATC level 2 Preferred Term	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
UROLOGICALS	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
FESOTERODINE FUMARATE	N (%)	1 (1.9)	0	1 (0.9)
SOLIFENACIN	N (%)	0	1 (1.8)	1 (0.9)
VASOPROTECTIVES	N (%)	2 (3.7)	3 (5.4)	5 (4.5)
BECLOMETASONE	N (%)	1 (1.9)	0	1 (0.9)
BECLOMETASONE DIPROPIONATE	N (%)	1 (1.9)	1 (1.8)	2 (1.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.8)	1 (0.9)
HYDROCORTISONE	N (%)	0	1 (1.8)	1 (0.9)
VITAMINS	N (%)	0	2 (3.6)	2 (1.8)
MULTIVITAMINS, PLAIN	N (%)	0	1 (1.8)	1 (0.9)
VITAMIN B COMPLEX	N (%)	0	1 (1.8)	1 (0.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-3: Concomitant medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	N (%)	4 (8.2)	5 (9.3)	9 (8.7)
CANDESARTAN	N (%)	0	1 (1.9)	1 (1.0)
ENALAPRIL	N (%)	0	1 (1.9)	1 (1.0)
PERINDOPRIL	N (%)	1 (2.0)	0	1 (1.0)
RAMIPRIL	N (%)	3 (6.1)	3 (5.6)	6 (5.8)
ANALGESICS	N (%)	12 (24.5)	13 (24.1)	25 (24.3)
ACETYLSALICYLIC ACID	N (%)	1 (2.0)	0	1 (1.0)
DIHYDROCODEINE	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
GABAPENTIN	N (%)	0	1 (1.9)	1 (1.0)
MERSYNDOL	N (%)	1 (2.0)	0	1 (1.0)
PANADEINE CO	N (%)	4 (8.2)	4 (7.4)	8 (7.8)
PANSORAL	N (%)	0	1 (1.9)	1 (1.0)
PARACETAMOL	N (%)	4 (8.2)	6 (11.1)	10 (9.7)
PREGABALIN	N (%)	1 (2.0)	0	1 (1.0)
SOLPADEINE	N (%)	0	1 (1.9)	1 (1.0)
TRAMADOL	N (%)	1 (2.0)	0	1 (1.0)
ANTI-PARKINSON DRUGS	N (%)	0	1 (1.9)	1 (1.0)
PRAMIPEXOLE DIHYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
ANTIANEMIC PREPARATIONS	N (%)	0	1 (1.9)	1 (1.0)
FERROUS SULFATE	N (%)	0	1 (1.9)	1 (1.0)
ANTIBACTERIALS FOR SYSTEMIC USE	N (%)	1 (2.0)	0	1 (1.0)
LYMECYCLINE	N (%)	1 (2.0)	0	1 (1.0)
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
BECLOMETASONE	N (%)	1 (2.0)	0	1 (1.0)
BECLOMETASONE DIPROPIONATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
ANTIEMETICS AND ANTINAUSEANTS	N (%)	0	1 (1.9)	1 (1.0)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-3: Concomitant medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
ANTIEPILEPTICS	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
GABAPENTIN	N (%)	0	1 (1.9)	1 (1.0)
PREGABALIN	N (%)	1 (2.0)	0	1 (1.0)
ANTIFUNGALS FOR DERMATOLOGICAL USE	N (%)	0	1 (1.9)	1 (1.0)
KETOCONAZOLE	N (%)	0	1 (1.9)	1 (1.0)
ANTIGOUT PREPARATIONS	N (%)	1 (2.0)	0	1 (1.0)
ALLOPURINOL	N (%)	1 (2.0)	0	1 (1.0)
COLCHICINE	N (%)	1 (2.0)	0	1 (1.0)
ANTIHISTAMINES FOR SYSTEMIC USE	N (%)	1 (2.0)	4 (7.4)	5 (4.9)
CETIRIZINE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
CETIRIZINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
LORATADINE	N (%)	0	1 (1.9)	1 (1.0)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
ANTIMYCOTICS FOR SYSTEMIC USE	N (%)	0	1 (1.9)	1 (1.0)
KETOCONAZOLE	N (%)	0	1 (1.9)	1 (1.0)
ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.	N (%)	0	1 (1.9)	1 (1.0)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
ANTIPSORIATICS	N (%)	0	1 (1.9)	1 (1.0)
DAIVOBET	N (%)	0	1 (1.9)	1 (1.0)
ANTITHROMBOTIC AGENTS	N (%)	1 (2.0)	0	1 (1.0)
ACETYLSALICYLIC ACID	N (%)	1 (2.0)	0	1 (1.0)
BETA BLOCKING AGENTS	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
BISOPROLOL	N (%)	0	1 (1.9)	1 (1.0)
PROPRANOLOL	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
CALCIUM CHANNEL BLOCKERS	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
AMLODIPINE	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
FELODIPINE	N (%)	0	1 (1.9)	1 (1.0)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-3: Concomitant medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
CORTICOSTEROIDS FOR SYSTEMIC USE	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
BECLOMETASONE	N (%)	1 (2.0)	0	1 (1.0)
BECLOMETASONE DIPROPIONATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS	N (%)	4 (8.2)	3 (5.6)	7 (6.8)
BECLOMETASONE	N (%)	1 (2.0)	0	1 (1.0)
BECLOMETASONE DIPROPIONATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
CLOBETASONE BUTYRATE	N (%)	2 (4.1)	0	2 (1.9)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
COUGH AND COLD PREPARATIONS	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
CITRIC ACID MONOHYDRATE	N (%)	0	1 (1.9)	1 (1.0)
COUGH SYRUP	N (%)	1 (2.0)	0	1 (1.0)
DIURETICS	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
BENDROFLUMETHIAZIDE	N (%)	1 (2.0)	2 (3.7)	3 (2.9)
DRUGS FOR ACID RELATED DISORDERS	N (%)	0	1 (1.9)	1 (1.0)
PEPTAC	N (%)	0	1 (1.9)	1 (1.0)
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	N (%)	5 (10.2)	4 (7.4)	9 (8.7)
BECLOMETASONE	N (%)	1 (2.0)	0	1 (1.0)
BECLOMETASONE DIPROPIONATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
NEDOCROMIL SODIUM	N (%)	0	1 (1.9)	1 (1.0)
SALBUTAMOL	N (%)	5 (10.2)	2 (3.7)	7 (6.8)
SERETIDE	N (%)	0	1 (1.9)	1 (1.0)
DRUGS USED IN DIABETES	N (%)	2 (4.1)	5 (9.3)	7 (6.8)
GLICLAZIDE	N (%)	0	1 (1.9)	1 (1.0)
INSULIN ASPART	N (%)	0	1 (1.9)	1 (1.0)
INSULIN DETEMIR	N (%)	0	1 (1.9)	1 (1.0)
INSULIN LISPRO	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
LIRAGLUTIDE	N (%)	0	1 (1.9)	1 (1.0)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-3: Concomitant medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
METFORMIN	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
SITAGLIPTIN PHOSPHATE	N (%)	0	1 (1.9)	1 (1.0)
EMOLLIENTS AND PROTECTIVES	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
HYDROMOL	N (%)	1 (2.0)	0	1 (1.0)
SOFT PARAFFIN AND FAT PRODUCTS	N (%)	0	1 (1.9)	1 (1.0)
ENDOCRINE THERAPY	N (%)	0	1 (1.9)	1 (1.0)
MEDROXYPROGESTERONE ACETATE	N (%)	0	1 (1.9)	1 (1.0)
GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS	N (%)	0	1 (1.9)	1 (1.0)
KETOCONAZOLE	N (%)	0	1 (1.9)	1 (1.0)
LIPID MODIFYING AGENTS	N (%)	3 (6.1)	3 (5.6)	6 (5.8)
ATORVASTATIN	N (%)	0	2 (3.7)	2 (1.9)
SIMVASTATIN	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
MINERAL SUPPLEMENTS	N (%)	0	1 (1.9)	1 (1.0)
LEKOVIT CA	N (%)	0	1 (1.9)	1 (1.0)
NASAL PREPARATIONS	N (%)	2 (4.1)	2 (3.7)	4 (3.9)
BECLOMETASONE	N (%)	1 (2.0)	0	1 (1.0)
BECLOMETASONE DIPROPIONATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
NEDOCROMIL SODIUM	N (%)	0	1 (1.9)	1 (1.0)
OPHTHALMOLOGICALS	N (%)	3 (6.1)	3 (5.6)	6 (5.8)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
CARBOMER	N (%)	1 (2.0)	0	1 (1.0)
CLOBETASONE BUTYRATE	N (%)	2 (4.1)	0	2 (1.9)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
NEDOCROMIL SODIUM	N (%)	0	1 (1.9)	1 (1.0)
OTHER GYNECOLOGICALS	N (%)	1 (2.0)	4 (7.4)	5 (4.9)
LEVONORGESTREL	N (%)	1 (2.0)	4 (7.4)	5 (4.9)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-3: Concomitant medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
OTHER NERVOUS SYSTEM DRUGS	N (%)	1 (2.0)	0	1 (1.0)
NICOTINE	N (%)	1 (2.0)	0	1 (1.0)
OTOLOGICALS	N (%)	0	2 (3.7)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
PSYCHOANALEPTICS	N (%)	9 (18.4)	5 (9.3)	14 (13.6)
AMITRIPTYLINE	N (%)	2 (4.1)	0	2 (1.9)
CITALOPRAM	N (%)	1 (2.0)	0	1 (1.0)
FLUOXETINE	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
FLUOXETINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
MIRTAZAPINE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
PAROXETINE	N (%)	1 (2.0)	0	1 (1.0)
SERTRALINE	N (%)	1 (2.0)	0	1 (1.0)
TRAZODONE	N (%)	0	1 (1.9)	1 (1.0)
VENLAFAXINE	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
PSYCHOLEPTICS	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
PROMETHAZINE HYDROCHLORIDE	N (%)	0	1 (1.9)	1 (1.0)
ZOPICLONE	N (%)	1 (2.0)	0	1 (1.0)
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	N (%)	7 (14.3)	9 (16.7)	16 (15.5)
CILEST	N (%)	1 (2.0)	0	1 (1.0)
DESOGESTREL	N (%)	3 (6.1)	0	3 (2.9)
ETONOGESTREL	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
EUGYNON	N (%)	1 (2.0)	3 (5.6)	4 (3.9)
LEVONORGESTREL	N (%)	1 (2.0)	4 (7.4)	5 (4.9)
MEDROXYPROGESTERONE ACETATE	N (%)	0	1 (1.9)	1 (1.0)
STOMATOLOGICAL PREPARATIONS	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
ACETYLSALICYLIC ACID	N (%)	1 (2.0)	0	1 (1.0)
CARBOMER	N (%)	1 (2.0)	0	1 (1.0)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
PANSORAL	N (%)	0	1 (1.9)	1 (1.0)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

Table 2.6-3: Concomitant medication - PP population

ATC level 2 Preferred Term	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
THYROID THERAPY	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
LEVOTHYROXINE SODIUM	N (%)	3 (6.1)	1 (1.9)	4 (3.9)
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	N (%)	1 (2.0)	0	1 (1.0)
ACETYLSALICYLIC ACID	N (%)	1 (2.0)	0	1 (1.0)
UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	N (%)	1 (2.0)	3 (5.6)	4 (3.9)
MACROCYSTIS PYRIFERA	N (%)	0	1 (1.9)	1 (1.0)
OENOTHERA BIENNIS OIL	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
SENNA ALEXANDRINA	N (%)	0	1 (1.9)	1 (1.0)
TRIFOLIUM PRATENSE	N (%)	1 (2.0)	0	1 (1.0)
UROLOGICALS	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
FESOTERODINE FUMARATE	N (%)	1 (2.0)	0	1 (1.0)
SOLIFENACIN	N (%)	0	1 (1.9)	1 (1.0)
VASOPROTECTIVES	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
BECLOMETASONE	N (%)	1 (2.0)	0	1 (1.0)
BECLOMETASONE DIPROPIONATE	N (%)	1 (2.0)	1 (1.9)	2 (1.9)
BETAMETHASONE VALERATE	N (%)	0	1 (1.9)	1 (1.0)
HYDROCORTISONE	N (%)	0	1 (1.9)	1 (1.0)
VITAMINS	N (%)	0	2 (3.7)	2 (1.9)
MULTIVITAMINS, PLAIN	N (%)	0	1 (1.9)	1 (1.0)
VITAMIN B COMPLEX	N (%)	0	1 (1.9)	1 (1.0)

Note: Concomitant medication includes all medication that was given during the time of study drug treatment. It may have started before dispensation of study drug.

14.2 Efficacy Data

Table 1.1 (Subject accounting by treatment group and analysis population) (1 page)

Tables 3.1.1-1 to 3.1.3-2 (RDQ score – all dimensions) (6 pages)

Tables 3.2.1-1 to 3.2.4-2 (OTE score) (8 pages)

Tables 3.2.5-1 to 3.2.26-2 (RDQ score – separated by dimension) (44 pages)

Figures 1 and 2 (2 pages)

Table 1.1: Subject accounting by treatment group and analysis population

Country	Subject disposition	Statistic	Placebo	Gaviscon Double Action Tablets	Overall
UK					
	All patient population (ALL)	N	55	56	111
	Safety population (SAF)	N (%)	54 (100.0)	56 (100.0)	110 (100.0)
	Number of patients who did not complete RDQ	N (%)	0	0	0
	Intent-to-treat population (ITT)	N (%)	54 (100.0)	56 (100.0)	110 (100.0)
	Number of patients withdrawn due to poor efficacy	N (%)	2 (3.7)	0	2 (1.8)
	Number of patients without adequate compliance (<75%)	N (%)	2 (3.7)	0	2 (1.8)
	Number of patients with major protocol deviations	N (%)	4 (7.4)	2 (3.6)	6 (5.5)
	Per protocol population (PP)	N (%)	49 (90.7)	54 (96.4)	103 (93.6)

Table 3.1.1-1: RDQ score - all symptoms - ITT population

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Day 0 Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	2.35	2.18	2.27
	SD	1.049	1.097	1.072
	Min	0.8	0.5	0.5
	Q1	1.58	1.17	1.50
	Median	2.04	2.00	2.00
	Q3	3.00	3.00	3.00
	Max	5.0	4.5	5.0
End of Study Visit (V3 or End of treatment)	N	54	56	110
	Nmiss	0	0	0
	Mean	1.54	0.93	1.23
	SD	1.143	0.896	1.065
	Min	0	0	0
	Q1	0.67	0.33	0.33
	Median	1.46	0.67	1.00
	Q3	2.00	1.29	1.83
	Max	5.0	3.8	5.0
Change from Day 0 Visit to End of Study Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	-0.82	-1.26	-1.04
	SD	1.253	1.081	1.184
	Min	-5.0	-4.0	-5.0
	Q1	-1.42	-1.96	-1.67
	Median	-0.50	-1.17	-0.83
	Q3	0	-0.58	-0.17
	Max	0.8	0.9	0.9

Initial Calculation: Daily Mean Score = (sum of score values 1a to 2f)/12

Table 3.1.1-2: RDQ score - all symptoms - PP population

Visit	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Day 0 Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	2.32	2.19	2.25
	SD	1.010	1.081	1.045
	Min	0.8	0.5	0.5
	Q1	1.58	1.17	1.50
	Median	2.08	2.00	2.00
	Q3	3.00	3.00	3.00
	Max	5.0	4.5	5.0
End of Study Visit (V3 or End of treatment)	N	49	54	103
	Nmiss	0	0	0
	Mean	1.43	0.94	1.17
	SD	1.037	0.904	0.995
	Min	0	0	0
	Q1	0.50	0.33	0.33
	Median	1.42	0.67	1.00
	Q3	2.00	1.33	1.83
	Max	4.6	3.8	4.6
Change from Day 0 Visit to End of Study Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	-0.89	-1.25	-1.08
	SD	1.290	1.084	1.194
	Min	-5.0	-4.0	-5.0
	Q1	-1.50	-1.92	-1.67
	Median	-0.67	-1.17	-0.92
	Q3	0	-0.58	-0.17
	Max	0.8	0.9	0.9

Initial Calculation: Mean of (sum of score values 1a to 2f)/12

Table 3.1.2-1: Shift Table - RDQ score - all symptoms - ITT population

End of Study Visit (V3 or End of treatment)	N (%)	Day 0 Visit						
		Missing	0	>0 - <1.5	>=1.5 - <2.5	>=2.5 - <3.5	>=3.5 - <5	5
Placebo	Missing	0	0	0	0	0	0	0
	0	0	0	0	2 (3.7)	1 (1.9)	1 (1.9)	1 (1.9)
	>0 - <1.5	0	0	8 (14.8)	9 (16.7)	3 (5.6)	2 (3.7)	0
	>=1.5 - <2.5	0	0	2 (3.7)	9 (16.7)	4 (7.4)	2 (3.7)	0
	>=2.5 - <3.5	0	0	0	3 (5.6)	3 (5.6)	0	0
	>=3.5 - <5	0	0	0	0	2 (3.7)	1 (1.9)	0
	5	0	0	0	0	0	0	1 (1.9)
Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0
	0	0	0	6 (10.7)	2 (3.6)	0	2 (3.6)	0
	>0 - <1.5	0	0	8 (14.3)	14 (25.0)	8 (14.3)	4 (7.1)	0
	>=1.5 - <2.5	0	0	1 (1.8)	2 (3.6)	2 (3.6)	2 (3.6)	0
	>=2.5 - <3.5	0	0	0	2 (3.6)	0	2 (3.6)	0
	>=3.5 - <5	0	0	0	0	0	1 (1.8)	0
	5	0	0	0	0	0	0	0

Table 3.1.2-2: Shift Table - RDQ score - all symptoms - PP population

End of Study Visit (V3 or End of treatment)	N (%)	Day 0 Visit						
		Missing	0	>0 - <1.5	>=1.5 - <2.5	>=2.5 - <3.5	>=3.5 - <5	5
Placebo	Missing	0	0	0	0	0	0	0
	0	0	0	0	2 (4.1)	1 (2.0)	1 (2.0)	1 (2.0)
	>0 - <1.5	0	0	8 (16.3)	7 (14.3)	3 (6.1)	2 (4.1)	0
	>=1.5 - <2.5	0	0	2 (4.1)	8 (16.3)	4 (8.2)	2 (4.1)	0
	>=2.5 - <3.5	0	0	0	3 (6.1)	3 (6.1)	0	0
	>=3.5 - <5	0	0	0	0	1 (2.0)	1 (2.0)	0
	5	0	0	0	0	0	0	0
Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0
	0	0	0	5 (9.3)	2 (3.7)	0	2 (3.7)	0
	>0 - <1.5	0	0	8 (14.8)	14 (25.9)	8 (14.8)	3 (5.6)	0
	>=1.5 - <2.5	0	0	1 (1.9)	2 (3.7)	2 (3.7)	2 (3.7)	0
	>=2.5 - <3.5	0	0	0	2 (3.7)	0	2 (3.7)	0
	>=3.5 - <5	0	0	0	0	0	1 (1.9)	0
	5	0	0	0	0	0	0	0

Table 3.1.3-1: ANCOVA of change in RDQ score - all symptoms - ITT population

	End of Study Visit			
Change in RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	54	-0.761	(-1.018, -0.504)	<.0001
Gaviscon Double Action Tablets	56	-1.309	(-1.562, -1.057)	<.0001
Difference Gaviscon - Placebo	110	-0.548	(-0.910, -0.187)	0.0033

Note: Results are based on a covariance analysis model with 'change in RDQ score' as dependent variable and 'Day 0 RDQ score' as covariate and treatment group as fixed effect.

[1] P-value from test of treatment difference or test that the respective LSMean is zero

Table 3.1.3-2: ANCOVA of change in RDQ score - all symptoms - PP population

	End of Study Visit			
Change in RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	49	-0.842	(-1.105, -0.580)	<.0001
Gaviscon Double Action Tablets	54	-1.290	(-1.540, -1.039)	<.0001
Difference Gaviscon - Placebo	103	-0.447	(-0.810, -0.084)	0.0164

Note: Results are based on a covariance analysis model with 'change in RDQ score' as dependent variable and 'Day 0 RDQ score' as covariate and treatment group as fixed effect.

[1] P-value tests if the difference between the respective LSMean is zero

Table 3.2.1-1: OTE score - Question 1 - ITT population

Question 1 (rating of symptoms changes)	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Single answer analysis				
A very great deal better (+7)	N (%)	5 (9.3)	11 (19.6)	16 (14.5)
A great deal better (+6)	N (%)	4 (7.4)	6 (10.7)	10 (9.1)
A good deal better (+5)	N (%)	5 (9.3)	15 (26.8)	20 (18.2)
Moderately better (+4)	N (%)	5 (9.3)	6 (10.7)	11 (10.0)
Somewhat better (+3)	N (%)	3 (5.6)	3 (5.4)	6 (5.5)
A little better (+2)	N (%)	6 (11.1)	4 (7.1)	10 (9.1)
Almost the same, hardly any better at all (+1)	N (%)	6 (11.1)	2 (3.6)	8 (7.3)
No change (0)	N (%)	12 (22.2)	8 (14.3)	20 (18.2)
Almost the same, hardly any worse at all (-1)	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
A little worse (-2)	N (%)	2 (3.7)	0	2 (1.8)
Somewhat worse (-3)	N (%)	0	0	0
Moderately worse (-4)	N (%)	1 (1.9)	0	1 (0.9)
A good deal worse (-5)	N (%)	1 (1.9)	0	1 (0.9)
A great deal worse (-6)	N (%)	1 (1.9)	0	1 (0.9)
A very great deal worse (-7)	N (%)	1 (1.9)	0	1 (0.9)
Summary answer analysis				
Better (+1 to +7)	N (%)	34 (63.0)	47 (83.9)	81 (73.6)
No change (0)	N (%)	12 (22.2)	8 (14.3)	20 (18.2)
Worse (-1 to -7)	N (%)	8 (14.8)	1 (1.8)	9 (8.2)
Descriptive statistics analysis				
	N	54	56	110
	Nmiss	0	0	0
	Mean	1.9	4.1	3.0
	SD	3.34	2.44	3.11
	Min	-7	-1	-7
	Q1	0	2.0	0
	Median	2.0	5.0	4.0
	Q3	5.0	6.0	5.0
	Max	7	7	7

Table 3.2.1-2: OTE score - Question 1 - PP population

Question 1 (rating of symptoms changes)	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Single answer analysis				
A very great deal better (+7)	N (%)	5 (10.2)	11 (20.4)	16 (15.5)
A great deal better (+6)	N (%)	4 (8.2)	5 (9.3)	9 (8.7)
A good deal better (+5)	N (%)	5 (10.2)	14 (25.9)	19 (18.4)
Moderately better (+4)	N (%)	5 (10.2)	6 (11.1)	11 (10.7)
Somewhat better (+3)	N (%)	2 (4.1)	3 (5.6)	5 (4.9)
A little better (+2)	N (%)	4 (8.2)	4 (7.4)	8 (7.8)
Almost the same, hardly any better at all (+1)	N (%)	6 (12.2)	2 (3.7)	8 (7.8)
No change (0)	N (%)	11 (22.4)	8 (14.8)	19 (18.4)
Almost the same, hardly any worse at all (-1)	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
A little worse (-2)	N (%)	1 (2.0)	0	1 (1.0)
Somewhat worse (-3)	N (%)	0	0	0
Moderately worse (-4)	N (%)	1 (2.0)	0	1 (1.0)
A good deal worse (-5)	N (%)	1 (2.0)	0	1 (1.0)
A great deal worse (-6)	N (%)	1 (2.0)	0	1 (1.0)
A very great deal worse (-7)	N (%)	1 (2.0)	0	1 (1.0)
Summary answer analysis				
Better (+1 to +7)	N (%)	31 (63.3)	45 (83.3)	76 (73.8)
No change (0)	N (%)	11 (22.4)	8 (14.8)	19 (18.4)
Worse (-1 to -7)	N (%)	7 (14.3)	1 (1.9)	8 (7.8)
Descriptive statistics analysis				
	N	49	54	103
	Nmiss	0	0	0
	Mean	2.0	4.1	3.1
	SD	3.45	2.47	3.13
	Min	-7	-1	-7
	Q1	0	2.0	0
	Median	2.0	5.0	4.0
	Q3	5.0	6.0	5.0
	Max	7	7	7

Table 3.2.2-1: OTE score - Question 2 - ITT population

Question 2 (importance of the change)	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Extremely important	N (%)	8 (14.8)	9 (16.1)	17 (15.5)
Very important	N (%)	11 (20.4)	15 (26.8)	26 (23.6)
Important	N (%)	12 (22.2)	15 (26.8)	27 (24.5)
Moderately important	N (%)	2 (3.7)	1 (1.8)	3 (2.7)
Somewhat important	N (%)	2 (3.7)	4 (7.1)	6 (5.5)
Slightly important	N (%)	5 (9.3)	4 (7.1)	9 (8.2)
Not important	N (%)	2 (3.7)	0	2 (1.8)
No change*	N (%)	12 (22.2)	8 (14.3)	20 (18.2)

* Patients who answered question 1 with 'No change' should not answer question 2, but are added to question 2 under 'No change'.

Table 3.2.2-2: OTE score - Question 2 - PP population

Question 2 (importance of the change)	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Extremely important	N (%)	8 (16.3)	9 (16.7)	17 (16.5)
Very important	N (%)	10 (20.4)	14 (25.9)	24 (23.3)
Important	N (%)	10 (20.4)	14 (25.9)	24 (23.3)
Moderately important	N (%)	2 (4.1)	1 (1.9)	3 (2.9)
Somewhat important	N (%)	2 (4.1)	4 (7.4)	6 (5.8)
Slightly important	N (%)	4 (8.2)	4 (7.4)	8 (7.8)
Not important	N (%)	2 (4.1)	0	2 (1.9)
No change*	N (%)	11 (22.4)	8 (14.8)	19 (18.4)

* Patients who answered question 1 with 'No change' should not answer question 2, but are added to question 2 under 'No change'.

Table 3.2.3-1: Summary of OTE score - Question 1 - ITT population

Question 1	N	Median OTE score	p-value [1]
Placebo	54	2	0.0005
Gaviscon Double Action Tablets	56	5	

[1] p-value from Mann-Whitney U test.

Table 3.2.3-2: Summary of OTE score - Question 1 - PP population

Question 1	N	Median OTE score	p-value [1]
Placebo	49	2	0.0023
Gaviscon Double Action Tablets	54	5	

[1] p-value from Mann-Whitney U test.

Table 3.2.4-1: Summary of OTE score - Question 2 - ITT population

Question 2	N	Median OTE score	p-value [1]
Placebo	42	5	0.5263
Gaviscon Double Action Tablets	48	5.5	

[1] p-value from Mann-Whitney U test.

Table 3.2.4-2: Summary of OTE score - Question 2 - PP population

Question 2	N	Median OTE score	p-value [1]
Placebo	38	5	0.6806
Gaviscon Double Action Tablets	46	5.5	

[1] p-value from Mann-Whitney U test.

Table 3.2.5-1: RDQ score - Heartburn - ITT population

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Day 0 Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	2.26	2.34	2.30
	SD	1.420	1.232	1.322
	Min	0	0	0
	Q1	1.25	1.50	1.50
	Median	2.13	2.25	2.25
	Q3	3.50	3.38	3.50
	Max	5.0	4.8	5.0
End of Study Visit (V3 or End of treatment)	N	54	56	110
	Nmiss	0	0	0
	Mean	1.57	0.98	1.27
	SD	1.400	1.003	1.244
	Min	0	0	0
	Q1	0	0	0
	Median	1.50	1.00	1.00
	Q3	2.50	1.50	2.00
	Max	5.0	3.5	5.0
Change from Day 0 Visit to End of Study Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	-0.69	-1.36	-1.03
	SD	1.453	1.215	1.372
	Min	-5.0	-4.8	-5.0
	Q1	-1.50	-2.00	-1.75
	Median	-0.50	-1.25	-0.88
	Q3	0	-0.38	0
	Max	2.8	1.0	2.8

Initial Duration of Symptom Heartburn for each patient for symptom heartburn (sum of score values 1a, 1b, 2a, 2b)/4

Table 3.2.5-2: RDQ score - Heartburn - PP population

Visit	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Day 0 Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	2.16	2.36	2.26
	SD	1.405	1.197	1.297
	Min	0	0	0
	Q1	1.25	1.50	1.25
	Median	2.00	2.25	2.00
	Q3	3.25	3.25	3.25
	Max	5.0	4.8	5.0
End of Study Visit (V3 or End of treatment)	N	49	54	103
	Nmiss	0	0	0
	Mean	1.44	1.00	1.21
	SD	1.336	1.012	1.193
	Min	0	0	0
	Q1	0	0	0
	Median	1.50	1.00	1.00
	Q3	2.50	1.50	1.75
	Max	5.0	3.5	5.0
Change from Day 0 Visit to End of Study Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	-0.72	-1.36	-1.05
	SD	1.514	1.208	1.393
	Min	-5.0	-4.8	-5.0
	Q1	-1.50	-2.00	-1.75
	Median	-0.50	-1.25	-1.00
	Q3	0	-0.50	0
	Max	2.8	1.0	2.8

Initial values are the raw mean scores of each patient for symptom heartburn (sum of score values 1a, 1b, 2a, 2b)/4

Table 3.2.6-1: ANCOVA of change in RDQ score - Heartburn - ITT population

	End of Study Visit			
Change in heartburn RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	54	-0.717	(-1.011, -0.423)	<.0001
Gaviscon Double Action Tablets	56	-1.337	(-1.626, -1.048)	<.0001
Difference Gaviscon - Placebo	110	-0.620	(-1.032, -0.208)	0.0036

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as fixed effect.

[1] p-value tests the null hypothesis that the respective LSMean is zero

Table 3.2.6-2: ANCOVA of change in RDQ score - Heartburn - PP population

	End of Study Visit			
Change in heartburn RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	49	-0.784	(-1.092, -0.476)	<.0001
Gaviscon Double Action Tablets	54	-1.299	(-1.593, -1.006)	<.0001
Difference Gaviscon - Placebo	103	-0.515	(-0.941, -0.089)	0.0183

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as fixed effect.

[1] p-value tests if the difference between the respective LSMean is zero

Table 3.2.7-1: RDQ score - Dyspepsia - ITT population

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Day 0 Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	2.33	2.06	2.19
	SD	1.288	1.391	1.342
	Min	0	0	0
	Q1	1.50	1.13	1.25
	Median	2.25	1.75	2.00
	Q3	3.00	3.13	3.00
	Max	5.0	4.5	5.0
End of Study Visit (V3 or End of treatment)	N	54	56	110
	Nmiss	0	0	0
	Mean	1.52	0.99	1.25
	SD	1.277	1.165	1.245
	Min	0	0	0
	Q1	0.50	0	0
	Median	1.50	0.63	1.00
	Q3	2.00	1.63	2.00
	Max	5.0	3.8	5.0
Change from Day 0 Visit to End of Study Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	-0.81	-1.07	-0.94
	SD	1.293	1.495	1.399
	Min	-5.0	-4.5	-5.0
	Q1	-1.50	-1.88	-1.75
	Median	-0.50	-1.00	-0.75
	Q3	0	0	0
	Max	1.5	2.8	2.8

Table 3.2.7-2: RDQ score - Dyspepsia - PP population

Visit	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Day 0 Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	2.30	2.04	2.17
	SD	1.233	1.390	1.318
	Min	0	0	0
	Q1	1.50	1.25	1.25
	Median	2.25	1.75	2.00
	Q3	3.00	3.00	3.00
	Max	5.0	4.5	5.0
End of Study Visit (V3 or End of treatment)	N	49	54	103
	Nmiss	0	0	0
	Mean	1.39	1.00	1.19
	SD	1.192	1.179	1.195
	Min	0	0	0
	Q1	0.50	0	0
	Median	1.50	0.63	1.00
	Q3	2.00	1.75	1.75
	Max	4.8	3.8	4.8
Change from Day 0 Visit to End of Study Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	-0.91	-1.04	-0.98
	SD	1.297	1.505	1.405
	Min	-5.0	-4.5	-5.0
	Q1	-1.50	-1.75	-1.75
	Median	-0.50	-0.96	-0.75
	Q3	0	0	0
	Max	1.0	2.8	2.8

Table 3.2.8-1: ANCOVA of change in RDQ score - Dyspepsia - ITT population

	End of Study Visit			
Change in dyspepsia RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	54	-0.723	(-1.026, -0.420)	<.0001
Gaviscon Double Action Tablets	56	-1.154	(-1.452, -0.856)	<.0001
Difference Gaviscon - Placebo	110	-0.431	(-0.857, -0.005)	0.0474

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as fixed effect.
[1] P-value tests if the difference between the respective LSMean is zero

Table 3.2.8-2: ANCOVA of change in RDQ score - Dyspepsia - PP population

	End of Study Visit			
Change in dyspepsia RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	49	-0.824	(-1.138, -0.509)	<.0001
Gaviscon Double Action Tablets	54	-1.122	(-1.421, -0.822)	<.0001
Difference Gaviscon - Placebo	103	-0.298	(-0.733, 0.137)	0.1776

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as fixed effect.

[1] p-value tests if the difference between the respective LSMean is zero

Table 3.2.9-1: RDQ score - Regurgitation - ITT population

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Day 0 Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	2.47	2.16	2.31
	SD	1.493	1.408	1.453
	Min	0	0	0
	Q1	1.50	1.25	1.25
	Median	2.63	2.13	2.25
	Q3	3.75	3.38	3.75
	Max	5.0	5.0	5.0
End of Study Visit (V3 or End of treatment)	N	54	56	110
	Nmiss	0	0	0
	Mean	1.53	0.82	1.17
	SD	1.547	1.110	1.383
	Min	0	0	0
	Q1	0	0	0
	Median	1.00	0.50	0.50
	Q3	2.75	1.25	2.25
	Max	5.0	4.5	5.0
Change from Day 0 Visit to End of Study Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	-0.94	-1.34	-1.15
	SD	1.596	1.315	1.466
	Min	-5.0	-4.0	-5.0
	Q1	-1.50	-2.13	-2.00
	Median	-0.88	-1.50	-1.00
	Q3	0	-0.25	0
	Max	2.3	1.8	2.3

Initial values are the raw mean scores of each patient for symptom regurgitation (sum of score values 1e, 1f, 2e, 2f)/4

Table 3.2.9-2: RDQ score - Regurgitation - PP population

Visit	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Day 0 Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	2.49	2.17	2.32
	SD	1.480	1.417	1.450
	Min	0	0	0
	Q1	1.50	1.25	1.25
	Median	2.75	2.13	2.50
	Q3	3.75	3.50	3.75
	Max	5.0	5.0	5.0
End of Study Visit (V3 or End of treatment)	N	49	54	103
	Nmiss	0	0	0
	Mean	1.45	0.83	1.13
	SD	1.491	1.125	1.343
	Min	0	0	0
	Q1	0	0	0
	Median	1.00	0.50	0.50
	Q3	2.75	1.25	1.75
	Max	4.5	4.5	4.5
Change from Day 0 Visit to End of Study Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	-1.04	-1.34	-1.20
	SD	1.617	1.334	1.476
	Min	-5.0	-4.0	-5.0
	Q1	-2.00	-2.25	-2.00
	Median	-1.00	-1.50	-1.00
	Q3	0	-0.25	0
	Max	2.3	1.8	2.3

Initial Daytime Symptom Score: Mean score for each patient for symptom regurgitation (sum of score values 1e, 1f, 2e, 2f)/4

Table 3.2.10-1: ANCOVA of change in RDQ score - Regurgitation - ITT population

	End of Study Visit			
Change in regurgitation RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	54	-0.851	(-1.176, -0.527)	<.0001
Gaviscon Double Action Tablets	56	-1.429	(-1.748, -1.110)	<.0001
Difference Gaviscon - Placebo	110	-0.577	(-1.034, -0.121)	0.0137

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as fixed effect.

[1] p-value tests if the difference between the respective LSMean is zero

Table 3.2.10-2: ANCOVA of change in RDQ score - Regurgitation - PP population

	End of Study Visit			
Change in regurgitation RDQ score	N	LSMean	95% CI	p-value [1]
Placebo	49	-0.936	(-1.274, -0.598)	<.0001
Gaviscon Double Action Tablets	54	-1.433	(-1.755, -1.111)	<.0001
Difference Gaviscon - Placebo	103	-0.497	(-0.965, -0.028)	0.0379

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as fixed effect.

[1] p-value tests if the difference between the respective LSMean is zero

Table 3.2.11-1: RDQ score - GERD dimension - ITT population

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Day 0 Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	2.37	2.25	2.31
	SD	1.170	1.138	1.150
	Min	0.6	0	0
	Q1	1.50	1.50	1.50
	Median	2.13	2.00	2.06
	Q3	3.13	3.25	3.13
	Max	5.0	4.5	5.0
End of Study Visit (V3 or End of treatment)	N	54	56	110
	Nmiss	0	0	0
	Mean	1.55	0.90	1.22
	SD	1.182	0.904	1.095
	Min	0	0	0
	Q1	0.50	0.13	0.38
	Median	1.50	0.63	1.00
	Q3	2.13	1.25	2.00
	Max	5.0	4.0	5.0
Change from Day 0 Visit to End of Study Visit	N	54	56	110
	Nmiss	0	0	0
	Mean	-0.82	-1.35	-1.09
	SD	1.383	1.051	1.248
	Min	-5.0	-4.3	-5.0
	Q1	-1.50	-2.02	-1.88
	Median	-0.38	-1.19	-0.88
	Q3	0.13	-0.63	-0.13
	Max	1.1	0.9	1.1

Initial values are the raw mean scores of each patient for symptoms heartburn and regurgitation (sum of score values 1a, 1b, 1e, 1f, 2a, 2b, 2e, 2f)/8

Table 3.2.11-2: RDQ score - GERD dimension - PP population

Visit	Statistic	Placebo (N=49)	Gaviscon Double Action Tablets (N=54)	Overall (N=103)
Day 0 Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	2.33	2.26	2.29
	SD	1.151	1.120	1.130
	Min	0.6	0	0
	Q1	1.50	1.50	1.50
	Median	2.00	2.00	2.00
	Q3	3.13	3.25	3.13
	Max	5.0	4.5	5.0
End of Study Visit (V3 or End of treatment)	N	49	54	103
	Nmiss	0	0	0
	Mean	1.45	0.91	1.17
	SD	1.082	0.913	1.028
	Min	0	0	0
	Q1	0.50	0.25	0.25
	Median	1.50	0.63	1.00
	Q3	2.13	1.25	1.88
	Max	4.6	4.0	4.6
Change from Day 0 Visit to End of Study Visit	N	49	54	103
	Nmiss	0	0	0
	Mean	-0.88	-1.35	-1.13
	SD	1.422	1.053	1.258
	Min	-5.0	-4.3	-5.0
	Q1	-1.50	-2.00	-1.88
	Median	-0.50	-1.19	-1.00
	Q3	0.13	-0.63	-0.13
	Max	1.1	0.9	1.1

Table 3.2.12-1: ANCOVA of change in RDQ score - GERD dimension - ITT population

	End of Study Visit			
Change in GERD dimension	N	LSMean	95% CI	p-value [1]
Placebo	54	-0.780	(-1.042, -0.517)	<.0001
Gaviscon Double Action Tablets	56	-1.387	(-1.645, -1.129)	<.0001
Difference Gaviscon - Placebo	110	-0.608	(-0.976, -0.239)	0.0015

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and treatment group as factor.
[1] p-value results from t-test with hypothesis that the respective LSMean is zero

Table 3.2.12-2: ANCOVA of change in RDQ score - GERD dimension - PP population

	End of Study Visit			
Change in GERD dimension	N	LSMean	95% CI	p-value [1]
Placebo	49	-0.855	(-1.123, -0.586)	<.0001
Gaviscon Double Action Tablets	54	-1.371	(-1.627, -1.115)	<.0001
Difference Gaviscon - Placebo	103	-0.516	(-0.887, -0.145)	0.0069

Note: Results are based on a covariance analysis model with 'change in RDQ symptom score' as dependent variable and 'Day 0 RDQ symptom score' as covariate and 'treatment group' as factor.
[1] p-value results from t-test with hypothesis that the respective LSMean is zero

Table 3.2.13-1: Frequency of heartburn in RDQ score - ITT population

Frequency of heartburn (questions 1a and 1b)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.29	1.60	-0.69
	SD	1.519	1.490	1.480
	Min	0	0	-5.0
	Q1	1.50	0	-1.00
	Median	2.00	1.50	-0.50
	Q3	3.00	2.50	0
	Max	5.0	5.0	3.0
Gaviscon Double Action Tablets	N	56	55	55
	Nmiss	0	1	1
	Mean	2.32	0.98	-1.34
	SD	1.393	1.089	1.347
	Min	0	0	-5.0
	Q1	1.50	0	-2.00
	Median	2.00	1.00	-1.00
	Q3	3.25	1.50	-0.50
	Max	5.0	4.0	1.5
	p-value [1]	0.9736	0.0274	0.0033

Initial values are the raw mean scores of each patient for frequency of heartburn (sum of score values 1a, 1b)/2
[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.13-2: Frequency of heartburn in RDQ score - PP population

Frequency of heartburn (questions 1a and 1b)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.19	1.46	-0.73
	SD	1.492	1.410	1.538
	Min	0	0	-5.0
	Q1	1.00	0	-1.00
	Median	2.00	1.00	-0.50
	Q3	3.00	2.50	0
	Max	5.0	5.0	3.0
Gaviscon Double Action Tablets	N	54	53	53
	Nmiss	0	1	1
	Mean	2.33	1.00	-1.33
	SD	1.363	1.101	1.341
	Min	0	0	-5.0
	Q1	1.50	0	-2.00
	Median	2.00	1.00	-1.00
	Q3	3.00	1.50	-0.50
	Max	5.0	4.0	1.5
	p-value [1]	0.7069	0.1028	0.0086

Initial values are the raw mean scores of each patient for frequency of heartburn (sum of score values 1a, 1b)/2
[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.14-1: Shift table - Frequency of heartburn in RDQ score - ITT population

	Frequency of heartburn (questions 1a and 1b)	N (%)	Day 0 Visit							
		End of Study Visit	Missing	Did not have (0)	1 day (1)	2 days (2)	3-4 days (3)	5-6 days (4)	Daily (5)	Total
1a.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	5 (9.3)	1 (1.9)	1 (1.9)	3 (5.6)	2 (3.7)	3 (5.6)	15 (27.8)
		1 day (1)	0	1 (1.9)	1 (1.9)	1 (1.9)	2 (3.7)	0	0	5 (9.3)
		2 days (2)	0	0	0	3 (5.6)	2 (3.7)	2 (3.7)	1 (1.9)	8 (14.8)
		3-4 days (3)	0	2 (3.7)	0	1 (1.9)	4 (7.4)	5 (9.3)	1 (1.9)	13 (24.1)
		5-6 days (4)	0	0	0	0	1 (1.9)	4 (7.4)	0	5 (9.3)
		Daily (5)	0	0	0	1 (1.9)	0	1 (1.9)	6 (11.1)	8 (14.8)
		Total	0	8 (14.8)	2 (3.7)	7 (13.0)	12 (22.2)	14 (25.9)	11 (20.4)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	6 (10.7)	0	4 (7.1)	8 (14.3)	0	4 (7.1)	22 (39.3)
		1 day (1)	0	0	2 (3.6)	2 (3.6)	4 (7.1)	1 (1.8)	2 (3.6)	11 (19.6)
		2 days (2)	0	0	0	1 (1.8)	3 (5.4)	3 (5.4)	2 (3.6)	9 (16.1)
		3-4 days (3)	0	0	0	0	5 (8.9)	4 (7.1)	0	9 (16.1)
		5-6 days (4)	0	0	0	1 (1.8)	1 (1.8)	0	2 (3.6)	4 (7.1)
		Daily (5)	0	0	0	0	0	0	1 (1.8)	1 (1.8)
		Total	0	6 (10.7)	2 (3.6)	8 (14.3)	21 (37.5)	8 (14.3)	11 (19.6)	56 (100.0)
1b.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	26 (48.1)	2 (3.7)	2 (3.7)	4 (7.4)	1 (1.9)	2 (3.7)	37 (68.5)
		1 day (1)	0	1 (1.9)	0	0	0	0	0	1 (1.9)
		2 days (2)	0	1 (1.9)	0	1 (1.9)	2 (3.7)	0	1 (1.9)	5 (9.3)
		3-4 days (3)	0	1 (1.9)	0	1 (1.9)	2 (3.7)	1 (1.9)	1 (1.9)	6 (11.1)
		5-6 days (4)	0	0	0	0	0	0	1 (1.9)	1 (1.9)
		Daily (5)	0	0	0	1 (1.9)	0	0	3 (5.6)	4 (7.4)
		Total	0	29 (53.7)	2 (3.7)	5 (9.3)	8 (14.8)	2 (3.7)	8 (14.8)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	1 (1.8)	0	0	0	1 (1.8)
		Did not have (0)	0	25 (44.6)	3 (5.4)	3 (5.4)	3 (5.4)	1 (1.8)	4 (7.1)	39 (69.6)
		1 day (1)	0	0	0	2 (3.6)	3 (5.4)	1 (1.8)	1 (1.8)	7 (12.5)
		2 days (2)	0	1 (1.8)	0	1 (1.8)	0	1 (1.8)	0	3 (5.4)
		3-4 days (3)	0	0	0	1 (1.8)	2 (3.6)	2 (3.6)	0	5 (8.9)
		5-6 days (4)	0	0	0	0	0	1 (1.8)	0	1 (1.8)
		Daily (5)	0	0	0	0	0	0	0	0
		Total	0	26 (46.4)	3 (5.4)	8 (14.3)	8 (14.3)	6 (10.7)	5 (8.9)	56 (100.0)

Table 3.2.14-2: Shift table - Frequency of heartburn in RDQ score - PP population

	Frequency of heartburn (questions 1a and 1b)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	1 day (1)	2 days (2)	3-4 days (3)	5-6 days (4)	Daily (5)	Total
1a.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	5 (10.2)	1 (2.0)	1 (2.0)	3 (6.1)	2 (4.1)	3 (6.1)	15 (30.6)
		1 day (1)	0	1 (2.0)	1 (2.0)	1 (2.0)	2 (4.1)	0	0	5 (10.2)
		2 days (2)	0	0	0	2 (4.1)	2 (4.1)	2 (4.1)	1 (2.0)	7 (14.3)
		3-4 days (3)	0	2 (4.1)	0	0	4 (8.2)	5 (10.2)	1 (2.0)	12 (24.5)
		5-6 days (4)	0	0	0	0	1 (2.0)	3 (6.1)	0	4 (8.2)
		Daily (5)	0	0	0	1 (2.0)	0	1 (2.0)	4 (8.2)	6 (12.2)
		Total	0	8 (16.3)	2 (4.1)	5 (10.2)	12 (24.5)	13 (26.5)	9 (18.4)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	5 (9.3)	0	4 (7.4)	8 (14.8)	0	4 (7.4)	21 (38.9)
		1 day (1)	0	0	2 (3.7)	2 (3.7)	3 (5.6)	1 (1.9)	2 (3.7)	10 (18.5)
		2 days (2)	0	0	0	1 (1.9)	3 (5.6)	3 (5.6)	2 (3.7)	9 (16.7)
		3-4 days (3)	0	0	0	0	5 (9.3)	4 (7.4)	0	9 (16.7)
		5-6 days (4)	0	0	0	1 (1.9)	1 (1.9)	0	2 (3.7)	4 (7.4)
		Daily (5)	0	0	0	0	0	0	1 (1.9)	1 (1.9)
		Total	0	5 (9.3)	2 (3.7)	8 (14.8)	20 (37.0)	8 (14.8)	11 (20.4)	54 (100.0)
1b.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	25 (51.0)	2 (4.1)	1 (2.0)	4 (8.2)	1 (2.0)	2 (4.1)	35 (71.4)
		1 day (1)	0	1 (2.0)	0	0	0	0	0	1 (2.0)
		2 days (2)	0	1 (2.0)	0	0	2 (4.1)	0	1 (2.0)	4 (8.2)
		3-4 days (3)	0	1 (2.0)	0	1 (2.0)	2 (4.1)	1 (2.0)	1 (2.0)	6 (12.2)
		5-6 days (4)	0	0	0	0	0	0	0	0
		Daily (5)	0	0	0	1 (2.0)	0	0	2 (4.1)	3 (6.1)
		Total	0	28 (57.1)	2 (4.1)	3 (6.1)	8 (16.3)	2 (4.1)	6 (12.2)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	1 (1.9)	0	0	0	1 (1.9)
		Did not have (0)	0	24 (44.4)	3 (5.6)	3 (5.6)	3 (5.6)	1 (1.9)	4 (7.4)	38 (70.4)
		1 day (1)	0	0	0	2 (3.7)	3 (5.6)	1 (1.9)	0	6 (11.1)
		2 days (2)	0	1 (1.9)	0	1 (1.9)	0	1 (1.9)	0	3 (5.6)
		3-4 days (3)	0	0	0	1 (1.9)	2 (3.7)	2 (3.7)	0	5 (9.3)
		5-6 days (4)	0	0	0	0	0	1 (1.9)	0	1 (1.9)
		Daily (5)	0	0	0	0	0	0	0	0
		Total	0	25 (46.3)	3 (5.6)	8 (14.8)	8 (14.8)	6 (11.1)	4 (7.4)	54 (100.0)

Table 3.2.15-1: Intensity of heartburn in RDQ score - ITT population

Intensity of heartburn (questions 2a and 2b)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.24	1.54	-0.70
	SD	1.417	1.404	1.531
	Min	0	0	-5.0
	Q1	1.50	0	-1.50
	Median	2.00	1.50	-0.25
	Q3	3.50	2.50	0
	Max	5.0	5.0	2.5
Gaviscon Double Action Tablets	N	56	56	56
	Nmiss	0	0	0
	Mean	2.36	0.98	-1.38
	SD	1.174	1.079	1.251
	Min	0	0	-4.5
	Q1	1.50	0	-2.00
	Median	2.50	1.00	-1.50
	Q3	3.50	1.50	-0.50
	Max	4.5	5.0	1.5
	p-value [1]	0.5304	0.0330	0.0044

Initial values are the raw mean scores of each patient for intensity of heartburn (sum of score values 2a, 2b)/2
[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.15-2: Intensity of heartburn in RDQ score - PP population

Intensity of heartburn (questions 2a and 2b)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.13	1.43	-0.70
	SD	1.410	1.362	1.591
	Min	0	0	-5.0
	Q1	1.50	0	-1.50
	Median	2.00	1.50	0
	Q3	3.50	2.00	0
	Max	5.0	5.0	2.5
Gaviscon Double Action Tablets	N	54	54	54
	Nmiss	0	0	0
	Mean	2.38	1.00	-1.38
	SD	1.141	1.090	1.251
	Min	0	0	-4.5
	Q1	1.50	0	-2.00
	Median	2.50	1.00	-1.50
	Q3	3.50	1.50	-0.50
	Max	4.5	5.0	1.5
	p-value [1]	0.2629	0.1146	0.0056

Initial values are the raw mean scores of each patient for intensity of heartburn (sum of score values 2a, 2b)/2
[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.16-1: Shift table - Intensity of heartburn in RDQ score - ITT population

	Intensity of heartburn (questions 2a and 2b)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)		Very mild (1)		Mild (2)		Moderate (3)		Moderately severe (4)	Severe (5)	Total
2a.	Placebo	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	5	(9.3)	0		0		5	(9.3)	3 (5.6)	2 (3.7)	15 (27.8)
		Very mild (1)	0	1	(1.9)	1	(1.9)	1	(1.9)	1	(1.9)	1 (1.9)	0	5 (9.3)
		Mild (2)	0	0		1	(1.9)	2	(3.7)	3	(5.6)	1 (1.9)	1 (1.9)	8 (14.8)
		Moderate (3)	0	2	(3.7)	0		0		8	(14.8)	6 (11.1)	1 (1.9)	17 (31.5)
		Moderately severe (4)	0	0		0		0		1	(1.9)	5 (9.3)	0	6 (11.1)
		Severe (5)	0	0		0		0		1	(1.9)	0	2 (3.7)	3 (5.6)
		Total	0	8	(14.8)	2	(3.7)	3	(5.6)	19	(35.2)	16 (29.6)	6 (11.1)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	6	(10.7)	0		0		8	(14.3)	6 (10.7)	2 (3.6)	22 (39.3)
		Very mild (1)	0	0		0		1	(1.8)	2	(3.6)	3 (5.4)	1 (1.8)	7 (12.5)
		Mild (2)	0	0		0		4	(7.1)	6	(10.7)	4 (7.1)	1 (1.8)	15 (26.8)
		Moderate (3)	0	0		0		1	(1.8)	2	(3.6)	3 (5.4)	2 (3.6)	8 (14.3)
		Moderately severe (4)	0	0		0		0		1	(1.8)	2 (3.6)	0	3 (5.4)
		Severe (5)	0	0		0		0		1	(1.8)	0	0	1 (1.8)
		Total	0	6	(10.7)	0		6	(10.7)	20	(35.7)	18 (32.1)	6 (10.7)	56 (100.0)
2b.	Placebo	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	26	(48.1)	0		3	(5.6)	4	(7.4)	3 (5.6)	1 (1.9)	37 (68.5)
		Very mild (1)	0	0		0		0		0		0	0	0
		Mild (2)	0	1	(1.9)	0		0		2	(3.7)	0	1 (1.9)	4 (7.4)
		Moderate (3)	0	2	(3.7)	0		0		3	(5.6)	3 (5.6)	0	8 (14.8)
		Moderately severe (4)	0	0		0		0		1	(1.9)	1 (1.9)	0	2 (3.7)
		Severe (5)	0	0		0		2	(3.7)	0		0	1 (1.9)	3 (5.6)
		Total	0	29	(53.7)	0		5	(9.3)	10	(18.5)	7 (13.0)	3 (5.6)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	25	(44.6)	0		3	(5.4)	9	(16.1)	3 (5.4)	0	40 (71.4)
		Very mild (1)	0	0		0		2	(3.6)	2	(3.6)	1 (1.8)	0	5 (8.9)
		Mild (2)	0	1	(1.8)	0		3	(5.4)	2	(3.6)	2 (3.6)	0	8 (14.3)
		Moderate (3)	0	0		0		0		1	(1.8)	1 (1.8)	0	2 (3.6)
		Moderately severe (4)	0	0		0		0		0		0	0	0
		Severe (5)	0	0		0		0		0		1 (1.8)	0	1 (1.8)
		Total	0	26	(46.4)	0		8	(14.3)	14	(25.0)	8 (14.3)	0	56 (100.0)

Table 3.2.16-2: Shift table - Intensity of heartburn in RDQ score - PP population

	Intensity of heartburn (questions 2a and 2b)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	Very mild (1)	Mild (2)	Moderate (3)	Moderately severe (4)	Severe (5)	Total
2a.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	5 (10.2)	0	0	5 (10.2)	3 (6.1)	2 (4.1)	15 (30.6)
		Very mild (1)	0	1 (2.0)	1 (2.0)	1 (2.0)	1 (2.0)	1 (2.0)	0	5 (10.2)
		Mild (2)	0	0	1 (2.0)	2 (4.1)	1 (2.0)	1 (2.0)	1 (2.0)	6 (12.2)
		Moderate (3)	0	2 (4.1)	0	0	8 (16.3)	5 (10.2)	1 (2.0)	16 (32.7)
		Moderately severe (4)	0	0	0	0	1 (2.0)	4 (8.2)	0	5 (10.2)
		Severe (5)	0	0	0	0	1 (2.0)	0	1 (2.0)	2 (4.1)
		Total	0	8 (16.3)	2 (4.1)	3 (6.1)	17 (34.7)	14 (28.6)	5 (10.2)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	5 (9.3)	0	0	8 (14.8)	6 (11.1)	2 (3.7)	21 (38.9)
		Very mild (1)	0	0	0	1 (1.9)	1 (1.9)	3 (5.6)	1 (1.9)	6 (11.1)
		Mild (2)	0	0	0	4 (7.4)	6 (11.1)	4 (7.4)	1 (1.9)	15 (27.8)
		Moderate (3)	0	0	0	1 (1.9)	2 (3.7)	3 (5.6)	2 (3.7)	8 (14.8)
		Moderately severe (4)	0	0	0	0	1 (1.9)	2 (3.7)	0	3 (5.6)
		Severe (5)	0	0	0	0	1 (1.9)	0	0	1 (1.9)
		Total	0	5 (9.3)	0	6 (11.1)	19 (35.2)	18 (33.3)	6 (11.1)	54 (100.0)
2b.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	25 (51.0)	0	3 (6.1)	3 (6.1)	3 (6.1)	1 (2.0)	35 (71.4)
		Very mild (1)	0	0	0	0	0	0	0	0
		Mild (2)	0	1 (2.0)	0	0	1 (2.0)	0	1 (2.0)	3 (6.1)
		Moderate (3)	0	2 (4.1)	0	0	2 (4.1)	3 (6.1)	0	7 (14.3)
		Moderately severe (4)	0	0	0	0	1 (2.0)	1 (2.0)	0	2 (4.1)
		Severe (5)	0	0	0	2 (4.1)	0	0	0	2 (4.1)
		Total	0	28 (57.1)	0	5 (10.2)	7 (14.3)	7 (14.3)	2 (4.1)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	24 (44.4)	0	3 (5.6)	9 (16.7)	3 (5.6)	0	39 (72.2)
		Very mild (1)	0	0	0	2 (3.7)	2 (3.7)	0	0	4 (7.4)
		Mild (2)	0	1 (1.9)	0	3 (5.6)	2 (3.7)	2 (3.7)	0	8 (14.8)
		Moderate (3)	0	0	0	0	1 (1.9)	1 (1.9)	0	2 (3.7)
		Moderately severe (4)	0	0	0	0	0	0	0	0
		Severe (5)	0	0	0	0	0	1 (1.9)	0	1 (1.9)
		Total	0	25 (46.3)	0	8 (14.8)	14 (25.9)	7 (13.0)	0	54 (100.0)

Table 3.2.17-1: Frequency of dyspepsia in RDQ score - ITT population

Frequency of dyspepsia (questions 1c and 1d)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.39	1.56	-0.82
	SD	1.416	1.346	1.360
	Min	0	0	-5.0
	Q1	1.50	0.50	-1.00
	Median	2.50	1.25	-0.50
	Q3	3.00	2.50	0
	Max	5.0	5.0	1.5
Gaviscon Double Action Tablets	N	55	56	55
	Nmiss	1	0	1
	Mean	2.03	0.99	-1.05
	SD	1.547	1.263	1.781
	Min	0	0	-5.0
	Q1	1.00	0	-2.00
	Median	1.50	0.50	-1.00
	Q3	3.00	1.50	0
	Max	5.0	5.0	4.5
	p-value [1]	0.1181	0.0070	0.2577

Initial values are the raw mean scores of each patient for frequency of dyspepsia (sum of score values 1c, 1d)/2
[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.17-2: Frequency of dyspepsia in RDQ score - PP population

Frequency of dyspepsia (questions 1c and 1d)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.37	1.42	-0.95
	SD	1.376	1.243	1.355
	Min	0	0	-5.0
	Q1	1.50	0.50	-1.50
	Median	2.50	1.00	-0.50
	Q3	3.00	2.00	0
	Max	5.0	5.0	1.5
Gaviscon Double Action Tablets	N	53	54	53
	Nmiss	1	0	1
	Mean	2.02	1.01	-1.03
	SD	1.538	1.279	1.793
	Min	0	0	-5.0
	Q1	1.00	0	-2.00
	Median	1.50	0.50	-1.00
	Q3	3.00	1.50	0
	Max	5.0	5.0	4.5
	p-value [1]	0.1323	0.0328	0.5947

Initial values are the raw mean scores of each patient for frequency of dyspepsia (sum of score values 1c, 1d)/2
[1] p-value from ANCOVA model (normal approximation)

Table 3.2.18-1: Shift table - Frequency of dyspepsia in RDQ score - ITT population

	Frequency of dyspepsia (questions 1c and 1d)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	1 day (1)	2 days (2)	3-4 days (3)	5-6 days (4)	Daily (5)	Total
1c.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	4 (7.4)	2 (3.7)	3 (5.6)	2 (3.7)	1 (1.9)	2 (3.7)	14 (25.9)
		1 day (1)	0	0	1 (1.9)	1 (1.9)	1 (1.9)	0	1 (1.9)	4 (7.4)
		2 days (2)	0	0	0	4 (7.4)	5 (9.3)	4 (7.4)	0	13 (24.1)
		3-4 days (3)	0	1 (1.9)	0	0	6 (11.1)	1 (1.9)	2 (3.7)	10 (18.5)
		5-6 days (4)	0	0	0	0	1 (1.9)	1 (1.9)	1 (1.9)	3 (5.6)
		Daily (5)	0	0	0	1 (1.9)	1 (1.9)	2 (3.7)	6 (11.1)	10 (18.5)
		Total	0	5 (9.3)	3 (5.6)	9 (16.7)	16 (29.6)	9 (16.7)	12 (22.2)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	10 (17.9)	1 (1.8)	5 (8.9)	4 (7.1)	2 (3.6)	3 (5.4)	25 (44.6)
		1 day (1)	0	0	0	5 (8.9)	5 (8.9)	0	2 (3.6)	12 (21.4)
		2 days (2)	0	1 (1.8)	0	2 (3.6)	0	3 (5.4)	0	6 (10.7)
		3-4 days (3)	0	1 (1.8)	1 (1.8)	3 (5.4)	2 (3.6)	0	1 (1.8)	8 (14.3)
		5-6 days (4)	0	0	0	0	1 (1.8)	0	2 (3.6)	3 (5.4)
		Daily (5)	0	0	1 (1.8)	0	0	0	1 (1.8)	2 (3.6)
		Total	0	12 (21.4)	3 (5.4)	15 (26.8)	12 (21.4)	5 (8.9)	9 (16.1)	56 (100.0)
1d.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	26 (48.1)	1 (1.9)	2 (3.7)	5 (9.3)	1 (1.9)	2 (3.7)	37 (68.5)
		1 day (1)	0	0	0	1 (1.9)	0	0	1 (1.9)	2 (3.7)
		2 days (2)	0	0	1 (1.9)	2 (3.7)	0	3 (5.6)	1 (1.9)	7 (13.0)
		3-4 days (3)	0	0	0	0	4 (7.4)	0	0	4 (7.4)
		5-6 days (4)	0	0	0	0	1 (1.9)	0	0	1 (1.9)
		Daily (5)	0	0	0	0	0	0	3 (5.6)	3 (5.6)
		Total	0	26 (48.1)	2 (3.7)	5 (9.3)	10 (18.5)	4 (7.4)	7 (13.0)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	1 (1.8)	24 (42.9)	0	3 (5.4)	3 (5.4)	2 (3.6)	5 (8.9)	38 (67.9)
		1 day (1)	0	1 (1.8)	0	3 (5.4)	1 (1.8)	0	2 (3.6)	7 (12.5)
		2 days (2)	0	0	1 (1.8)	0	2 (3.6)	1 (1.8)	0	4 (7.1)
		3-4 days (3)	0	0	0	1 (1.8)	2 (3.6)	0	0	3 (5.4)
		5-6 days (4)	0	0	1 (1.8)	0	1 (1.8)	1 (1.8)	0	3 (5.4)
		Daily (5)	0	1 (1.8)	0	0	0	0	0	1 (1.8)
		Total	1 (1.8)	26 (46.4)	2 (3.6)	7 (12.5)	9 (16.1)	4 (7.1)	7 (12.5)	56 (100.0)

Table 3.2.18-2: Shift table - Frequency of dyspepsia in RDQ score - PP population

	Frequency of dyspepsia (questions 1c and 1d)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	1 day (1)	2 days (2)	3-4 days (3)	5-6 days (4)	Daily (5)	Total
1c.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	4 (8.2)	2 (4.1)	3 (6.1)	2 (4.1)	1 (2.0)	2 (4.1)	14 (28.6)
		1 day (1)	0	0	1 (2.0)	1 (2.0)	1 (2.0)	0	1 (2.0)	4 (8.2)
		2 days (2)	0	0	0	3 (6.1)	5 (10.2)	4 (8.2)	0	12 (24.5)
		3-4 days (3)	0	0	0	0	6 (12.2)	1 (2.0)	2 (4.1)	9 (18.4)
		5-6 days (4)	0	0	0	0	1 (2.0)	0	1 (2.0)	2 (4.1)
		Daily (5)	0	0	0	1 (2.0)	1 (2.0)	2 (4.1)	4 (8.2)	8 (16.3)
		Total	0	4 (8.2)	3 (6.1)	8 (16.3)	16 (32.7)	8 (16.3)	10 (20.4)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	10 (18.5)	0	5 (9.3)	4 (7.4)	2 (3.7)	3 (5.6)	24 (44.4)
		1 day (1)	0	0	0	5 (9.3)	4 (7.4)	0	2 (3.7)	11 (20.4)
		2 days (2)	0	1 (1.9)	0	2 (3.7)	0	3 (5.6)	0	6 (11.1)
		3-4 days (3)	0	1 (1.9)	1 (1.9)	3 (5.6)	2 (3.7)	0	1 (1.9)	8 (14.8)
		5-6 days (4)	0	0	0	0	1 (1.9)	0	2 (3.7)	3 (5.6)
		Daily (5)	0	0	1 (1.9)	0	0	0	1 (1.9)	2 (3.7)
		Total	0	12 (22.2)	2 (3.7)	15 (27.8)	11 (20.4)	5 (9.3)	9 (16.7)	54 (100.0)
1d.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	24 (49.0)	1 (2.0)	2 (4.1)	5 (10.2)	1 (2.0)	2 (4.1)	35 (71.4)
		1 day (1)	0	0	0	1 (2.0)	0	0	1 (2.0)	2 (4.1)
		2 days (2)	0	0	1 (2.0)	1 (2.0)	0	3 (6.1)	1 (2.0)	6 (12.2)
		3-4 days (3)	0	0	0	0	4 (8.2)	0	0	4 (8.2)
		5-6 days (4)	0	0	0	0	0	0	0	0
		Daily (5)	0	0	0	0	0	0	2 (4.1)	2 (4.1)
		Total	0	24 (49.0)	2 (4.1)	4 (8.2)	9 (18.4)	4 (8.2)	6 (12.2)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	1 (1.9)	23 (42.6)	0	3 (5.6)	3 (5.6)	2 (3.7)	5 (9.3)	37 (68.5)
		1 day (1)	0	1 (1.9)	0	3 (5.6)	1 (1.9)	0	1 (1.9)	6 (11.1)
		2 days (2)	0	0	1 (1.9)	0	2 (3.7)	1 (1.9)	0	4 (7.4)
		3-4 days (3)	0	0	0	1 (1.9)	2 (3.7)	0	0	3 (5.6)
		5-6 days (4)	0	0	1 (1.9)	0	1 (1.9)	1 (1.9)	0	3 (5.6)
		Daily (5)	0	1 (1.9)	0	0	0	0	0	1 (1.9)
		Total	1 (1.9)	25 (46.3)	2 (3.7)	7 (13.0)	9 (16.7)	4 (7.4)	6 (11.1)	54 (100.0)

Table 3.2.19-1: Intensity of dyspepsia in RDQ score - ITT population

Intensity of dyspepsia (questions 2c and 2d)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.27	1.47	-0.80
	SD	1.262	1.283	1.375
	Min	0	0	-5.0
	Q1	1.50	0.50	-1.50
	Median	2.00	1.50	-0.50
	Q3	3.00	2.00	0
	Max	5.0	5.0	2.0
Gaviscon Double Action Tablets	N	56	56	56
	Nmiss	0	0	0
	Mean	2.05	0.98	-1.07
	SD	1.320	1.198	1.350
	Min	0	0	-4.0
	Q1	1.25	0	-2.00
	Median	1.75	0.50	-1.00
	Q3	3.00	1.50	0
	Max	5.0	4.0	2.0
	p-value [1]	0.3467	0.0147	0.1427

Initial values are the raw mean scores of each patient for intensity of dyspepsia (sum of score values 2c, 2d)/2
[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.19-2: Intensity of dyspepsia in RDQ score - PP population

Intensity of dyspepsia (questions 2c and 2d)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.23	1.36	-0.88
	SD	1.199	1.220	1.394
	Min	0	0	-5.0
	Q1	1.50	0.50	-1.50
	Median	2.00	1.00	-0.50
	Q3	3.00	2.00	0
	Max	5.0	4.5	2.0
Gaviscon Double Action Tablets	N	54	54	54
	Nmiss	0	0	0
	Mean	2.04	1.00	-1.04
	SD	1.328	1.213	1.359
	Min	0	0	-4.0
	Q1	1.00	0	-2.00
	Median	1.75	0.50	-1.00
	Q3	3.00	1.50	0
	Max	5.0	4.0	2.0
	p-value [1]	0.3705	0.0559	0.3364

Initial values are the raw mean scores of each patient for intensity of dyspepsia (sum of score values 2c, 2d)/2
[1] p-value based on Cochran-Mantel-Haenszel (general approximation)

Table 3.2.20-1: Shift table - Intensity of dyspepsia in RDQ score - ITT population

	Intensity of dyspepsia (questions 2c and 2d)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	Very mild (1)	Mild (2)	Moderate (3)	Moderately severe (4)	Severe (5)	Total
2c.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	4 (7.4)	0	2 (3.7)	5 (9.3)	2 (3.7)	1 (1.9)	14 (25.9)
		Very mild (1)	0	0	1 (1.9)	2 (3.7)	3 (5.6)	0	1 (1.9)	7 (13.0)
		Mild (2)	0	0	0	1 (1.9)	6 (11.1)	0	0	7 (13.0)
		Moderate (3)	0	1 (1.9)	0	0	10 (18.5)	4 (7.4)	0	15 (27.8)
		Moderately severe (4)	0	0	0	1 (1.9)	4 (7.4)	3 (5.6)	1 (1.9)	9 (16.7)
		Severe (5)	0	0	0	0	0	1 (1.9)	1 (1.9)	2 (3.7)
		Total	0	5 (9.3)	1 (1.9)	6 (11.1)	28 (51.9)	10 (18.5)	4 (7.4)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	10 (17.9)	0	3 (5.4)	7 (12.5)	5 (8.9)	0	25 (44.6)
		Very mild (1)	0	1 (1.8)	0	2 (3.6)	6 (10.7)	2 (3.6)	0	11 (19.6)
		Mild (2)	0	0	0	1 (1.8)	5 (8.9)	1 (1.8)	0	7 (12.5)
		Moderate (3)	0	1 (1.8)	1 (1.8)	0	3 (5.4)	3 (5.4)	1 (1.8)	9 (16.1)
		Moderately severe (4)	0	0	0	0	2 (3.6)	0	0	2 (3.6)
		Severe (5)	0	0	0	0	1 (1.8)	0	1 (1.8)	2 (3.6)
		Total	0	12 (21.4)	1 (1.8)	6 (10.7)	24 (42.9)	11 (19.6)	2 (3.6)	56 (100.0)
2d.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	26 (48.1)	1 (1.9)	3 (5.6)	2 (3.7)	3 (5.6)	2 (3.7)	37 (68.5)
		Very mild (1)	0	0	0	1 (1.9)	1 (1.9)	1 (1.9)	0	3 (5.6)
		Mild (2)	0	0	0	1 (1.9)	3 (5.6)	1 (1.9)	0	5 (9.3)
		Moderate (3)	0	0	0	0	3 (5.6)	0	0	3 (5.6)
		Moderately severe (4)	0	0	0	2 (3.7)	1 (1.9)	2 (3.7)	0	5 (9.3)
		Severe (5)	0	0	0	0	0	0	1 (1.9)	1 (1.9)
		Total	0	26 (48.1)	1 (1.9)	7 (13.0)	10 (18.5)	7 (13.0)	3 (5.6)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	25 (44.6)	0	2 (3.6)	7 (12.5)	4 (7.1)	0	38 (67.9)
		Very mild (1)	0	1 (1.8)	0	1 (1.8)	1 (1.8)	2 (3.6)	0	5 (8.9)
		Mild (2)	0	1 (1.8)	0	1 (1.8)	2 (3.6)	1 (1.8)	0	5 (8.9)
		Moderate (3)	0	0	1 (1.8)	1 (1.8)	2 (3.6)	2 (3.6)	1 (1.8)	7 (12.5)
		Moderately severe (4)	0	0	0	0	1 (1.8)	0	0	1 (1.8)
		Severe (5)	0	0	0	0	0	0	0	0
		Total	0	27 (48.2)	1 (1.8)	5 (8.9)	13 (23.2)	9 (16.1)	1 (1.8)	56 (100.0)

Table 3.2.20-2: Shift table - Intensity of dyspepsia in RDQ score - PP population

	Intensity of dyspepsia (questions 2c and 2d)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	Very mild (1)	Mild (2)	Moderate (3)	Moderately severe (4)	Severe (5)	Total
2c.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	4 (8.2)	0	2 (4.1)	5 (10.2)	2 (4.1)	1 (2.0)	14 (28.6)
		Very mild (1)	0	0	1 (2.0)	2 (4.1)	3 (6.1)	0	1 (2.0)	7 (14.3)
		Mild (2)	0	0	0	1 (2.0)	5 (10.2)	0	0	6 (12.2)
		Moderate (3)	0	0	0	0	9 (18.4)	4 (8.2)	0	13 (26.5)
		Moderately severe (4)	0	0	0	1 (2.0)	4 (8.2)	2 (4.1)	1 (2.0)	8 (16.3)
		Severe (5)	0	0	0	0	0	1 (2.0)	0	1 (2.0)
		Total	0	4 (8.2)	1 (2.0)	6 (12.2)	26 (53.1)	9 (18.4)	3 (6.1)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	10 (18.5)	0	3 (5.6)	6 (11.1)	5 (9.3)	0	24 (44.4)
		Very mild (1)	0	1 (1.9)	0	2 (3.7)	5 (9.3)	2 (3.7)	0	10 (18.5)
		Mild (2)	0	0	0	1 (1.9)	5 (9.3)	1 (1.9)	0	7 (13.0)
		Moderate (3)	0	1 (1.9)	1 (1.9)	0	3 (5.6)	3 (5.6)	1 (1.9)	9 (16.7)
		Moderately severe (4)	0	0	0	0	2 (3.7)	0	0	2 (3.7)
		Severe (5)	0	0	0	0	1 (1.9)	0	1 (1.9)	2 (3.7)
		Total	0	12 (22.2)	1 (1.9)	6 (11.1)	22 (40.7)	11 (20.4)	2 (3.7)	54 (100.0)
2d.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	24 (49.0)	1 (2.0)	3 (6.1)	2 (4.1)	3 (6.1)	2 (4.1)	35 (71.4)
		Very mild (1)	0	0	0	1 (2.0)	1 (2.0)	1 (2.0)	0	3 (6.1)
		Mild (2)	0	0	0	1 (2.0)	1 (2.0)	1 (2.0)	0	3 (6.1)
		Moderate (3)	0	0	0	0	3 (6.1)	0	0	3 (6.1)
		Moderately severe (4)	0	0	0	2 (4.1)	1 (2.0)	2 (4.1)	0	5 (10.2)
		Severe (5)	0	0	0	0	0	0	0	0
		Total	0	24 (49.0)	1 (2.0)	7 (14.3)	8 (16.3)	7 (14.3)	2 (4.1)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	24 (44.4)	0	2 (3.7)	7 (13.0)	4 (7.4)	0	37 (68.5)
		Very mild (1)	0	1 (1.9)	0	1 (1.9)	1 (1.9)	1 (1.9)	0	4 (7.4)
		Mild (2)	0	1 (1.9)	0	1 (1.9)	2 (3.7)	1 (1.9)	0	5 (9.3)
		Moderate (3)	0	0	1 (1.9)	1 (1.9)	2 (3.7)	2 (3.7)	1 (1.9)	7 (13.0)
		Moderately severe (4)	0	0	0	0	1 (1.9)	0	0	1 (1.9)
		Severe (5)	0	0	0	0	0	0	0	0
		Total	0	26 (48.1)	1 (1.9)	5 (9.3)	13 (24.1)	8 (14.8)	1 (1.9)	54 (100.0)

Table 3.2.21-1: Frequency of regurgitation in RDQ score - ITT population

Frequency of regurgitation (questions 1e and 1f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.50	1.52	-0.98
	SD	1.640	1.584	1.691
	Min	0	0	-5.0
	Q1	1.50	0	-1.50
	Median	2.25	1.00	-1.00
	Q3	4.00	2.50	0
	Max	5.0	5.0	2.5
Gaviscon Double Action Tablets	N	56	56	56
	Nmiss	0	0	0
	Mean	2.16	0.79	-1.37
	SD	1.573	1.175	1.482
	Min	0	0	-4.5
	Q1	1.00	0	-2.00
	Median	2.00	0.50	-1.50
	Q3	3.50	1.00	0
	Max	5.0	5.0	2.0
	p-value [1]	0.2878	0.0163	0.1132

Initial values are the raw mean scores of each patient for frequency of regurgitation (sum of score values 1e, 1f)/2
[1] p-value from ANCOVA model (Normal approximation)

Table 3.2.21-2: Frequency of regurgitation in RDQ score - PP population

Frequency of regurgitation (questions 1e and 1f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.52	1.44	-1.08
	SD	1.642	1.519	1.718
	Min	0	0	-5.0
	Q1	1.50	0	-1.50
	Median	2.50	1.00	-1.00
	Q3	4.00	2.50	0
	Max	5.0	5.0	2.5
Gaviscon Double Action Tablets	N	54	54	54
	Nmiss	0	0	0
	Mean	2.18	0.81	-1.37
	SD	1.582	1.191	1.502
	Min	0	0	-4.5
	Q1	1.00	0	-2.00
	Median	2.00	0.50	-1.50
	Q3	3.50	1.00	0
	Max	5.0	5.0	2.0
	p-value [1]	0.3182	0.0337	0.2362

Initial values are the raw mean scores of each patient for frequency of regurgitation (sum of score values 1e, 1f)/2

[1] p-value from ANCOVA model (normal approximation)

Table 3.2.22-1: Shift table - Frequency of regurgitation in RDQ score - ITT population

	Frequency of regurgitation (questions 1e and 1f)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)		1 day (1)		2 days (2)		3-4 days (3)		5-6 days (4)		Daily (5)		Total	
1e.	Placebo	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	9	(16.7)	0		1	(1.9)	5	(9.3)	1	(1.9)	3	(5.6)	19	(35.2)
		1 day (1)	0	1	(1.9)	0		5	(9.3)	2	(3.7)	0		3	(5.6)	11	(20.4)
		2 days (2)	0	0		0		2	(3.7)	2	(3.7)	0		1	(1.9)	5	(9.3)
		3-4 days (3)	0	0		0		0		3	(5.6)	5	(9.3)	0		8	(14.8)
		5-6 days (4)	0	0		0		0		2	(3.7)	3	(5.6)	0		5	(9.3)
		Daily (5)	0	0		0		1	(1.9)	1	(1.9)	0		4	(7.4)	6	(11.1)
		Total	0	10	(18.5)	0		9	(16.7)	15	(27.8)	9	(16.7)	11	(20.4)	54	(100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	13	(23.2)	4	(7.1)	2	(3.6)	7	(12.5)	3	(5.4)	2	(3.6)	31	(55.4)
		1 day (1)	0	0		2	(3.6)	5	(8.9)	2	(3.6)	0		3	(5.4)	12	(21.4)
		2 days (2)	0	0		1	(1.8)	1	(1.8)	1	(1.8)	1	(1.8)	1	(1.8)	5	(8.9)
		3-4 days (3)	0	0		0		0		0		4	(7.1)	0		4	(7.1)
		5-6 days (4)	0	0		1	(1.8)	0		1	(1.8)	0		1	(1.8)	3	(5.4)
		Daily (5)	0	0		0		0		0		0		1	(1.8)	1	(1.8)
		Total	0	13	(23.2)	8	(14.3)	8	(14.3)	11	(19.6)	8	(14.3)	8	(14.3)	56	(100.0)
1f.	Placebo	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	14	(25.9)	3	(5.6)	6	(11.1)	3	(5.6)	1	(1.9)	3	(5.6)	30	(55.6)
		1 day (1)	0	0		1	(1.9)	0		1	(1.9)	0		1	(1.9)	3	(5.6)
		2 days (2)	0	2	(3.7)	0		0		3	(5.6)	1	(1.9)	0		6	(11.1)
		3-4 days (3)	0	1	(1.9)	0		1	(1.9)	1	(1.9)	3	(5.6)	3	(5.6)	9	(16.7)
		5-6 days (4)	0	1	(1.9)	0		0		1	(1.9)	1	(1.9)	0		3	(5.6)
		Daily (5)	0	0		0		1	(1.9)	0		0		2	(3.7)	3	(5.6)
		Total	0	18	(33.3)	4	(7.4)	8	(14.8)	9	(16.7)	6	(11.1)	9	(16.7)	54	(100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	16	(28.6)	5	(8.9)	5	(8.9)	6	(10.7)	4	(7.1)	2	(3.6)	38	(67.9)
		1 day (1)	0	0		1	(1.8)	3	(5.4)	2	(3.6)	0		2	(3.6)	8	(14.3)
		2 days (2)	0	0		0		2	(3.6)	1	(1.8)	1	(1.8)	1	(1.8)	5	(8.9)
		3-4 days (3)	0	1	(1.8)	0		1	(1.8)	0		0		0		2	(3.6)
		5-6 days (4)	0	0		0		0		0		0		1	(1.8)	1	(1.8)
		Daily (5)	0	0		0		0		0		2	(3.6)	0		2	(3.6)
		Total	0	17	(30.4)	6	(10.7)	11	(19.6)	9	(16.1)	7	(12.5)	6	(10.7)	56	(100.0)

Table 3.2.22-2: Shift table - Frequency of regurgitation in RDQ score - PP population

	Frequency of regurgitation (questions 1e and 1f)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)		1 day (1)		2 days (2)		3-4 days (3)		5-6 days (4)		Daily (5)		Total	
1e.	Placebo	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	8	(16.3)	0		1	(2.0)	5	(10.2)	1	(2.0)	3	(6.1)	18	(36.7)
		1 day (1)	0	1	(2.0)	0		4	(8.2)	2	(4.1)	0		3	(6.1)	10	(20.4)
		2 days (2)	0	0		0		2	(4.1)	2	(4.1)	0		1	(2.0)	5	(10.2)
		3-4 days (3)	0	0		0		0		3	(6.1)	5	(10.2)	0		8	(16.3)
		5-6 days (4)	0	0		0		0		2	(4.1)	2	(4.1)	0		4	(8.2)
		Daily (5)	0	0		0		1	(2.0)	1	(2.0)	0		2	(4.1)	4	(8.2)
		Total	0	9	(18.4)	0		8	(16.3)	15	(30.6)	8	(16.3)	9	(18.4)	49	(100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	12	(22.2)	4	(7.4)	2	(3.7)	7	(13.0)	3	(5.6)	2	(3.7)	30	(55.6)
		1 day (1)	0	0		2	(3.7)	5	(9.3)	1	(1.9)	0		3	(5.6)	11	(20.4)
		2 days (2)	0	0		1	(1.9)	1	(1.9)	1	(1.9)	1	(1.9)	1	(1.9)	5	(9.3)
		3-4 days (3)	0	0		0		0		0		4	(7.4)	0		4	(7.4)
		5-6 days (4)	0	0		1	(1.9)	0		1	(1.9)	0		1	(1.9)	3	(5.6)
		Daily (5)	0	0		0		0		0		0		1	(1.9)	1	(1.9)
		Total	0	12	(22.2)	8	(14.8)	8	(14.8)	10	(18.5)	8	(14.8)	8	(14.8)	54	(100.0)
1f.	Placebo	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	12	(24.5)	3	(6.1)	5	(10.2)	3	(6.1)	1	(2.0)	3	(6.1)	27	(55.1)
		1 day (1)	0	0		1	(2.0)	0		1	(2.0)	0		1	(2.0)	3	(6.1)
		2 days (2)	0	2	(4.1)	0		0		3	(6.1)	1	(2.0)	0		6	(12.2)
		3-4 days (3)	0	0		0		1	(2.0)	1	(2.0)	3	(6.1)	3	(6.1)	8	(16.3)
		5-6 days (4)	0	1	(2.0)	0		0		1	(2.0)	1	(2.0)	0		3	(6.1)
		Daily (5)	0	0		0		1	(2.0)	0		0		1	(2.0)	2	(4.1)
		Total	0	15	(30.6)	4	(8.2)	7	(14.3)	9	(18.4)	6	(12.2)	8	(16.3)	49	(100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0		0		0	
		Did not have (0)	0	16	(29.6)	4	(7.4)	5	(9.3)	6	(11.1)	4	(7.4)	2	(3.7)	37	(68.5)
		1 day (1)	0	0		1	(1.9)	3	(5.6)	1	(1.9)	0		2	(3.7)	7	(13.0)
		2 days (2)	0	0		0		2	(3.7)	1	(1.9)	1	(1.9)	1	(1.9)	5	(9.3)
		3-4 days (3)	0	1	(1.9)	0		1	(1.9)	0		0		0		2	(3.7)
		5-6 days (4)	0	0		0		0		0		0		1	(1.9)	1	(1.9)
		Daily (5)	0	0		0		0		0		2	(3.7)	0		2	(3.7)
		Total	0	17	(31.5)	5	(9.3)	11	(20.4)	8	(14.8)	7	(13.0)	6	(11.1)	54	(100.0)

Table 3.2.23-1: Intensity of regurgitation in RDQ score - ITT population

Intensity of regurgitation (questions 2e and 2f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.44	1.54	-0.91
	SD	1.459	1.548	1.611
	Min	0	0	-5.0
	Q1	1.50	0	-2.00
	Median	2.75	1.00	-0.50
	Q3	3.50	3.00	0
	Max	5.0	5.0	2.0
Gaviscon Double Action Tablets	N	56	56	56
	Nmiss	0	0	0
	Mean	2.15	0.84	-1.31
	SD	1.378	1.164	1.393
	Min	0	0	-4.5
	Q1	1.00	0	-2.25
	Median	2.50	0.50	-1.50
	Q3	3.00	1.00	0
	Max	5.0	5.0	2.0
	p-value [1]	0.2797	0.0188	0.0810

Initial values are the raw mean scores of each patient for intensity of regurgitation (sum of score values 2e, 2f)/2
[1] p-value based on Cochran-Mantel-Haenszel test (normal approximation)

Table 3.2.23-2: Intensity of regurgitation in RDQ score - PP population

Intensity of regurgitation (questions 2e and 2f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.47	1.47	-1.00
	SD	1.438	1.501	1.636
	Min	0	0	-5.0
	Q1	1.50	0	-2.00
	Median	3.00	1.00	-1.00
	Q3	3.50	3.00	0
	Max	5.0	4.5	2.0
Gaviscon Double Action Tablets	N	54	54	54
	Nmiss	0	0	0
	Mean	2.16	0.85	-1.31
	SD	1.390	1.180	1.416
	Min	0	0	-4.5
	Q1	1.00	0	-2.50
	Median	2.50	0.50	-1.50
	Q3	3.00	1.00	0
	Max	5.0	5.0	2.0
	p-value [1]	0.2484	0.0381	0.1883

Initial values are the raw mean scores of each patient for intensity of regurgitation (sum of score values 2e, 2f)/2
[1] p-value based on Wilcoxon rank sum test (normal approximation)

Table 3.2.24-1: Shift table - Intensity of regurgitation in RDQ score - ITT population

	Intensity of regurgitation (questions 2e and 2f)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)	Very mild (1)	Mild (2)	Moderate (3)	Moderately severe (4)	Severe (5)	Total
2e.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	9 (16.7)	0	0	7 (13.0)	1 (1.9)	2 (3.7)	19 (35.2)
		Very mild (1)	0	1 (1.9)	2 (3.7)	2 (3.7)	3 (5.6)	2 (3.7)	0	10 (18.5)
		Mild (2)	0	0	0	1 (1.9)	5 (9.3)	0	1 (1.9)	7 (13.0)
		Moderate (3)	0	0	0	0	4 (7.4)	2 (3.7)	0	6 (11.1)
		Moderately severe (4)	0	0	0	2 (3.7)	5 (9.3)	2 (3.7)	1 (1.9)	10 (18.5)
		Severe (5)	0	0	0	0	0	0	2 (3.7)	2 (3.7)
		Total	0	10 (18.5)	2 (3.7)	5 (9.3)	24 (44.4)	7 (13.0)	6 (11.1)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	13 (23.2)	3 (5.4)	4 (7.1)	7 (12.5)	3 (5.4)	1 (1.8)	31 (55.4)
		Very mild (1)	0	0	0	2 (3.6)	5 (8.9)	4 (7.1)	1 (1.8)	12 (21.4)
		Mild (2)	0	0	2 (3.6)	0	3 (5.4)	0	0	5 (8.9)
		Moderate (3)	0	0	0	1 (1.8)	2 (3.6)	1 (1.8)	1 (1.8)	5 (8.9)
		Moderately severe (4)	0	0	0	0	2 (3.6)	0	0	2 (3.6)
		Severe (5)	0	0	0	0	0	0	1 (1.8)	1 (1.8)
		Total	0	13 (23.2)	5 (8.9)	7 (12.5)	19 (33.9)	8 (14.3)	4 (7.1)	56 (100.0)
2f.	Placebo	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	14 (25.9)	0	5 (9.3)	6 (11.1)	4 (7.4)	1 (1.9)	30 (55.6)
		Very mild (1)	0	1 (1.9)	0	0	0	1 (1.9)	1 (1.9)	3 (5.6)
		Mild (2)	0	2 (3.7)	0	0	2 (3.7)	0	0	4 (7.4)
		Moderate (3)	0	1 (1.9)	0	1 (1.9)	2 (3.7)	3 (5.6)	0	7 (13.0)
		Moderately severe (4)	0	0	0	0	3 (5.6)	4 (7.4)	1 (1.9)	8 (14.8)
		Severe (5)	0	0	0	0	1 (1.9)	0	1 (1.9)	2 (3.7)
		Total	0	18 (33.3)	0	6 (11.1)	14 (25.9)	12 (22.2)	4 (7.4)	54 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0	0	0	0	0	0	0
		Did not have (0)	0	16 (28.6)	3 (5.4)	8 (14.3)	5 (8.9)	5 (8.9)	1 (1.8)	38 (67.9)
		Very mild (1)	0	0	0	2 (3.6)	2 (3.6)	1 (1.8)	0	5 (8.9)
		Mild (2)	0	0	0	1 (1.8)	2 (3.6)	2 (3.6)	1 (1.8)	6 (10.7)
		Moderate (3)	0	0	0	0	1 (1.8)	1 (1.8)	0	2 (3.6)
		Moderately severe (4)	0	1 (1.8)	0	0	2 (3.6)	1 (1.8)	0	4 (7.1)
		Severe (5)	0	0	0	1 (1.8)	0	0	0	1 (1.8)
		Total	0	17 (30.4)	3 (5.4)	12 (21.4)	12 (21.4)	10 (17.9)	2 (3.6)	56 (100.0)

Table 3.2.24-2: Shift table - Intensity of regurgitation in RDQ score - PP population

	Intensity of regurgitation (questions 2e and 2f)	N (%)	Day 0 Visit											
		End of Study Visit	Missing	Did not have (0)		Very mild (1)		Mild (2)		Moderate (3)		Moderately severe (4)	Severe (5)	Total
2e.	Placebo	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	8	(16.3)	0		0		7	(14.3)	1 (2.0)	2 (4.1)	18 (36.7)
		Very mild (1)	0	1	(2.0)	2	(4.1)	1	(2.0)	3	(6.1)	2 (4.1)	0	9 (18.4)
		Mild (2)	0	0		0		1	(2.0)	5	(10.2)	0	1 (2.0)	7 (14.3)
		Moderate (3)	0	0		0		0		4	(8.2)	2 (4.1)	0	6 (12.2)
		Moderately severe (4)	0	0		0		2	(4.1)	4	(8.2)	2 (4.1)	1 (2.0)	9 (18.4)
		Severe (5)	0	0		0		0		0		0	0	0
		Total	0	9	(18.4)	2	(4.1)	4	(8.2)	23	(46.9)	7 (14.3)	4 (8.2)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	12	(22.2)	3	(5.6)	4	(7.4)	7	(13.0)	3 (5.6)	1 (1.9)	30 (55.6)
		Very mild (1)	0	0		0		2	(3.7)	4	(7.4)	4 (7.4)	1 (1.9)	11 (20.4)
		Mild (2)	0	0		2	(3.7)	0		3	(5.6)	0	0	5 (9.3)
		Moderate (3)	0	0		0		1	(1.9)	2	(3.7)	1 (1.9)	1 (1.9)	5 (9.3)
		Moderately severe (4)	0	0		0		0		2	(3.7)	0	0	2 (3.7)
		Severe (5)	0	0		0		0		0		0	1 (1.9)	1 (1.9)
		Total	0	12	(22.2)	5	(9.3)	7	(13.0)	18	(33.3)	8 (14.8)	4 (7.4)	54 (100.0)
2f.	Placebo	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	12	(24.5)	0		4	(8.2)	6	(12.2)	4 (8.2)	1 (2.0)	27 (55.1)
		Very mild (1)	0	1	(2.0)	0		0		0		1 (2.0)	1 (2.0)	3 (6.1)
		Mild (2)	0	1	(2.0)	0		0		2	(4.1)	0	0	3 (6.1)
		Moderate (3)	0	1	(2.0)	0		1	(2.0)	2	(4.1)	3 (6.1)	0	7 (14.3)
		Moderately severe (4)	0	0		0		0		3	(6.1)	4 (8.2)	1 (2.0)	8 (16.3)
		Severe (5)	0	0		0		0		1	(2.0)	0	0	1 (2.0)
		Total	0	15	(30.6)	0		5	(10.2)	14	(28.6)	12 (24.5)	3 (6.1)	49 (100.0)
	Gaviscon Double Action Tablets	Missing	0	0		0		0		0		0	0	0
		Did not have (0)	0	16	(29.6)	3	(5.6)	7	(13.0)	5	(9.3)	5 (9.3)	1 (1.9)	37 (68.5)
		Very mild (1)	0	0		0		2	(3.7)	1	(1.9)	1 (1.9)	0	4 (7.4)
		Mild (2)	0	0		0		1	(1.9)	2	(3.7)	2 (3.7)	1 (1.9)	6 (11.1)
		Moderate (3)	0	0		0		0		1	(1.9)	1 (1.9)	0	2 (3.7)
		Moderately severe (4)	0	1	(1.9)	0		0		2	(3.7)	1 (1.9)	0	4 (7.4)
		Severe (5)	0	0		0		1	(1.9)	0		0	0	1 (1.9)
		Total	0	17	(31.5)	3	(5.6)	11	(20.4)	11	(20.4)	10 (18.5)	2 (3.7)	54 (100.0)

Table 3.2.25-1: Frequency of GERD dimension in RDQ score - ITT population

Frequency of GERD dimension (questions 1a, 1b, 1e, 1f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.39	1.56	-0.83
	SD	1.273	1.223	1.438
	Min	0.5	0	-5.0
	Q1	1.25	0.50	-1.25
	Median	2.13	1.50	-0.50
	Q3	3.00	2.00	0
	Max	5.0	5.0	1.3
Gaviscon Double Action Tablets	N	56	55	55
	Nmiss	0	1	1
	Mean	2.24	0.89	-1.35
	SD	1.306	0.966	1.212
	Min	0	0	-4.8
	Q1	1.25	0	-2.00
	Median	2.00	0.50	-1.25
	Q3	3.50	1.50	-0.50
	Max	5.0	4.5	1.0
	p-value [1]	0.5936	0.0019	0.0083

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 1a, 1b, 1e, 1f)/4

[1] p-value from ANCOVA model (normal approximation)

Table 3.2.25-2: Frequency of GERD dimension in RDQ score - PP population

Frequency of GERD dimension (questions 1a, 1b, 1e, 1f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.36	1.45	-0.91
	SD	1.250	1.105	1.478
	Min	0.5	0	-5.0
	Q1	1.25	0.50	-1.25
	Median	2.25	1.50	-0.50
	Q3	3.00	2.00	0
	Max	5.0	5.0	1.3
Gaviscon Double Action Tablets	N	54	53	53
	Nmiss	0	1	1
	Mean	2.25	0.91	-1.35
	SD	1.291	0.976	1.215
	Min	0	0	-4.8
	Q1	1.25	0.25	-2.00
	Median	2.00	0.50	-1.25
	Q3	3.50	1.50	-0.50
	Max	5.0	4.5	1.0
	p-value [1]	0.7107	0.0080	0.0268

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 1a, 1b, 1e, 1f)/4

[1] p-value from ANCOVA model with treatment as factor (normal approximation)

Table 3.2.26-1: Intensity of GERD dimension in RDQ score - ITT population

Intensity of GERD dimension (questions 2a, 2b, 2e, 2f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	54	54	54
	Nmiss	0	0	0
	Mean	2.34	1.54	-0.81
	SD	1.155	1.198	1.401
	Min	0.5	0	-5.0
	Q1	1.50	0.50	-1.50
	Median	2.00	1.50	-0.50
	Q3	3.25	2.25	0
	Max	5.0	5.0	1.5
Gaviscon Double Action Tablets	N	56	56	56
	Nmiss	0	0	0
	Mean	2.25	0.91	-1.34
	SD	1.058	0.986	1.072
	Min	0	0	-3.8
	Q1	1.50	0.13	-2.25
	Median	2.25	0.75	-1.25
	Q3	3.25	1.25	-0.50
	Max	4.0	5.0	1.5
	p-value [1]	0.9713	0.0024	0.0044

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 2a, 2b, 2e, 2f)/4

[1] p-value from ANCOVA model (normal approximation)

Table 3.2.26-2: Intensity of GERD dimension in RDQ score - PP population

Intensity of GERD dimension (questions 2a, 2b, 2e, 2f)	Statistic	Day 0 Visit	End of Study Visit	Change from Day 0
Placebo	N	49	49	49
	Nmiss	0	0	0
	Mean	2.30	1.45	-0.85
	SD	1.143	1.119	1.443
	Min	0.5	0	-5.0
	Q1	1.50	0.50	-1.50
	Median	2.00	1.50	-0.50
	Q3	3.25	2.25	0
	Max	5.0	4.3	1.5
Gaviscon Double Action Tablets	N	54	54	54
	Nmiss	0	0	0
	Mean	2.27	0.93	-1.34
	SD	1.041	0.996	1.079
	Min	0	0	-3.8
	Q1	1.50	0.25	-2.25
	Median	2.25	0.75	-1.25
	Q3	3.25	1.25	-0.50
	Max	4.0	5.0	1.5
	p-value [1]	0.8295	0.0087	0.0122

Initial values are the raw mean scores of each patient for frequency of GERD dimension (sum of score values 2a, 2b, 2e, 2f)/4

[1] p-value from ANCOVA model with treatment as factor (normal approximation)

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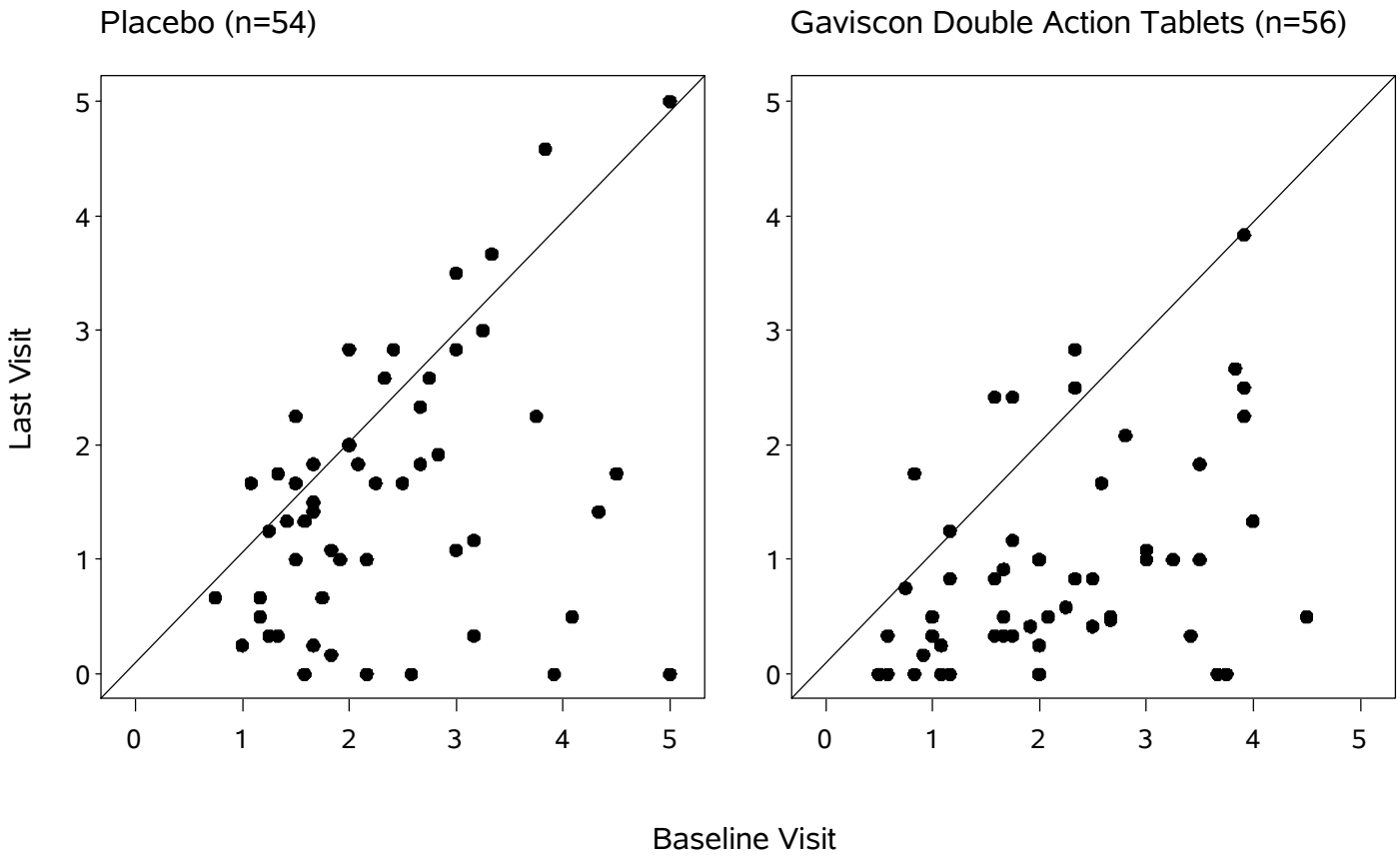
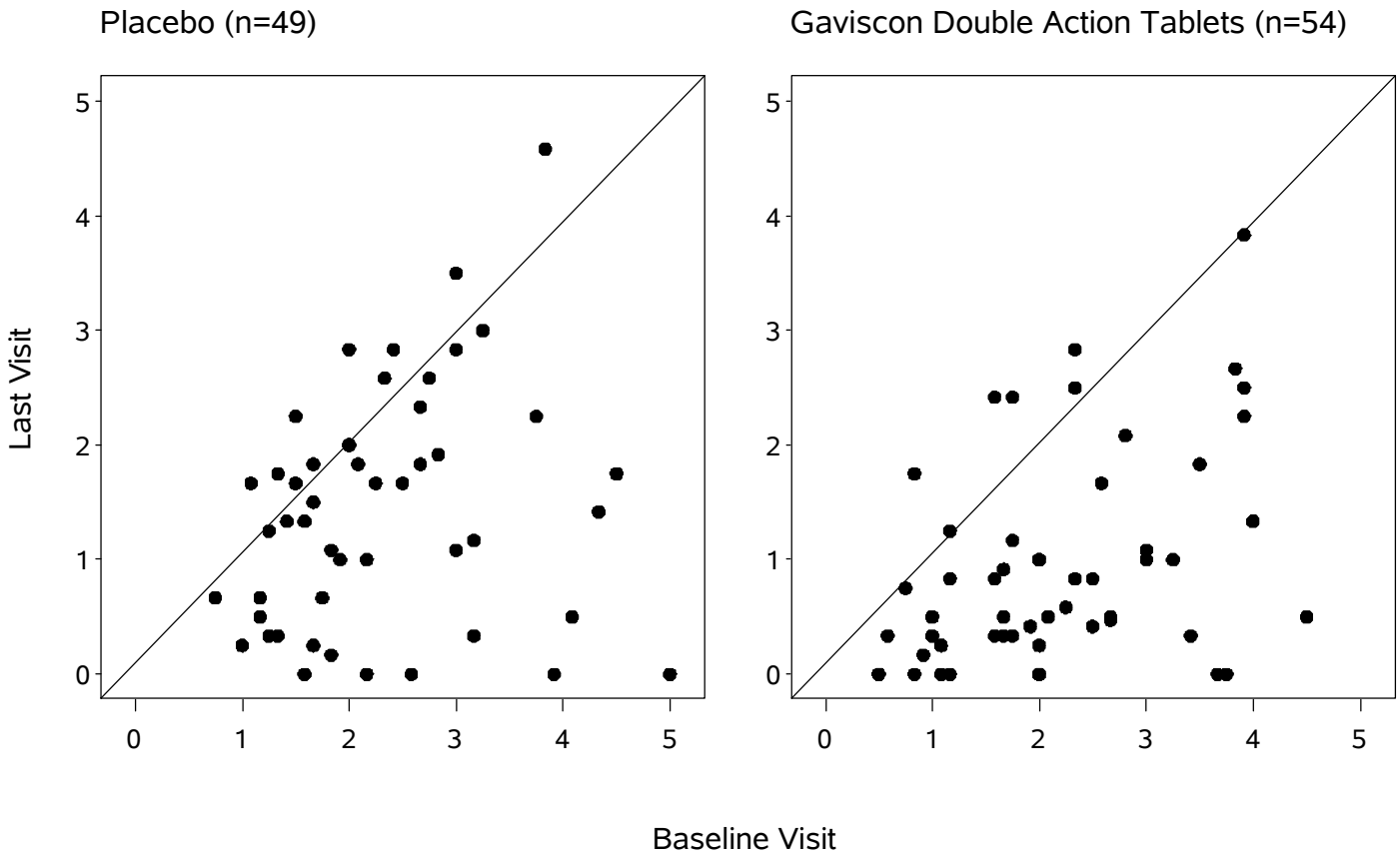
Figure 1: RDQ score - all symptoms - ITT population



Accovion GmbH: 18JAN13 / 14:38 / frdq.sas

Study No: GA1203 Reckitt Benckiser

Figure 2: RDQ score - all symptoms - PP population



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14.3 Safety Data

Table 1.2 (Administration of study medication) (2 pages)

Table 1.2: Administration of study medication - SAF population

Drug accountability	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Amount dispensed (maximum according to CSP: 64 tablets)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	64.0	64.0	64.0
	SD	0	0	0
	Min	64	64	64
	Q1	64.0	64.0	64.0
	Median	64.0	64.0	64.0
	Q3	64.0	64.0	64.0
	Max	64	64	64
Amount returned (at Visit V3 or after withdrawal)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	9.1	7.8	8.4
	SD	7.62	4.19	6.13
	Min	0	0	0
	Q1	6.0	6.0	6.0
	Median	8.0	8.0	8.0
	Q3	10.0	10.5	10.0
	Max	50	16	50
Compliance per patient (compared to the individual scheduled study medication, %)				
	N	54	56	110
	Nmiss	0	0	0
	Mean	101.81	104.01	102.93
	SD	11.814	6.362	9.461
	Min	43.8	85.7	43.8
	Q1	100.00	100.00	100.00
	Median	100.00	103.57	101.79
	Q3	107.14	108.33	107.14
	Max	129.2	122.9	129.2

Table 1.2: Administration of study medication - SAF population

Drug accountability	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	Overall (N=110)
Patients compliant to study medication (>= 75% of scheduled tablets taken)				
Compliant	N (%)	52 (96.3)	56 (100.0)	108 (98.2)
Non-compliant	N (%)	2 (3.7)	0	2 (1.8)

14.3.1 Displays of Adverse Events

Tables 4.1.1 to 4.1.5 (14 pages)

Table 4.1.1: Summary of subjects with adverse events - SAF population

	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Subjects with adverse events	N (%)	18 (33.3)	16 (28.6)
Subjects with mild adverse events	N (%)	17 (31.5)	16 (28.6)
Subjects with moderate adverse events	N (%)	3 (5.6)	0
Subjects with severe adverse events	N (%)	0	0
Subjects with at least possibly related adverse events	N (%)	6 (11.1)	1 (1.8)
Subjects with serious adverse events	N (%)	0	0
Subjects with at least possibly related serious adverse events	N (%)	0	0
Subjects with adverse events leading to death of the subject	N (%)	0	0
Subjects with at least possibly related adverse events leading to death of the subject	N (%)	0	0
Subjects where IMP treatment has to be permanently discontinued due to adverse events	N (%)	1 (1.9)	0
Subjects where IMP treatment has to be permanently discontinued due to at least possibly related adverse events	N (%)	1 (1.9)	0

Table 4.1.2: Incidence of adverse events by SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT)	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
All	All	N (%)	18 (33.3)	16 (28.6)
Gastrointestinal disorders	All	N (%)	8 (14.8)	4 (7.1)
	Abdominal pain	N (%)	1 (1.9)	0
	Constipation	N (%)	0	1 (1.8)
	Diarrhoea	N (%)	4 (7.4)	0
	Eructation	N (%)	0	1 (1.8)
	Flatulence	N (%)	3 (5.6)	1 (1.8)
	Haemorrhoidal haemorrhage	N (%)	1 (1.9)	0
	Mouth ulceration	N (%)	0	1 (1.8)
	Nausea	N (%)	1 (1.9)	0
	Vomiting	N (%)	0	1 (1.8)
Infections and infestations	All	N (%)	4 (7.4)	6 (10.7)
	Gingival abscess	N (%)	1 (1.9)	0
	Rhinitis	N (%)	1 (1.9)	4 (7.1)
	Upper respiratory tract infection	N (%)	2 (3.7)	2 (3.6)
Injury, poisoning and procedural complications	All	N (%)	2 (3.7)	1 (1.8)
	Contusion	N (%)	2 (3.7)	1 (1.8)
Investigations	All	N (%)	3 (5.6)	2 (3.6)
	Blood calcium increased	N (%)	1 (1.9)	0
	Blood pressure increased	N (%)	1 (1.9)	1 (1.8)
	Liver function test abnormal	N (%)	0	1 (1.8)
	Mean cell haemoglobin concentration decreased	N (%)	1 (1.9)	0
	Platelet count increased	N (%)	1 (1.9)	0
Musculoskeletal and connective tissue disorders	All	N (%)	1 (1.9)	0
	Clubbing	N (%)	1 (1.9)	0

Table 4.1.2: Incidence of adverse events by SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT)	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Nervous system disorders	All	N (%)	1 (1.9)	3 (5.4)
	Headache	N (%)	1 (1.9)	3 (5.4)
Respiratory, thoracic and mediastinal disorders	All	N (%)	2 (3.7)	0
	Hypoventilation	N (%)	1 (1.9)	0
	Throat irritation	N (%)	1 (1.9)	0

Table 4.1.3: Incidence of adverse events by severity, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) severity*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
All	All	N (%)	18 (33.3)	16 (28.6)
	mild	N (%)	15 (27.8)	16 (28.6)
	moderate	N (%)	3 (5.6)	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Gastrointestinal disorders	All	N (%)	8 (14.8)	4 (7.1)
	mild	N (%)	6 (11.1)	4 (7.1)
	moderate	N (%)	2 (3.7)	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Abdominal pain	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Constipation	N (%)	0	1 (1.8)
	mild	N (%)	0	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Diarrhoea	N (%)	4 (7.4)	0
	mild	N (%)	2 (3.7)	0
	moderate	N (%)	2 (3.7)	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Eructation	N (%)	0	1 (1.8)
	mild	N (%)	0	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0

* For each subject only the highest severity per adverse event is used. For the 'All' rows the highest severity applicable is used.

Table 4.1.3: Incidence of adverse events by severity, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) severity*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Gastrointestinal disorders (continued)	Flatulence	N (%)	3 (5.6)	1 (1.8)
	mild	N (%)	3 (5.6)	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Haemorrhoidal haemorrhage	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Mouth ulceration	N (%)	0	1 (1.8)
	mild	N (%)	0	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Nausea	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Vomiting	N (%)	0	1 (1.8)
	mild	N (%)	0	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Infections and infestations	All	N (%)	4 (7.4)	6 (10.7)
	mild	N (%)	3 (5.6)	6 (10.7)
	moderate	N (%)	1 (1.9)	0
	severe	N (%)	0	0
	missing	N (%)	0	0

* For each subject only the highest severity per adverse event is used. For the 'All' rows the highest severity applicable is used.

Table 4.1.3: Incidence of adverse events by severity, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) severity*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Infections and infestations (continued)	Gingival abscess	N (%)	1 (1.9)	0
	mild	N (%)	0	0
	moderate	N (%)	1 (1.9)	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Rhinitis	N (%)	1 (1.9)	4 (7.1)
	mild	N (%)	1 (1.9)	4 (7.1)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Upper respiratory tract infection	N (%)	2 (3.7)	2 (3.6)
	mild	N (%)	2 (3.7)	2 (3.6)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Injury, poisoning and procedural complications	All	N (%)	2 (3.7)	1 (1.8)
	mild	N (%)	2 (3.7)	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Contusion	N (%)	2 (3.7)	1 (1.8)
	mild	N (%)	2 (3.7)	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Investigations	All	N (%)	3 (5.6)	2 (3.6)
	mild	N (%)	3 (5.6)	2 (3.6)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0

* For each subject only the highest severity per adverse event is used. For the 'All' rows the highest severity applicable is used.

Table 4.1.3: Incidence of adverse events by severity, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) severity*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Investigations (continued)	Blood calcium increased	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Blood pressure increased	N (%)	1 (1.9)	1 (1.8)
	mild	N (%)	1 (1.9)	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Liver function test abnormal	N (%)	0	1 (1.8)
	mild	N (%)	0	1 (1.8)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Mean cell haemoglobin concentration decreased	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Platelet count increased	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Musculoskeletal and connective tissue disorders	All	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0

* For each subject only the highest severity per adverse event is used. For the 'All' rows the highest severity applicable is used.

Table 4.1.3: Incidence of adverse events by severity, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) severity*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Musculoskeletal and connective tissue disorders (continued)	Clubbing	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Nervous system disorders	All	N (%)	1 (1.9)	3 (5.4)
	mild	N (%)	1 (1.9)	3 (5.4)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Headache	N (%)	1 (1.9)	3 (5.4)
	mild	N (%)	1 (1.9)	3 (5.4)
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
Respiratory, thoracic and mediastinal disorders	All	N (%)	2 (3.7)	0
	mild	N (%)	2 (3.7)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Hypoventilation	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0
	Throat irritation	N (%)	1 (1.9)	0
	mild	N (%)	1 (1.9)	0
	moderate	N (%)	0	0
	severe	N (%)	0	0
	missing	N (%)	0	0

* For each subject only the highest severity per adverse event is used. For the 'All' rows the highest severity applicable is used.

Table 4.1.4: Incidence of adverse events by relationship, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) relationship to IMP*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
All	All	N (%)	18 (33.3)	16 (28.6)
	unrelated or unlikely related**	N (%)	12 (22.2)	15 (26.8)
	at least possibly related***	N (%)	6 (11.1)	1 (1.8)
	missing	N (%)	0	0
Gastrointestinal disorders	All	N (%)	8 (14.8)	4 (7.1)
	unrelated or unlikely related**	N (%)	3 (5.6)	3 (5.4)
	at least possibly related***	N (%)	5 (9.3)	1 (1.8)
	missing	N (%)	0	0
	Abdominal pain	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	0	0
	at least possibly related***	N (%)	1 (1.9)	0
	missing	N (%)	0	0
	Constipation	N (%)	0	1 (1.8)
	unrelated or unlikely related**	N (%)	0	0
	at least possibly related***	N (%)	0	1 (1.8)
	missing	N (%)	0	0
	Diarrhoea	N (%)	4 (7.4)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	3 (5.6)	0
	missing	N (%)	0	0
	Eructation	N (%)	0	1 (1.8)
	unrelated or unlikely related**	N (%)	0	0
	at least possibly related***	N (%)	0	1 (1.8)
	missing	N (%)	0	0
	Flatulence	N (%)	3 (5.6)	1 (1.8)
	unrelated or unlikely related**	N (%)	1 (1.9)	1 (1.8)
	at least possibly related***	N (%)	2 (3.7)	0
	missing	N (%)	0	0

* For each subject the highest relationship per adverse event is used. For the 'All' rows the highest relationship applicable is used.
** includes the categories 'Unassessable/Unclassified' and 'Conditional/Unclassified'
*** includes the categories 'possibly' and 'probably/likely' and 'certainly' related

Table 4.1.4: Incidence of adverse events by relationship, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) relationship to IMP*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Gastrointestinal disorders (continued)	Haemorrhoidal haemorrhage	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Mouth ulceration	N (%)	0	1 (1.8)
	unrelated or unlikely related**	N (%)	0	1 (1.8)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Nausea	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Vomiting	N (%)	0	1 (1.8)
	unrelated or unlikely related**	N (%)	0	1 (1.8)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
Infections and infestations	All	N (%)	4 (7.4)	6 (10.7)
	unrelated or unlikely related**	N (%)	4 (7.4)	6 (10.7)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Gingival abscess	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Rhinitis	N (%)	1 (1.9)	4 (7.1)
	unrelated or unlikely related**	N (%)	1 (1.9)	4 (7.1)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0

* For each subject the highest relationship per adverse event is used. For the 'All' rows the highest relationship applicable is used.
** includes the categories 'Unassessable/Unclassified' and 'Conditional/Unclassified'
*** includes the categories 'possibly' and 'probably/likely' related

Table 4.1.4: Incidence of adverse events by relationship, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) relationship to IMP*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Infections and infestations (continued)	Upper respiratory tract infection	N (%)	2 (3.7)	2 (3.6)
	unrelated or unlikely related**	N (%)	2 (3.7)	2 (3.6)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
Injury, poisoning and procedural complications	All	N (%)	2 (3.7)	1 (1.8)
	unrelated or unlikely related**	N (%)	2 (3.7)	1 (1.8)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Contusion	N (%)	2 (3.7)	1 (1.8)
	unrelated or unlikely related**	N (%)	2 (3.7)	1 (1.8)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
Investigations	All	N (%)	3 (5.6)	2 (3.6)
	unrelated or unlikely related**	N (%)	2 (3.7)	2 (3.6)
	at least possibly related***	N (%)	1 (1.9)	0
	missing	N (%)	0	0
	Blood calcium increased	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	0	0
	at least possibly related***	N (%)	1 (1.9)	0
	missing	N (%)	0	0
	Blood pressure increased	N (%)	1 (1.9)	1 (1.8)
	unrelated or unlikely related**	N (%)	1 (1.9)	1 (1.8)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Liver function test abnormal	N (%)	0	1 (1.8)
	unrelated or unlikely related**	N (%)	0	1 (1.8)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0

* For each subject the highest relationship per adverse event is used. For the 'All' rows the highest relationship applicable is used.
** includes the categories 'Unassessable/Unclassified' and 'Conditional/Unclassified'
*** includes the categories 'possibly' and 'probably/likely' and 'certainly' related

Table 4.1.4: Incidence of adverse events by relationship, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) relationship to IMP*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Investigations (continued)	Mean cell haemoglobin concentration decreased	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Platelet count increased	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
Musculoskeletal and connective tissue disorders	All	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Clubbing	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
Nervous system disorders	All	N (%)	1 (1.9)	3 (5.4)
	unrelated or unlikely related**	N (%)	1 (1.9)	3 (5.4)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Headache	N (%)	1 (1.9)	3 (5.4)
	unrelated or unlikely related**	N (%)	1 (1.9)	3 (5.4)
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0

* For each subject the highest relationship per adverse event is used. For the 'All' rows the highest relationship applicable is used.
** includes the categories 'Unassessable/Unclassified' and 'Conditional/Unclassified'
*** includes the categories 'possibly' and 'probably/likely' and 'certainly' related

Table 4.1.4: Incidence of adverse events by relationship, SOC and preferred term - SAF population

System Organ Class (SOC)	Preferred Term (PT) relationship to IMP*	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)
Respiratory, thoracic and mediastinal disorders	All	N (%)	2 (3.7)	0
	unrelated or unlikely related**	N (%)	2 (3.7)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Hypoventilation	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0
	Throat irritation	N (%)	1 (1.9)	0
	unrelated or unlikely related**	N (%)	1 (1.9)	0
	at least possibly related***	N (%)	0	0
	missing	N (%)	0	0

* For each subject the highest relationship per adverse event is used. For the 'All' rows the highest relationship applicable is used.
** includes the categories 'Unassessable/Unclassified' and 'Conditional/Unclassified'
*** includes the categories 'possibly related' and 'certainly' related

Table 4.1.5: Summary of severe and related adverse events - SAF population

	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Severity*				
Subjects with not severe adverse events**	N (%)	18 (33.3)	16 (28.6)	
Subjects with severe adverse events	N (%)	0	0	
Relationship to IMP*				
Subjects with not related adverse events***	N (%)	12 (22.2)	15 (26.8)	0.0900
Subjects with related adverse event****	N (%)	6 (11.1)	1 (1.8)	

* For each subject the highest severity and relationship of all documented adverse events is used.
** Subjects do not have any severe adverse event
*** Subjects do not have any adverse event judged as possibly, probably or certainly related to IMP treatment
**** subjects do have at least one adverse events judged as possible, probable or certain related to IMP treatment
[1] Fisher's exact test (2-sided)

14.3.2 Listings of Deaths, Other Serious and Significant Adverse Events

Deaths and other SAEs were not observed in this trial. Listing 1 (Appendix 16.2.5) provides information about withdrawn patients due to AEs.

14.3.3 Narratives of Deaths, Other Serious and Certain Other Significant Adverse Events

1 patient (# 1039) in the placebo group withdrew from study due to an AE.

This patient was a 57 year old Caucasian woman with mild to moderate symptoms of GERD according to the investigator's assessment. In the past, this patient was diagnosed with depression and drug hypersensitivity, both conditions were ongoing. Prior and concomitant medications were Rennies and venlafaxine. From 20 to 24 September 2012, the patient suffered from moderate diarrhoea this being the reason for discontinuation of study treatment. Compliance with study medication was 60.71%.

14.3.4 Abnormal Laboratory Value Listing (Each Patient)

Tables 4.2.1 to 4.2.5 (Haematology) (5 pages)

Tables 4.2.16 to 4.2.20 (Haematology) (5 pages)

Figures 3 to 7 (5 pages)

Tables 4.2.6 to 4.2.15 (Biochemistry) (10 pages)

Tables 4.2.21 to 4.2.30 (Biochemistry) (10 pages)

Figures 8 to 17 (10 pages)

Listing 14 (Haematology) (Appendix 16.2.8)

Listings 15.1 and 15.2 (Biochemistry) (Appendix 16.2.8)

Table 4.2.1: Haemoglobin - SAF population

Haemoglobin (mmol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	8.810	8.816	
	SD	0.7290	0.7170	
	Min	6.70	7.14	0.9642
	Q1	8.316	8.130	
	Median	8.844	8.968	
	Q3	9.371	9.309	
	Max	10.05	10.30	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	8.837	8.816	
	SD	0.7279	0.6918	
	Min	6.45	7.45	0.6111
	Q1	8.378	8.254	
	Median	8.937	8.750	
	Q3	9.371	9.340	
	Max	10.12	10.12	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.026	0	
	SD	0.3388	0.3079	
	Min	-0.68	-0.68	0.4988
	Q1	-0.248	-0.248	
	Median	0.062	0.031	
	Q3	0.248	0.186	
	Max	0.87	0.87	
	p-value [2]	0.5012	0.9620	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.2: Red Blood Cells - SAF population

RBC (10**12/L)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	4.706	4.694	
	SD	0.3862	0.4063	
	Min	3.73	3.96	0.8086
	Q1	4.440	4.380	
	Median	4.640	4.655	
	Q3	4.960	4.940	
	Max	5.57	5.57	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	4.721	4.687	
	SD	0.3861	0.3809	
	Min	3.81	4.09	0.5321
	Q1	4.460	4.350	
	Median	4.715	4.650	
	Q3	5.010	4.995	
	Max	5.63	5.60	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.015	-0.007	
	SD	0.1602	0.1575	
	Min	-0.33	-0.47	0.4935
	Q1	-0.090	-0.105	
	Median	0.020	-0.015	
	Q3	0.140	0.075	
	Max	0.41	0.37	
	p-value [2]	0.4825	0.8618	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.3: Mean Cell Haemoglobin Concentration - SAF population

MCHC (g/L)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	324.2	323.9	
	SD	9.29	9.33	
	Min	305	296	0.9546
	Q1	318.0	316.0	
	Median	321.5	325.0	
	Q3	332.0	330.5	
	Max	349	342	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	324.8	325.8	
	SD	9.38	8.02	
	Min	300	306	0.4763
	Q1	319.0	322.0	
	Median	325.0	326.0	
	Q3	330.0	331.0	
	Max	349	342	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.6	1.9	
	SD	7.73	7.50	
	Min	-16	-11	0.5121
	Q1	-5.0	-4.5	
	Median	0.5	0.5	
	Q3	5.0	8.5	
	Max	18	22	
	p-value [2]	0.6947	0.1042	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.4: White Blood Cells - SAF population

WBC (10**9/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	7.58	6.97	
	SD	1.971	1.606	
	Min	3.4	3.8	0.2080
	Q1	6.10	5.95	
	Median	7.30	6.95	
	Q3	8.50	8.00	
	Max	12.9	10.7	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	7.67	7.08	
	SD	2.148	1.704	
	Min	4.1	4.4	0.1944
	Q1	6.10	5.75	
	Median	7.35	7.05	
	Q3	8.80	8.00	
	Max	13.8	11.2	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.09	0.11	
	SD	1.400	1.259	
	Min	-3.8	-2.2	0.6755
	Q1	-0.60	-0.60	
	Median	0	-0.10	
	Q3	0.70	0.50	
	Max	4.0	4.3	
	p-value [2]	0.7355	0.7727	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.5: Platelet Count - SAF population

Platelet Count (10**9/L)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	342.3	294.0	
	SD	80.07	64.96	
	Min	207	129	0.0010
	Q1	284.0	247.5	
	Median	336.0	290.5	
	Q3	395.0	324.5	
	Max	628	516	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	337.4	293.6	
	SD	80.80	60.04	
	Min	194	122	0.0027
	Q1	277.0	253.0	
	Median	330.5	295.0	
	Q3	375.0	324.5	
	Max	660	445	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-4.9	-0.4	
	SD	31.78	27.28	
	Min	-91	-71	0.6624
	Q1	-23.0	-15.0	
	Median	2.0	2.0	
	Q3	17.0	14.0	
	Max	44	53	
	p-value [2]	0.5773	0.8418	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.16: Shift Table - Haemoglobin - SAF population

Haemoglobin		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	1	0	0	1
	Normal	0	0	53	0	53
	High	0	0	0	0	0
	Total	0	1	53	0	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	1	0	1
	Normal	0	0	55	0	55
	High	0	0	0	0	0
	Total	0	0	56	0	56

Table 4.2.17: Shift Table - Red Blood Cells - SAF population

RBC		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	3	0	0	3
	Normal	0	2	49	0	51
	High	0	0	0	0	0
	Total	0	5	49	0	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	3	0	0	3
	Normal	0	0	53	0	53
	High	0	0	0	0	0
	Total	0	3	53	0	56

Table 4.2.18: Shift Table - Mean Cell Haemoglobin concentration - SAF population

MCHC		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	2	0	2
	Normal	0	1	49	1	51
	High	0	0	1	0	1
	Total	0	1	52	1	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	1	0	0	1
	Normal	0	1	54	0	55
	High	0	0	0	0	0
	Total	0	2	54	0	56

Table 4.2.19: Shift Table - White Blood Cells - SAF population

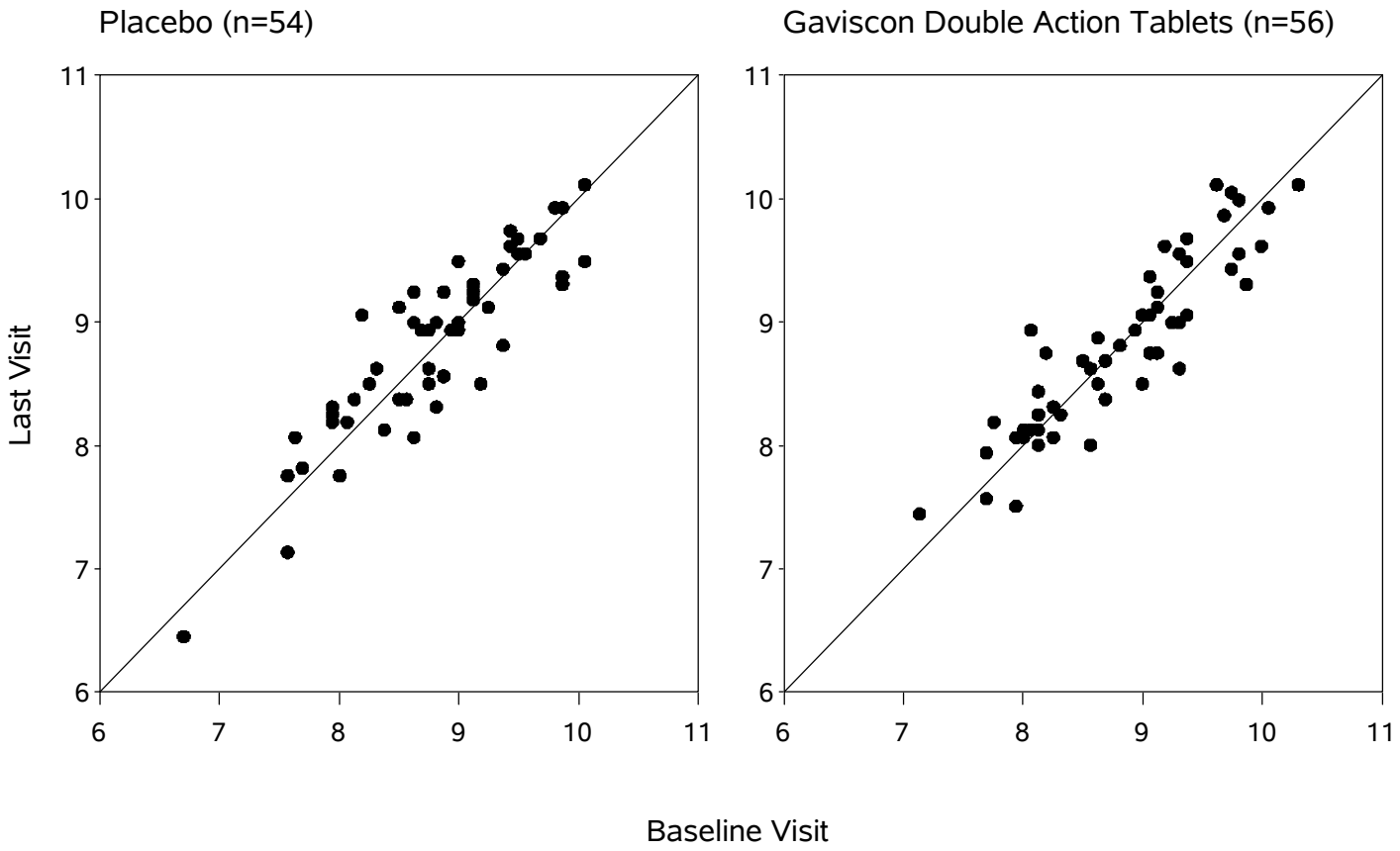
WBC		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	1	0	0	1
	Normal	0	0	47	1	48
	High	0	0	2	3	5
	Total	0	1	49	4	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	1	0	1
	Normal	0	3	51	0	54
	High	0	0	1	0	1
	Total	0	3	53	0	56

Table 4.2.20: Shift Table - Platelet Count - SAF population

Platelet Count		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	39	3	42
	High	0	0	2	10	12
	Total	0	0	41	13	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	1	0	0	1
	Normal	0	0	51	1	52
	High	0	0	1	2	3
	Total	0	1	52	3	56

Study No: GA1203 Reckitt Benckiser

Figure 3: Haematology - Haemoglobin - Baseline versus last visit - SAF population



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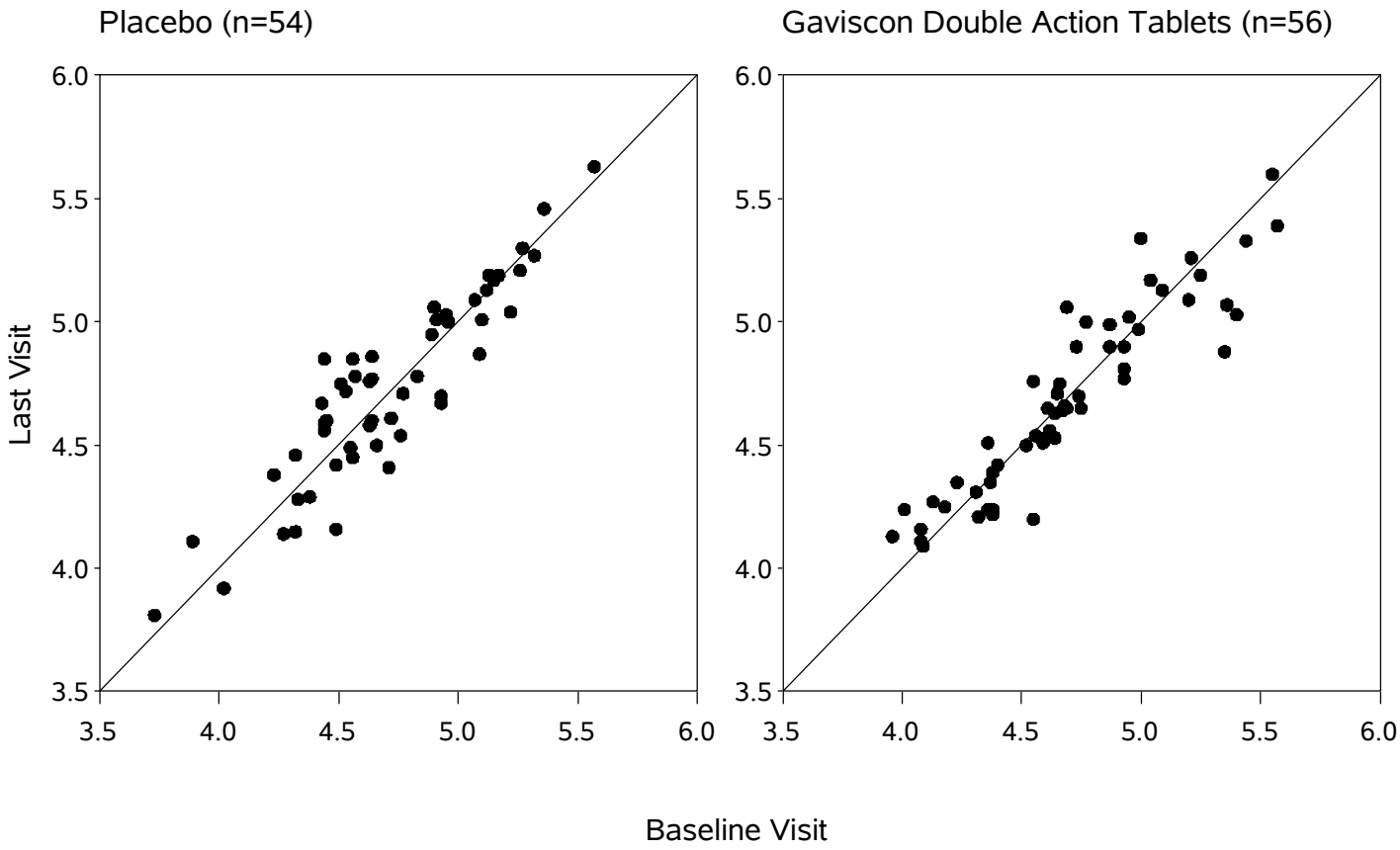
Study No: GA1203 Reckitt Benckiser

Figure 4: Haematology - Red Blood Cells - Baseline versus last visit - SAF population



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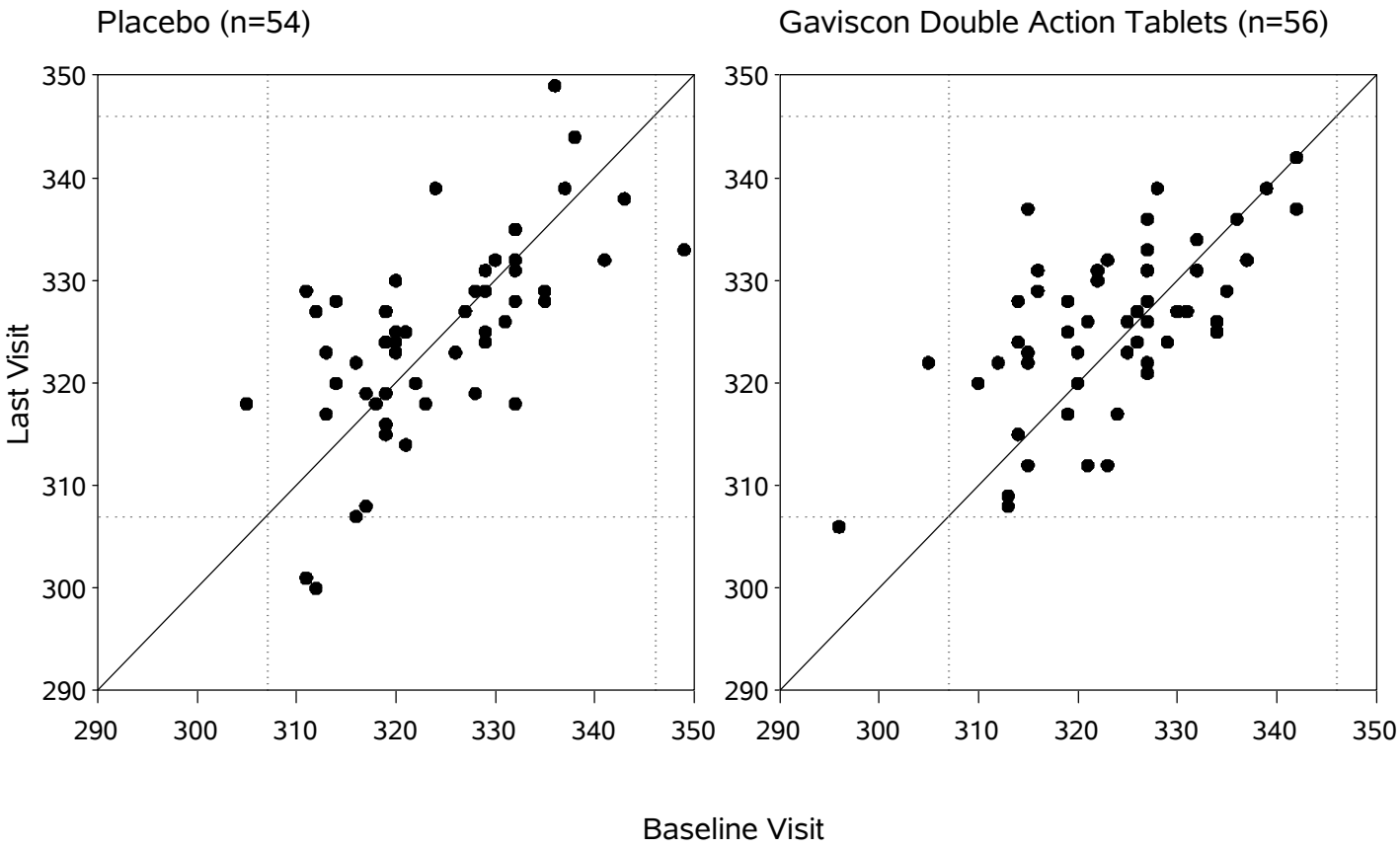
Study No: GA1203 Reckitt Benckiser

Figure 5: Haematology - Mean Cell Haemoglobin Concentration - Baseline versus last visit - SAF population



MCHC Normal Range: 307 - 346 g/L

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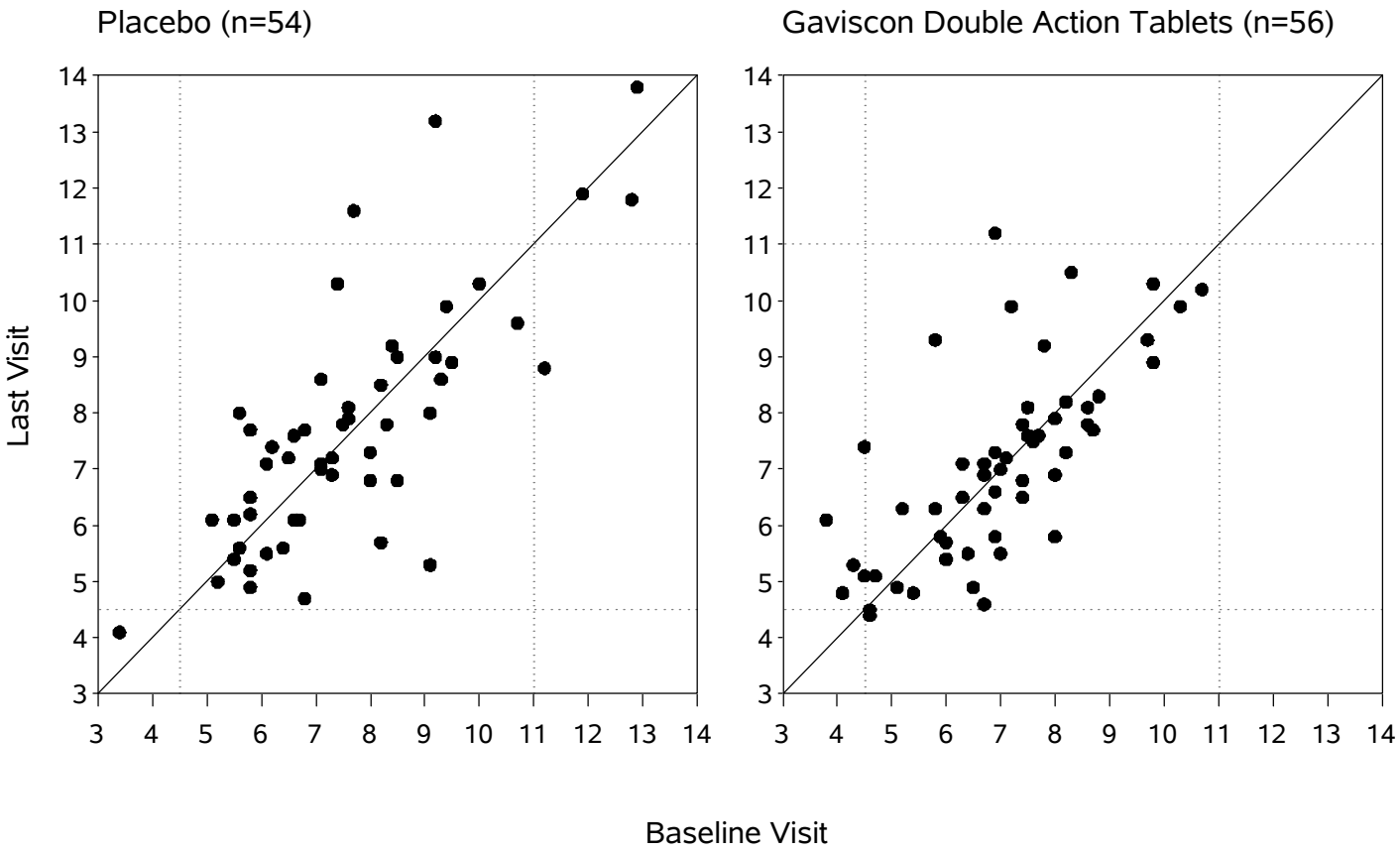
Study No: GA1203 Reckitt Benckiser

Figure 6: Haematology - White Blood Cells - Baseline versus last visit - SAF population



WBC Normal Range: 4.5 - 11 10**9/L

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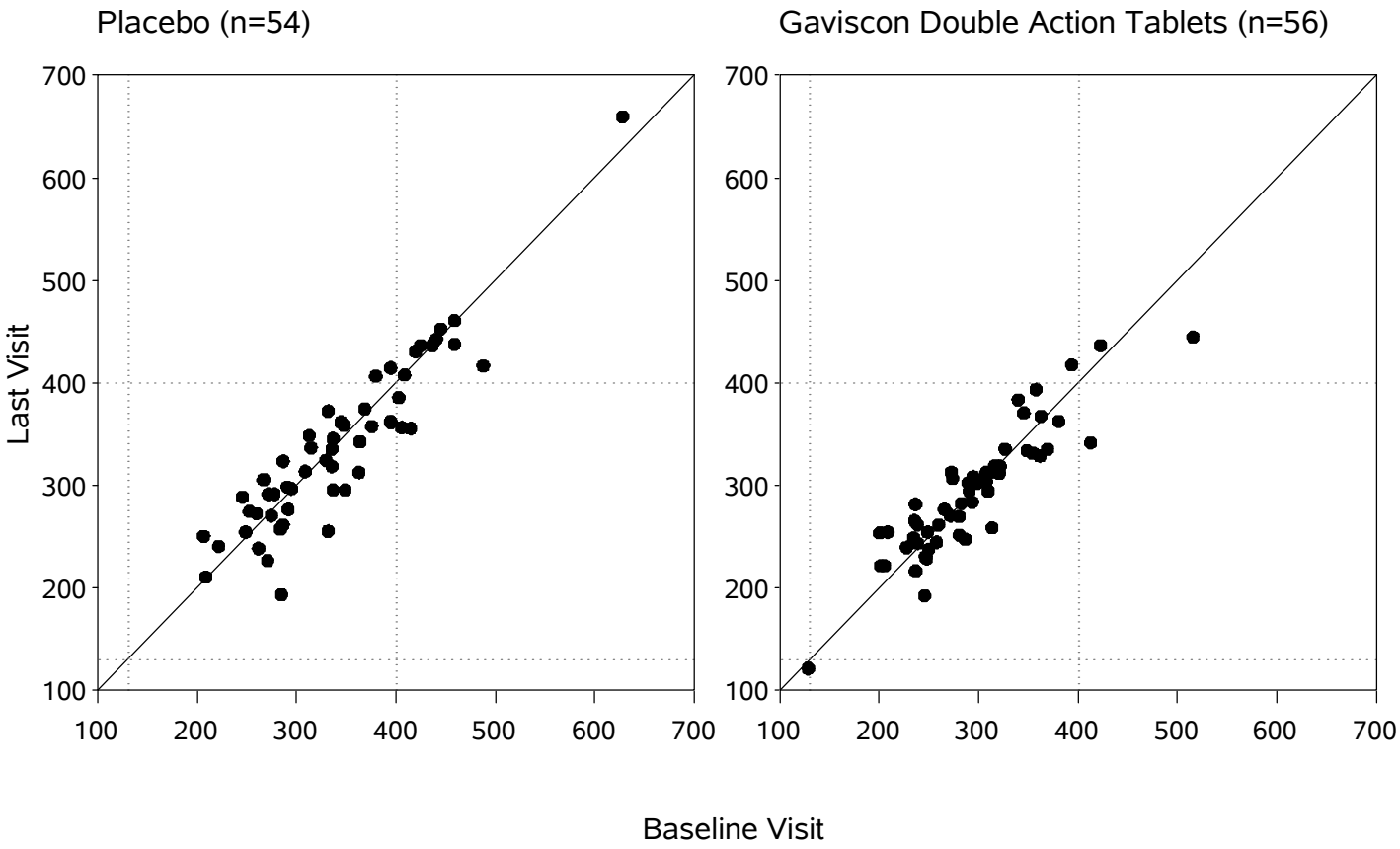
Figure 7: Haematology - Platelet Count - Baseline versus last visit - SAF population



Platelet Count Normal Range: 130 - 400 10**9/L

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Table 4.2.6: Sodium - SAF population

Sodium (mmol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	140.0	140.4	
	SD	2.05	1.99	
	Min	134	135	0.2911
	Q1	139.0	139.0	
	Median	140.0	141.0	
	Q3	141.0	142.0	
	Max	146	144	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	140.3	140.8	
	SD	2.33	1.97	
	Min	135	135	0.1535
	Q1	139.0	140.0	
	Median	140.0	141.0	
	Q3	141.0	142.0	
	Max	146	146	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.3	0.4	
	SD	2.63	2.35	
	Min	-5	-5	0.5955
	Q1	-2.0	-1.0	
	Median	0	0	
	Q3	2.0	2.0	
	Max	8	7	
	p-value [2]	0.6171	0.3232	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.7: Potassium - SAF population

Potassium (mmol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	4.19	4.22	
	SD	0.272	0.310	
	Min	3.7	3.7	0.8708
	Q1	4.00	4.00	
	Median	4.20	4.15	
	Q3	4.30	4.40	
	Max	4.9	5.2	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	4.26	4.27	
	SD	0.241	0.317	
	Min	3.7	3.6	0.7448
	Q1	4.10	4.00	
	Median	4.30	4.30	
	Q3	4.40	4.40	
	Max	4.8	5.7	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.08	0.04	
	SD	0.320	0.316	
	Min	-0.8	-1.1	0.5059
	Q1	-0.10	-0.10	
	Median	0.10	0	
	Q3	0.30	0.25	
	Max	0.6	0.9	
	p-value [2]	0.0693	0.1653	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.8: Calcium - SAF population

Calcium (mmol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	2.350	2.357	
	SD	0.0973	0.0851	
	Min	2.12	2.22	0.7375
	Q1	2.280	2.295	
	Median	2.350	2.355	
	Q3	2.410	2.415	
	Max	2.55	2.59	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	2.357	2.362	
	SD	0.0962	0.0795	
	Min	2.13	2.12	0.5839
	Q1	2.300	2.310	
	Median	2.345	2.360	
	Q3	2.420	2.410	
	Max	2.68	2.57	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.008	0.005	
	SD	0.0945	0.0889	
	Min	-0.19	-0.19	0.9714
	Q1	-0.040	-0.050	
	Median	-0.005	0	
	Q3	0.060	0.055	
	Max	0.24	0.21	
	p-value [2]	0.7831	0.7202	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.9: Urea - SAF population

BUN (mmol/L)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	4.98	5.03	
	SD	1.285	1.464	
	Min	2.1	2.4	0.7422
	Q1	4.00	4.25	
	Median	5.15	4.90	
	Q3	5.90	5.75	
	Max	8.2	10.3	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	5.03	5.02	
	SD	1.412	1.400	
	Min	1.7	2.0	0.8693
	Q1	4.10	4.00	
	Median	4.85	4.90	
	Q3	5.60	5.80	
	Max	8.9	7.9	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.05	-0.02	
	SD	1.129	1.058	
	Min	-1.9	-2.4	0.7878
	Q1	-1.00	-0.75	
	Median	0.15	0.10	
	Q3	1.00	0.45	
	Max	2.3	2.3	
	p-value [2]	0.8238	0.8855	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.10: Creatinine - SAF population

Creatinine (umol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	77.7	76.5	
	SD	15.07	13.26	
	Min	47	51	0.7264
	Q1	66.0	66.0	
	Median	77.5	78.0	
	Q3	87.0	86.0	
	Max	119	104	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	77.4	76.4	
	SD	17.03	11.57	
	Min	47	50	0.7648
	Q1	68.0	69.0	
	Median	78.0	75.0	
	Q3	86.0	87.5	
	Max	151	97	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-0.3	0	
	SD	8.49	7.70	
	Min	-25	-20	0.8598
	Q1	-5.0	-3.5	
	Median	0	0	
	Q3	4.0	4.0	
	Max	32	15	
	p-value [2]	0.6508	0.9734	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.11: Uric Acid - SAF population

Uric Acid (umol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	341.9	326.5	
	SD	98.46	76.60	
	Min	148	196	0.3958
	Q1	283.0	283.0	
	Median	342.5	319.5	
	Q3	397.0	381.5	
	Max	718	593	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	329.9	324.8	
	SD	100.68	74.06	
	Min	149	169	0.8788
	Q1	272.0	278.0	
	Median	318.0	323.0	
	Q3	384.0	366.0	
	Max	775	560	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-12.0	-1.8	
	SD	37.15	34.69	
	Min	-83	-84	0.1718
	Q1	-44.0	-23.0	
	Median	-7.5	-5.5	
	Q3	13.0	18.0	
	Max	76	74	
	p-value [2]	0.0300	0.5623	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.12: Glucose - SAF population

Glucose (mmol/L)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	5.70	6.20	
	SD	1.957	3.628	
	Min	3.9	3.8	0.2692
	Q1	5.00	4.75	
	Median	5.30	5.20	
	Q3	5.90	5.60	
	Max	18.5	21.7	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	5.52	5.96	
	SD	1.599	2.086	
	Min	4.2	3.6	0.1424
	Q1	4.80	4.95	
	Median	5.15	5.30	
	Q3	5.60	6.20	
	Max	13.3	15.7	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-0.18	-0.24	
	SD	1.294	2.856	
	Min	-5.2	-15.3	0.1671
	Q1	-0.80	-0.50	
	Median	-0.15	0.30	
	Q3	0.40	0.95	
	Max	4.1	5.1	
	p-value [2]	0.1705	0.5083	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.13: Inorganic Phosphorous - SAF population

Phosphorous (mmol/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	1.108	1.123	
	SD	0.1770	0.1926	
	Min	0.67	0.61	0.4421
	Q1	0.990	1.040	
	Median	1.110	1.125	
	Q3	1.200	1.225	
	Max	1.60	1.73	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	1.106	1.104	
	SD	0.1979	0.1807	
	Min	0.70	0.73	0.7354
	Q1	0.970	0.985	
	Median	1.085	1.120	
	Q3	1.240	1.240	
	Max	1.76	1.39	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-0.002	-0.019	
	SD	0.2081	0.2309	
	Min	-0.40	-0.63	0.7856
	Q1	-0.140	-0.145	
	Median	-0.030	-0.030	
	Q3	0.140	0.150	
	Max	0.60	0.49	
	p-value [2]	0.8451	0.7244	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.14: Alanine Transaminase (ALT) - SAF population

ALT (U/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	29.9	28.1	
	SD	18.61	17.69	
	Min	9	8	0.5496
	Q1	16.0	16.5	
	Median	21.5	21.5	
	Q3	42.0	34.5	
	Max	97	83	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	28.4	30.2	
	SD	17.04	23.78	
	Min	9	8	0.9119
	Q1	16.0	15.5	
	Median	24.0	23.0	
	Q3	38.0	40.0	
	Max	80	156	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-1.5	2.1	
	SD	10.28	18.81	
	Min	-45	-39	0.6991
	Q1	-4.0	-2.0	
	Median	0	0	
	Q3	4.0	3.0	
	Max	15	120	
	p-value [2]	0.6917	0.5887	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.15: Aspartate Transaminase (AST) - SAF population

AST (U/L) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	23.4	22.8	
	SD	9.70	9.61	
	Min	13	12	0.6728
	Q1	17.0	17.0	
	Median	20.5	20.0	
	Q3	27.0	26.0	
	Max	65	70	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	22.0	27.4	
	SD	8.06	27.90	
	Min	11	12	0.4781
	Q1	16.0	17.0	
	Median	20.0	21.0	
	Q3	27.0	27.0	
	Max	57	214	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-1.4	4.7	
	SD	5.80	25.53	
	Min	-31	-10	0.0804
	Q1	-3.0	-2.5	
	Median	-1.0	0	
	Q3	2.0	4.0	
	Max	8	182	
	p-value [2]	0.1179	0.2971	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon signed rank test within treatment changes from baseline

Table 4.2.21: Shift Table - Sodium - SAF population

Sodium		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	1	0	1
	Normal	0	1	51	0	52
	High	0	0	0	1	1
	Total	0	1	52	1	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	1	0	1
	Normal	0	1	53	0	54
	High	0	0	1	0	1
	Total	0	1	55	0	56

Table 4.2.22: Shift Table - Potassium - SAF population

Potassium		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	54	0	54
	High	0	0	0	0	0
	Total	0	0	54	0	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	54	1	55
	High	0	0	1	0	1
	Total	0	0	55	1	56

Table 4.2.23: Shift Table - Calcium - SAF population

Calcium		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	1	0	1
	Normal	0	1	50	0	51
	High	0	0	2	0	2
	Total	0	1	53	0	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	1	0	1
	Normal	0	0	53	1	54
	High	0	0	1	0	1
	Total	0	0	55	1	56

Table 4.2.24: Shift Table - Urea - SAF population

BUN		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	1	2	0	3
	Normal	0	3	46	0	49
	High	0	0	2	0	2
	Total	0	4	50	0	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	3	3	0	6
	Normal	0	3	46	1	50
	High	0	0	0	0	0
	Total	0	6	49	1	56

Table 4.2.25: Shift Table - Creatinine - SAF population

Creatinine		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	53	0	53
	High	0	0	0	1	1
	Total	0	0	53	1	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	56	0	56
	High	0	0	0	0	0
	Total	0	0	56	0	56

Table 4.2.26: Shift Table - Uric Acid - SAF population

Uric Acid		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	1	0	0	1
	Normal	0	0	44	3	47
	High	0	0	2	4	6
	Total	0	1	46	7	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	2	1	0	3
	Normal	0	0	48	3	51
	High	0	0	1	1	2
	Total	0	2	50	4	56

Table 4.2.27: Shift Table - Glucose - SAF population

Glucose		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	51	1	52
	High	0	0	0	2	2
	Total	0	0	51	3	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	48	3	51
	High	0	0	2	3	5
	Total	0	0	50	6	56

Table 4.2.28: Shift Table - Inorganic Phosphorous - SAF population

Phosphorous		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	2	0	2
	Normal	0	3	46	1	50
	High	0	0	1	1	2
	Total	0	3	49	2	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	3	0	3
	Normal	0	3	48	2	53
	High	0	0	0	0	0
	Total	0	3	51	2	56

Table 4.2.29: Shift Table - Alanine Transaminase (ALT) - SAF population

ALT		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	40	3	43
	High	0	0	4	7	11
	Total	0	0	44	10	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	0	0	0	0
	Normal	0	0	41	3	44
	High	0	0	4	8	12
	Total	0	0	45	11	56

Table 4.2.30: Shift Table - Aspartate Transaminase (AST) - SAF population

AST		Baseline Visit				
	End of Study Visit	Missing	Low	Normal	High	Total
Placebo	Missing	0	0	0	0	0
	Low	0	1	2	0	3
	Normal	0	0	47	2	49
	High	0	0	1	1	2
	Total	0	1	50	3	54
Gaviscon Double Action Tablets	Missing	0	0	0	0	0
	Low	0	1	2	0	3
	Normal	0	1	45	1	47
	High	0	0	5	1	6
	Total	0	2	52	2	56

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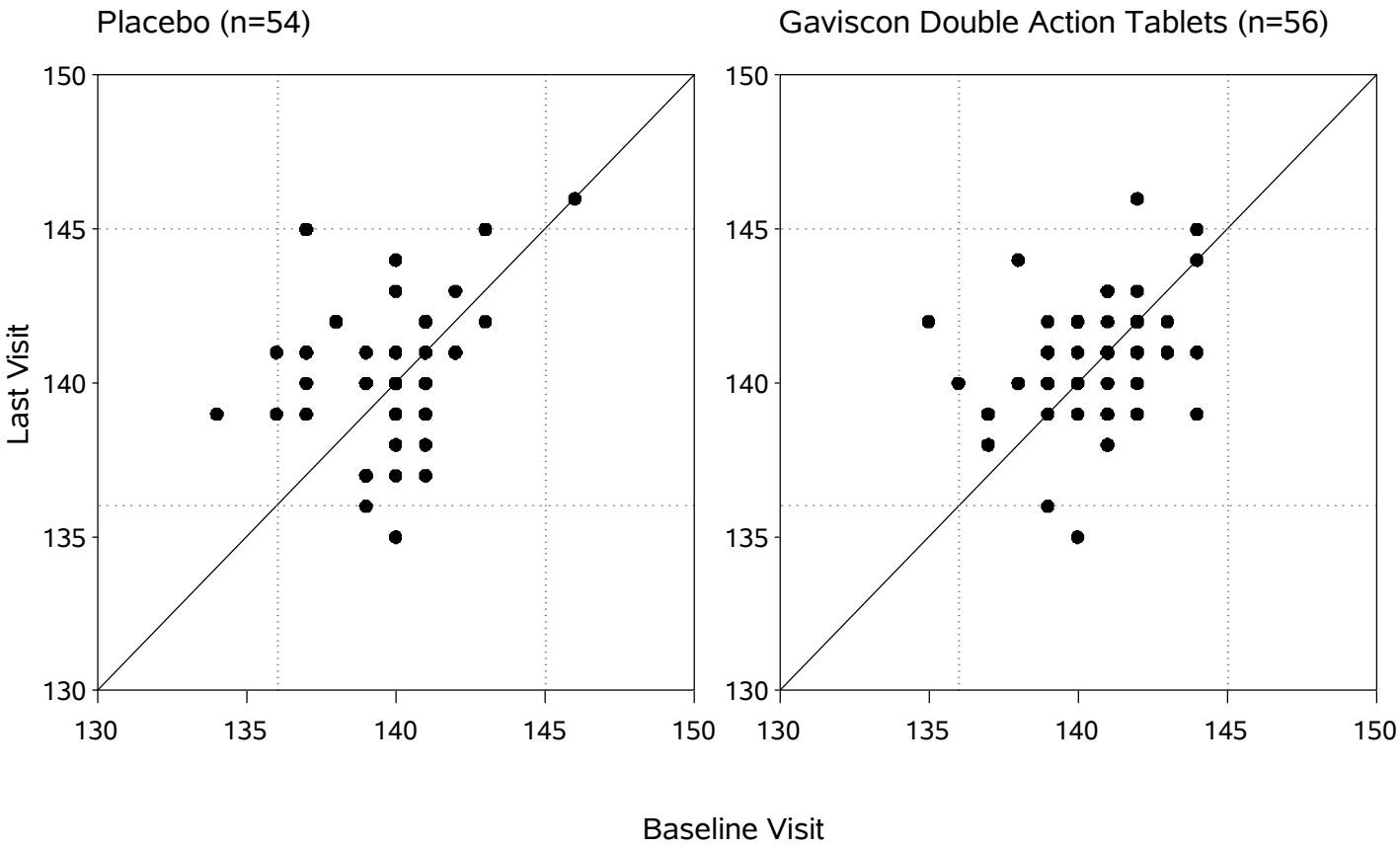
Figure 8: Chemistry - Sodium - Baseline versus last visit - SAF population



Sodium Normal Range: 136 - 145 mmol/L

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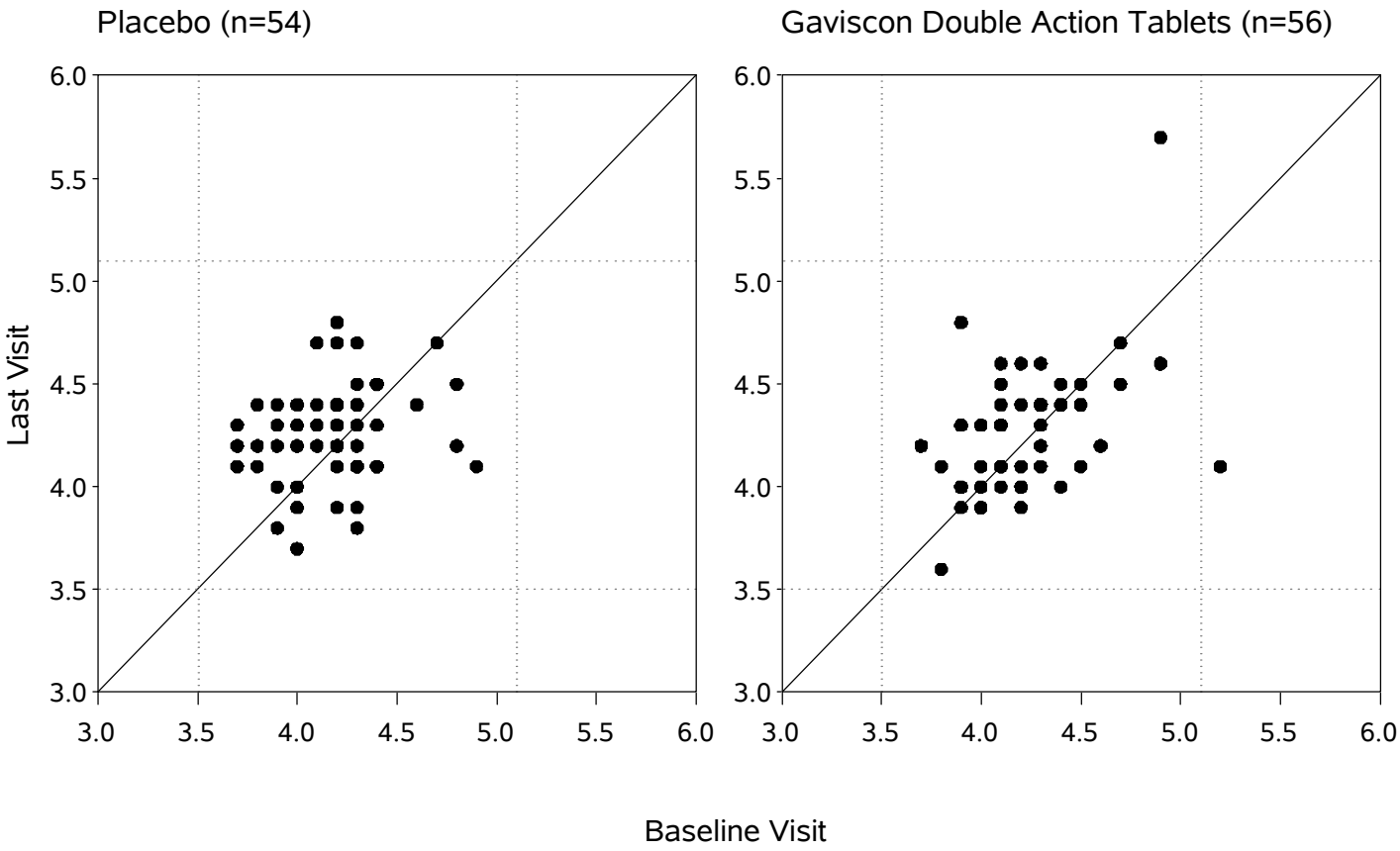
Study No: GA1203 Reckitt Benckiser

Figure 9: Chemistry - Potassium - Baseline versus last visit - SAF population



Potassium Normal Range: 3.5 - 5.1 mmol/L

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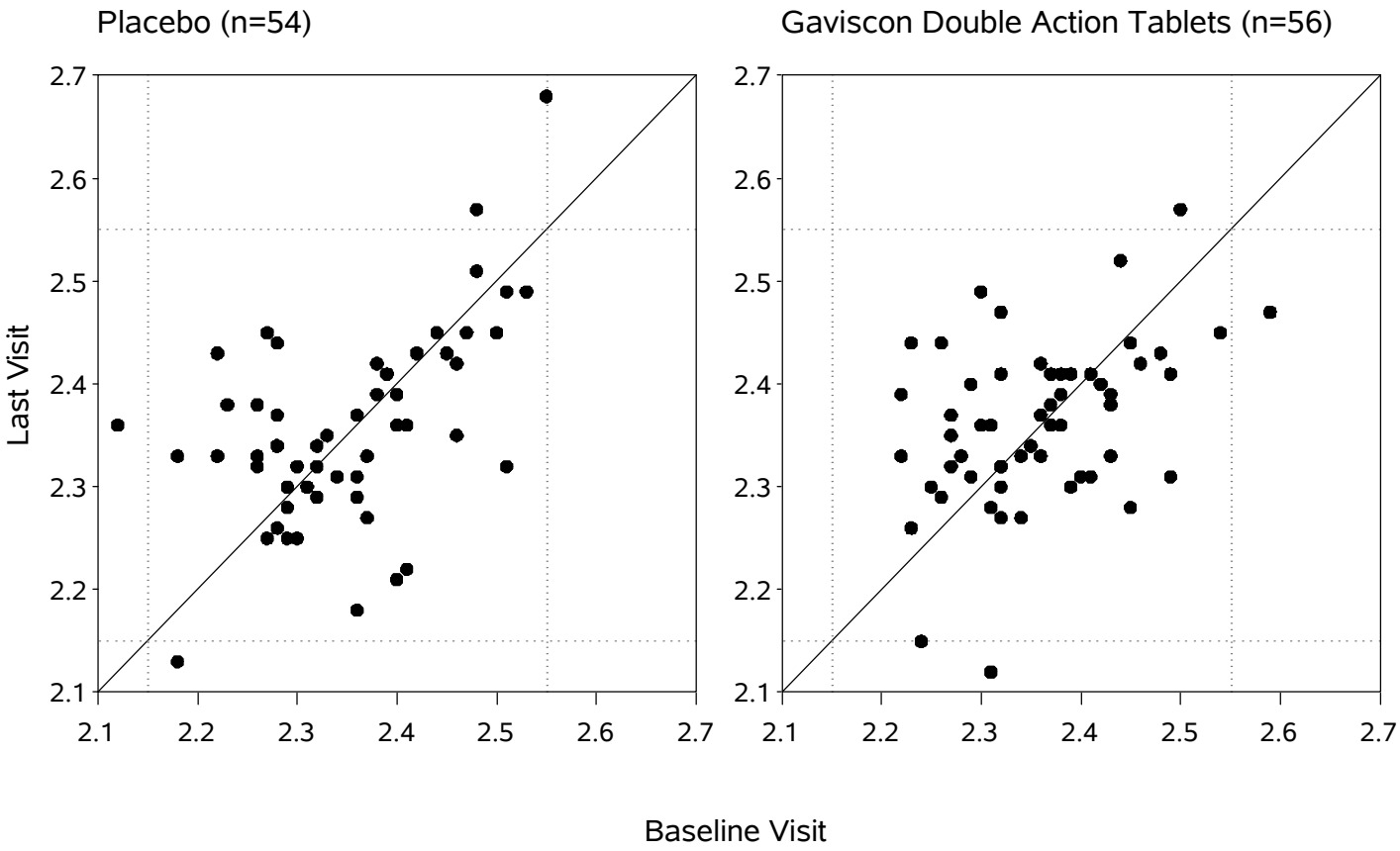
Figure 10: Chemistry - Calcium - Baseline versus last visit - SAF population



Calcium Normal Range: 2.15 - 2.55 mmol/L

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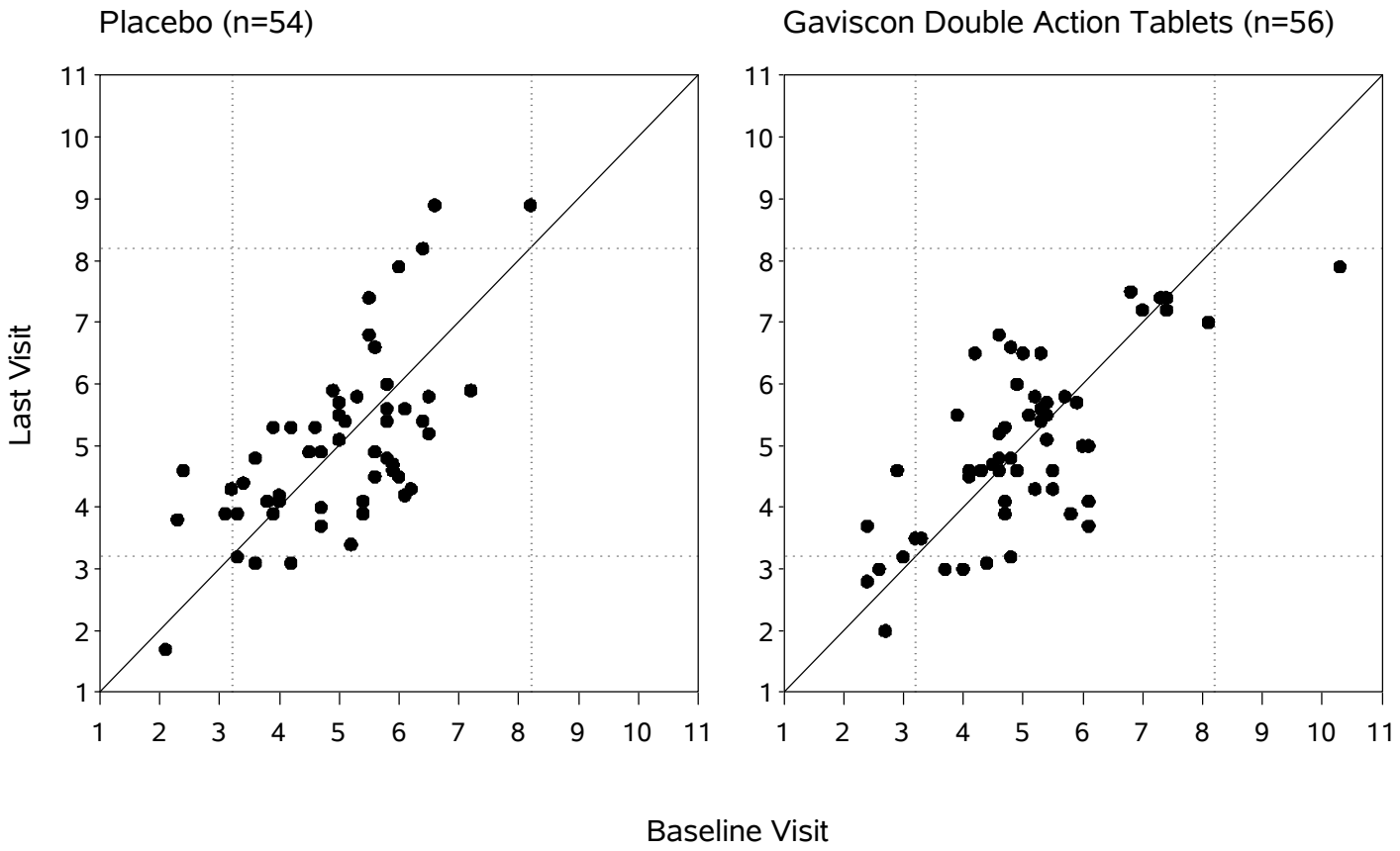
Figure 11: Chemistry - Urea - Baseline versus last visit - SAF population



BUN Normal Range: 3.2 - 8.2 mmol/L

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Figure 12: Chemistry - Creatinine - Baseline versus last visit - SAF population

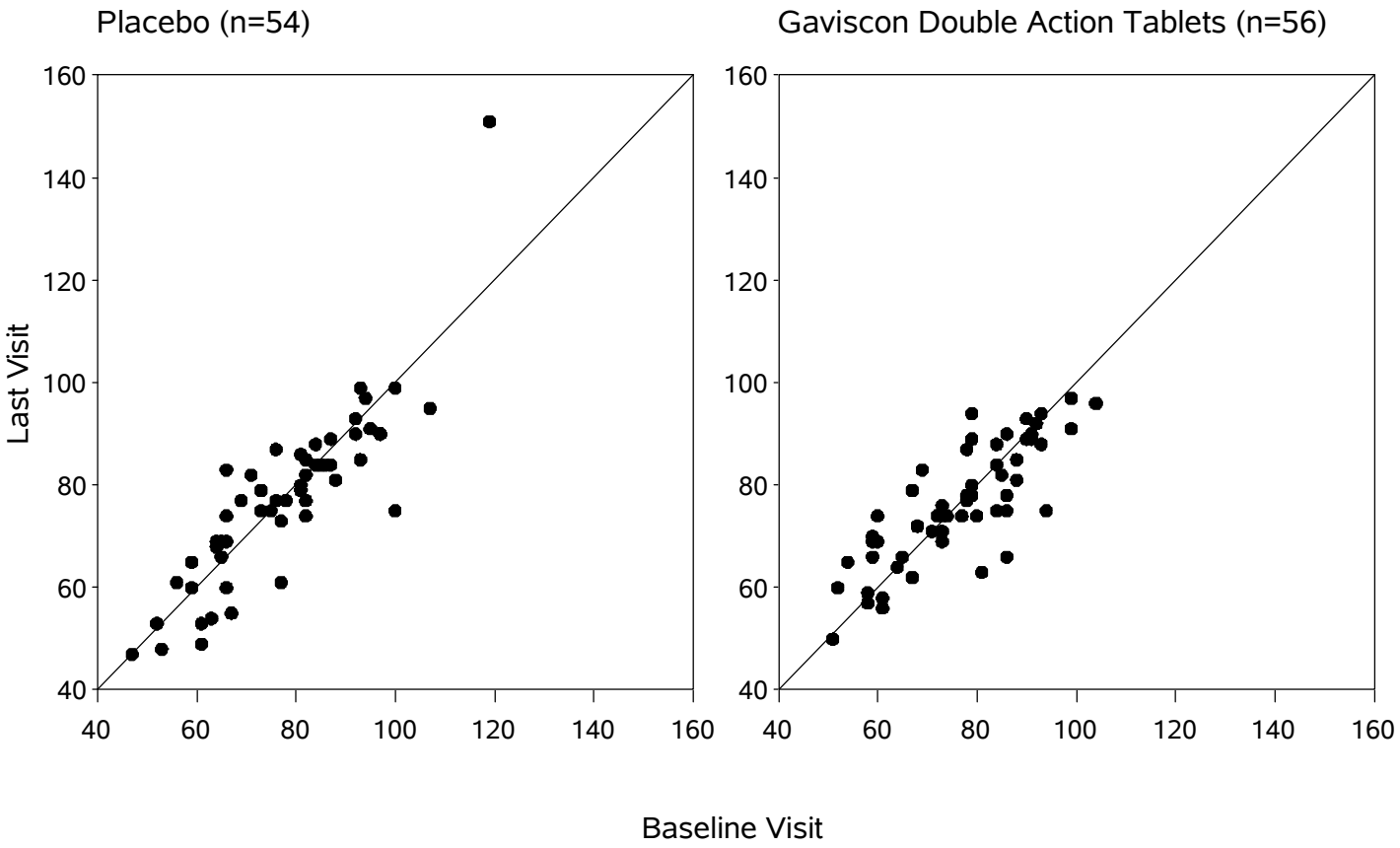

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Figure 13: Chemistry - Uric Acid - Baseline versus last visit - SAF population

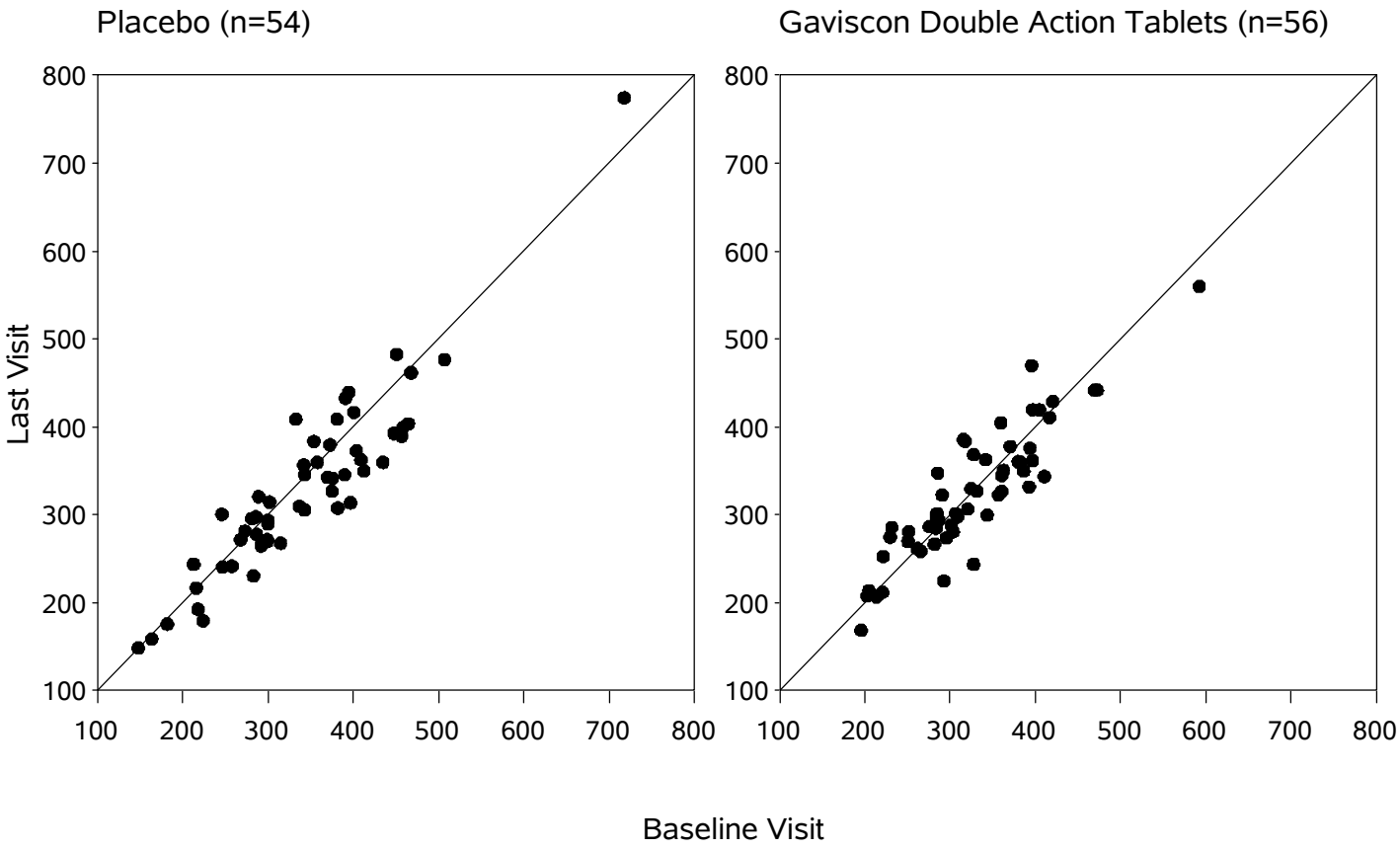

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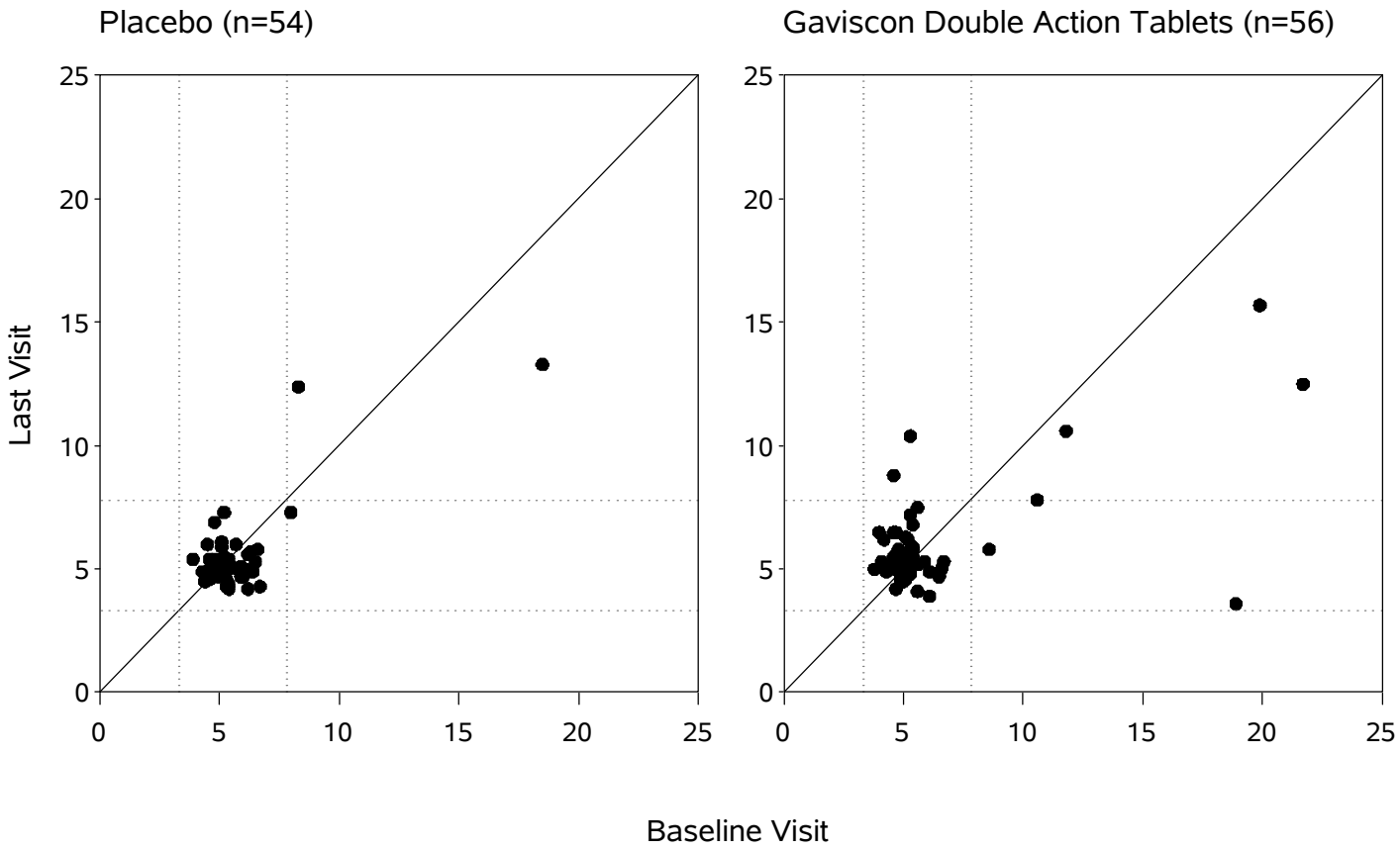
Figure 14: Chemistry - Glucose - Baseline versus last visit - SAF population



Glucose Normal Range: 3.3 - 7.8 mmol/L

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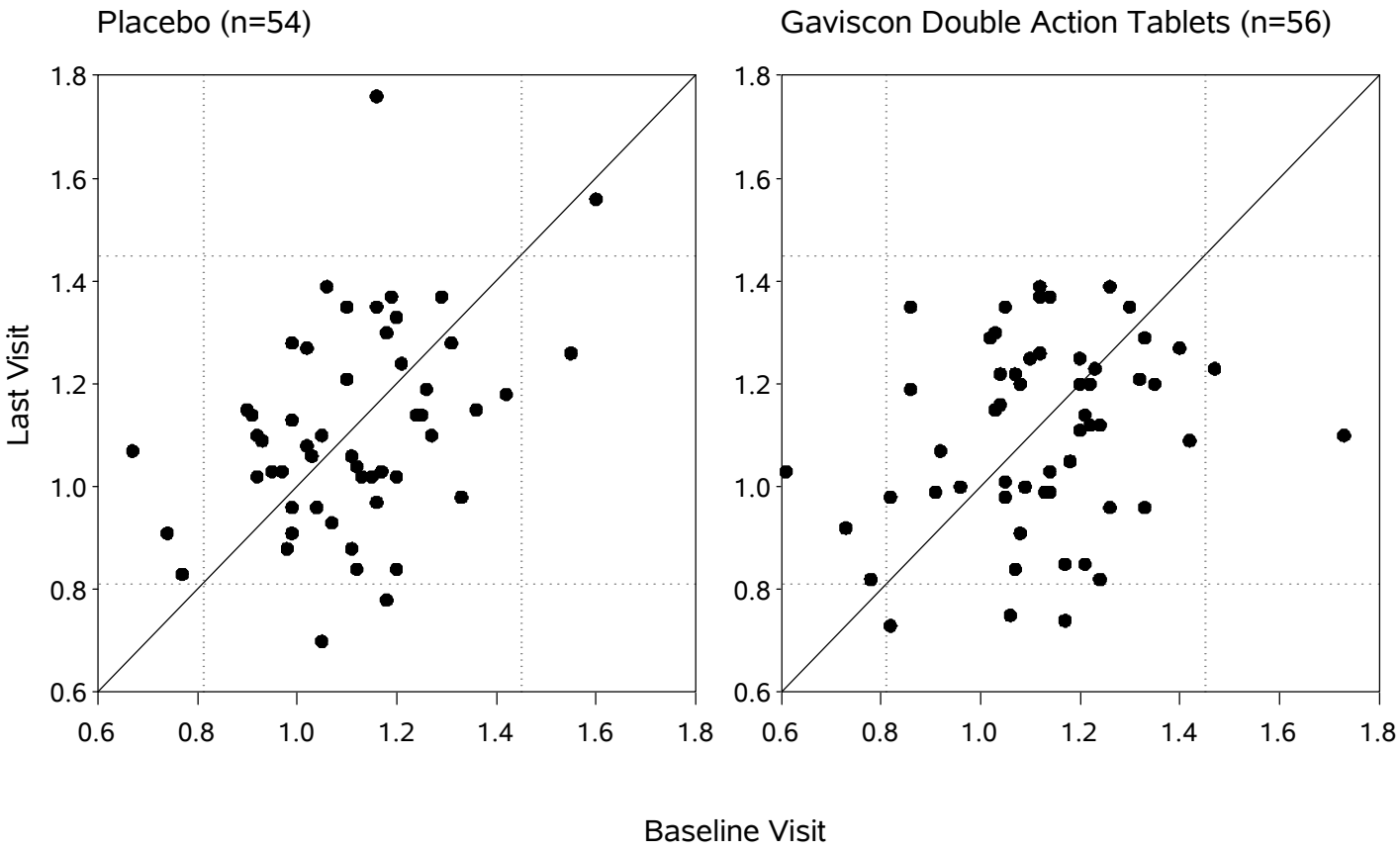
Study No: GA1203 Reckitt Benckiser

Figure 15: Chemistry - Inorganic Phosphorous - Baseline versus last visit - SAF population



Phosphorous Normal Range: 0.81 - 1.45 mmol/L

Accovion GmbH: 18JAN13 / 14:38 / flb.sas

Study No: GA1203 Reckitt Benckiser

Figure 16: Chemistry - Alanine Transaminase (ALT) - Baseline versus last visit - SAF population

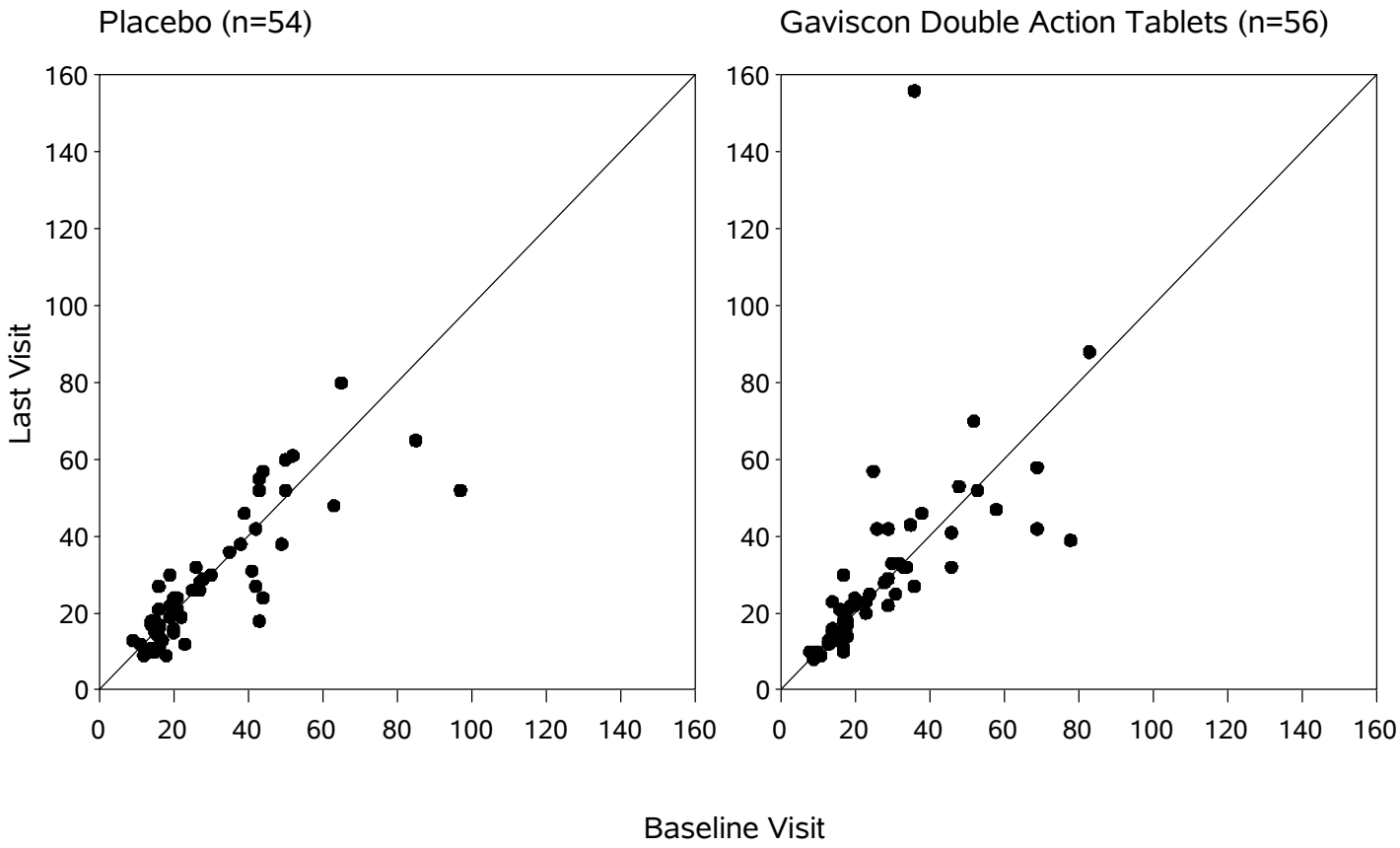
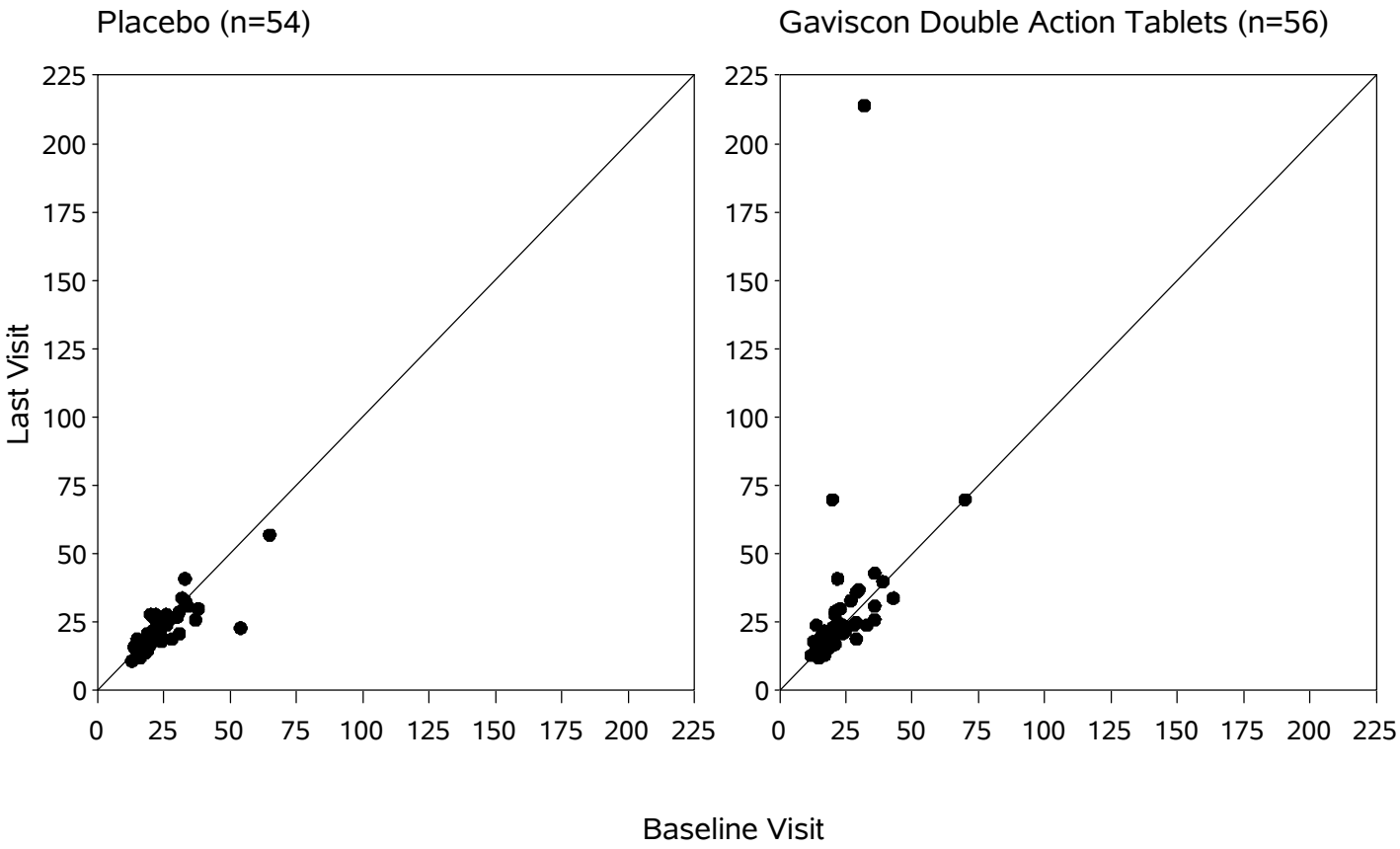


Figure 17: Chemistry - Aspartate Transaminase (AST) - Baseline versus last visit - SAF population



14.3.5 Other Safety

Tables 4.3.1 to 4.3.3 (Vital signs) (3 pages)

Table 4.3.1: Systolic Blood Pressure - SAF population

Systolic Blood Pressure (mmHg)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	131.6	130.6	
	SD	14.66	16.08	
	Min	101	99	0.5945
	Q1	120.0	118.0	
	Median	133.0	132.0	
	Q3	142.0	138.0	
	Max	160	184	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	131.8	130.7	
	SD	14.87	16.71	
	Min	106	100	0.5359
	Q1	119.0	121.0	
	Median	132.0	128.0	
	Q3	142.0	138.5	
	Max	163	182	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.2	0.1	
	SD	10.89	13.70	
	Min	-22	-21	0.7263
	Q1	-6.0	-10.0	
	Median	-1.0	-0.5	
	Q3	9.0	7.5	
	Max	31	52	
	p-value [2]	0.9478	0.6781	

[1] Kruskal-Wallis test for between-treatment differences
[2] Wilcoxon signed rank test within treatment for changes from baseline

Table 4.3.2: Diastolic Blood Pressure - SAF population

Diastolic Blood Pressure (mmHg) Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	82.9	80.6	
	SD	8.62	7.47	
	Min	60	66	0.1434
	Q1	78.0	74.0	
	Median	83.0	80.5	
	Q3	89.0	86.5	
	Max	100	96	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	81.6	81.5	
	SD	9.30	8.36	
	Min	61	61	0.7330
	Q1	74.0	76.5	
	Median	83.0	81.0	
	Q3	89.0	85.5	
	Max	101	100	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	-1.3	0.8	
	SD	7.19	8.08	
	Min	-17	-22	0.1035
	Q1	-5.0	-4.5	
	Median	0	2.0	
	Q3	3.0	8.0	
	Max	12	14	
	p-value [2]	0.3579	0.3305	

[1] Kruskal-Wallis test for between-treatment differences
[2] Wilcoxon signed rank test within treatment for changes from baseline

Table 4.3.3: Heart Rate - SAF population

Heart Rate (beats/min)

Visit	Statistic	Placebo (N=54)	Gaviscon Double Action Tablets (N=56)	p-value [1]
Baseline Visit	N	54	56	
	Nmiss	0	0	
	Mean	77.5	73.8	
	SD	11.25	12.99	
	Min	53	48	0.1075
	Q1	69.0	65.5	
	Median	77.0	74.0	
	Q3	85.0	82.0	
	Max	104	109	
Last Visit (V3 or early termination visit)	N	54	56	
	Nmiss	0	0	
	Mean	78.1	76.6	
	SD	11.12	13.22	
	Min	53	51	0.5066
	Q1	72.0	66.0	
	Median	79.5	77.5	
	Q3	87.0	85.5	
	Max	97	105	
Change from Baseline Visit to Last Visit	N	54	56	
	Nmiss	0	0	
	Mean	0.6	2.8	
	SD	11.62	10.39	
	Min	-32	-21	0.2445
	Q1	-6.0	-4.5	
	Median	1.5	3.5	
	Q3	6.0	10.0	
	Max	24	32	
	p-value [2]	0.5587	0.0578	

[1] Kruskal-Wallis test for between-treatment differences
[2] Wilcoxon signed rank test within treatment for changes from baseline

15 REFERENCE LIST

[1] Vakil N, Veldhuyzen van Zanten S, Kahrilas P, Dent J, Jones R. The Montreal definition and classification of gastro-esophageal reflux disease (GERD)- a global evidence-based concensus. Am J Gastrolenterol 2006, 101: 1900-1920.

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16.1 Study Information

This appendix contains the following sections:

16.1.1 Protocol and Protocol Amendments (74 pages)

16.1.2 Sample CRF (Unique Pages Only) (20 pages)

16.1.3 List of IECs or IRBs (9 pages)

16.1.4 List and Description of Investigators and Other Important Participants in the Study (25 pages)

16.1.5 Signature of Chief Investigator (1 page)

16.1.6 Listing of Patients Receiving Study Drug(s)/Investigational Product from Specific Batches, where more than One Batch was Used (1 page)

16.1.7 Randomisation Scheme and Codes (Patient Identification and Treatment Assigned) (6 pages)

16.1.8 Audit Certificates (1 page)

16.1.9 Documentation of Statistical Methods (73 pages)

16.1.10 Documentation of Inter-Laboratory Standardisation Methods and Quality Assurance Procedures if Used (1 page)

16.1.11 Publications Based on the Study (1 page)

16.1.12 Important Publications Referenced in the Report (1 page)

16.1.1 Protocol and Protocol Amendments

This appendix contains:

- Final Protocol, dated: 30 May 2012 (64 pages).
- Non-Substantial Protocol Amendment 1, dated 20 July 2012 (3 pages).
- Non-Substantial Protocol Amendment 2, dated 3 September 2012 (7 pages).

Reckitt Benckiser

1 STUDY PROTOCOL TITLE PAGE

EudraCT Number:	2012-002188-84		
Study Number:	GA1203	**Project Name:**	Shanghai
Study Phase:	III	**Study Country:**	United Kingdom
Indication:	Gastro-oesophageal reflux disease (GERD)		
Test Product(s):	Gaviscon Double Action Tablets		
Reference Product(s):	Placebo matching Gaviscon Double Action Tablets		
Study Title:	A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease		
Short Study Title:	Gaviscon Double Action Tablets Pilot Efficacy Study		
Protocol Date:	30 May 2012		
Protocol Version:	Final		
Confidentiality Statement:	**The information contained in this document is privileged and confidential. Do not copy, circulate or otherwise distribute without written authority from the Reckitt Benckiser Clinical Project Manager function.**		

Study Sponsor: Reckitt Benckiser Healthcare UK Ltd, Dansom Lane, Hull HU8 7DS; Telephone No: +44 (0) 1482 583966; Fax No: +44 (0) 1482 582172

2 PROTOCOL APPROVAL

Reviewed and Agreed by:

Protocol Author:

Nigel Levinson, BSc, CBiol, MSB, MICR
Clinical Project Manager
Reckitt Benckiser

1 JUNE 2012
Date

Statistician:

Gary Smith, BSc, MSc
Senior Statistician
Reckitt Benckiser

1 JUN 2012
Date

Reviewed and Approved by:

R&D Manager - Clinical (Healthcare):

Dr Sue Aspley PhD

01 JUNE 12
Date

Global Medical Director:

Dr Phil Berry MB, ChB, MPH

1 June 2012
Date

Reviewed and Accepted by:

Chief Investigator:

Dr AG Wade, MB, ChB, FRCA
Director,
CPS Research Ltd
3 Todd Campus
West of Scotland Science Park
Glasgow,
G20 0XA

06 June 12.
Date

3 PROTOCOL SYNOPSIS

3.1 Rationale

This pilot study of Gaviscon Double Action Tablets is to be conducted to provide a basis for further studies in export markets to demonstrate that Gaviscon Double Action Tablets are effective in managing the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

3.2 Objective(s)

The primary objective of this pilot study is to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the overall symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

The secondary objectives of this pilot study are to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD. Other secondary objectives include the efficacy of Gaviscon Double Action Tablets compared with placebo in subject responsiveness / satisfaction and comparison of safety in terms of adverse events.

3.3 Primary Endpoint

The primary study endpoint is to compare the change from baseline in RDQ symptom scores (for heartburn, regurgitation and dyspepsia) after a 7-day treatment period of a regimen of two Gaviscon Double Action Tablets taken four times daily compared with placebo.

3.4 Secondary Endpoints

The secondary endpoints will compare between the two cohorts (Gaviscon Double Action Tablets and placebo) for a 7-days treatment period for the following parameters:

- OTE as a measure for subject's responsiveness/satisfaction
- Change from baseline in RDQ scores for heartburn dimension.
- Change from baseline in RDQ scores for regurgitation dimension.
- Change from baseline in RDQ scores for dyspepsia dimension.

Safety will be assessed in terms of the overall proportion of subjects with adverse events (AEs).

3.5 Design Summary

This is a multi-centre, randomised, double blinded, placebo-controlled, parallel group, clinical trial. After signing a written informed consent, subjects will undergo a screening period of up to 7 days. Subjects who satisfy the study entry requirements within 7 days of consent, will be randomised to receive either Gaviscon Double Action Tablets (2 tablets four times daily) or matching placebo tablets (2 tablets four times daily), for a 7-day treatment period. At the beginning and end of the treatment period, subjects will be required to complete the Reflux Disease Questionnaire (RDQ).

In addition, at the end of the 7-day treatment period, subjects will be required to complete the overall treatment evaluation (OTE).

3.6 Sample Size

The sample size is estimated to be 45 complete subjects per treatment group. A complete subject is defined as a randomised subject who completes the study treatment period and attends the end of treatment visit. The study will aim for approximately 90 complete subjects. In order to achieve this, it is estimated that approximately 110 subjects may need to be randomised.

3.7 Anticipated Study Timings

It is estimated that it will take 3 months to recruit the required number of subjects.

The duration of each subject's participation in the study will be a maximum of 15 days (from screening visit to end of treatment visit) and involve 3 visits.

Subjects can enter the study, if eligible, as soon as all screening results are available following informed consent at Visit 1. A maximum of 7 days will be allowed to screen a subject at Visit 1. If eligible, the subject will be randomised and will commence the 7-day treatment period at Visit 2 (Day 0).

3.8 Inclusion Criteria

Only subjects to whom all of the following conditions apply will be included:

1. Informed consent has been obtained.
2. Age: ≥ 18 years.
3. Sex: male or female.

4. GERD status: history of frequent episodes of GERD-related symptoms during the last 3 months and also during the 5 days of the last 7 days prior to study screening.

5. Subjects who have not taken any antacids within 24 hours before randomisation (Visit 2) and be instructed not to take antacids throughout the remainder of the study.

6. Subjects taking mucous membrane protection drugs or motility stimulants may enter the study provided that these are discontinued for at least 3 days before enrolment and throughout the remainder of the study.

7. Absence of relevant abnormalities in the physical examination, ECG and safety analysis.

8. Subjects must be sufficiently literate to be able to complete the RDQ unaided.

9. Status: subjects will be members of the public who respond to an advertisement or via their doctor.

3.9 Exclusion Criteria

Subjects to whom any of the following conditions apply must be excluded:

1) Subjects who have a history of drug, solvent or alcohol abuse (weekly alcohol intake ≥ 140g or 17.5 units).
2) Subjects who have suffered cardiac chest pain within the last year.
3) Subjects who have suffered a recent, significant unexplained weight loss of more than 6 Kg in the last 6 months.
4) Female subjects of childbearing potential who, for the duration of the study, are either unwilling or unable to take adequate contraceptive precautions (as defined in Section 10.3) or are unwilling to be sexually abstinent.
5) Pregnancy or lactating mother.
6) Subjects with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades A-D), Barrett's oesophagus, acute peptic ulcer and/or ulcer complications, Zollinger-Ellison syndrome, gastric carcinoma, pyloric stenosis, oesophageal or gastric surgery, intestinal obstruction, current pernicious anaemia, indication for H-pylori eradiation therapy, requirement for low sodium diet, known gastro-intestinal bleeding (hematochezia or hematemesis) within the last 3 months, and severe diseases of other major body systems.

7) Subjects who have taken PPIs during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start or systemic glucocorticosteroids, anti-inflammatory drugs on more than 3 consecutive days or PPI-based triple therapy for eradication of H-pylori during the last 28 days.
8) Subjects with known hypophosphataemia, phenylketonuria or hypercalcaemia.
9) Subjects with severe constipation, or history of intestinal obstruction.
10) In the opinion of the Investigator, subjects with damaged heart or kidney function and subjects who require a low sodium diet.
11) Subjects either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy; or with any clinically significant abnormal laboratory values; or in the Investigator's view to unable to comply fully with the study requirements.
12) Subjects with severe/impaired renal function or insufficiency
13) Any previous history of allergy or known intolerance to any of the IMP's or following formulation constituents: macrogol 20,000, mannitol (E421), copovidone, acesulfame K, aspartame (E951), mint flavour, carmoisine lake (E122), magnesium stearate, xylitol DC (contains carmellose sodium) or the following formulation constituents: sodium alginate, calcium carbonate, sodium bicarbonate.
14) Previously randomised into the study.
15) Employee at study site.
16) Partner or first-degree relative of the Investigator.
17) Participation in a clinical study in the previous 6 months.
18) Unable in the opinion of the Investigator to comply fully with the study requirements.

3.10 Methodology

Subjects will be recruited by CPS Research, Glasgow, UK. Subjects who respond to advertising will be telephone screened for eligibility. Those subjects who meet the eligibility criteria by telephone screening will then attend a study-specific GP clinic for the screening visit. Subjects suffering from mild to moderate symptoms of GERD and who meet all eligibility criteria will be given the opportunity by the investigator to participate in the study.

Potential subjects will be provided with the patient information sheets and given ample time to read and decide whether they are interested in taking part in the study. If the subject is interested, she/he will speak to the investigator or person delegated by the investigator to take consent who will explain more about the study and answer any questions the subject may have. If the subject feels fully informed and happy to participate in the study they will complete, sign and date the informed consent form (ICF). The informed consent form will then be counter signed and dated by the investigator or person delegated by the investigator to take consent. A copy of the ICF and patient information sheet will be provided to the subject for their personal records.

All subjects will be given a 4-digit screening number once they have provided consent. The first two digits will refer to the centre number and the second two digits to the number of subjects screened at that centre.

The screening process can take up to a maximum of seven days after informed consent.

The following baseline assessments (Visit 1, screening) will be conducted: demographics, laboratory safety data (haematology & biochemistry), vital signs (blood pressure, heart rate, oral temperature), ECG, medical history and current status, medication and therapy history, physical examination and pregnancy testing (women of child-bearing potential will undergo urine pregnancy testing).

At the end of the screening period, subjects will return to the clinic (Visit 2, Randomisation) to complete the RDQ questionnaire and have any adverse events and concomitant medications recorded. If the subject fulfills the eligibility criteria for randomisation, a unique 3-digit randomisation number will be allocated and study medication dispensed (001, 002 etc.). The numbers available at a site have to be allocated to the subjects in consecutive order. Subjects will be instructed to start taking their medication the following day for seven days (two tablets taken four times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed).

Visit 3 will take place preferably on the day following completion of 7-days of study treatment, ie, Day 8, or if necessary up to 2 days before/after that (Day 6 to Day 10). At this visit, the subject will complete the RDQ questionnaire and answer questions relating to overall satisfaction with the trial therapy (OTE) over the previous seven days. All unused and empty study medication containers will be returned for assessment of compliance with treatment. The following will be completed: vital signs, blood pressure, heart rate, concomitant medication, adverse events, physical examination, laboratory investigations (haematology and biochemistry) and pregnancy testing (women of child-bearing potential will undergo urine pregnancy testing).

The subject will be instructed to return to the investigator before the end of treatment if they require further treatment for their GERD symptoms or have unacceptable adverse events. If the investigator withdraws the subject from the study for these or any other reasons the subject will complete the study at this early termination visit and the following will be completed.

The subject will complete the RDQ questionnaire and answer questions relating to overall satisfaction with the trial therapy (OTE) over the study treatment period. All unused and empty study medication containers will be returned for assessment of compliance with treatment. The following will also be completed: vital signs, blood pressure, heart rate, concomitant medication, adverse events, physical examination, laboratory investigations

(haematology and biochemistry), pregnancy testing (women of child-bearing potential will undergo urine pregnancy testing) and reason for early study termination.

The schedule for assessments for this trial is summarised in the following flowchart.

Schedule of Assessments

Schedule	FLOW CHART OF STUDY			
Study period	Visit 1 Screening (0-7 days)	Visit 2 Randomisation (Day 0)	Visit 3 End of study (Day 8 ± 2 days)	Visit ET Replaces Visit 3 in case of early termination (Day 0 to 5)
Informed consent	X			
Assess inclusion-/exclusion criteria and suitability for study	X	X		
Complete enrolment form, record demographics, assess concomitant medication and relevant medical history	X			
Physical exam, collection of blood samples, urine pregnancy tests, vital signs	X		X	X
ECG	X			
Investigator's assessment of GERD status.	X			
Make appointment for next visit	X	X		
Randomisation		X		
Dispense study medication		X		
Subject completes RDQ questionnaire.		X	X	X
Record AEs and concomitant medication		X	X	X
Collect returned medication, assess compliance with study medication.			X	X
Complete OTE*			X	X

* OTE: Overall treatment evaluation.

3.11 Statistics

Descriptive summary statistics will be provided for demographic characteristics for each treatment group and all subjects. For continuous parameters, mean, standard deviation, median, minimum, and maximum will be provided. For categorical parameters, the cell frequencies and percentage of subjects in each demographic category will be provided.

Efficacy data will be recorded from the RDQ questionnaire and the patient overall treatment evaluation (OTE).

For those patients that do not return for the day 8 visit because of confirmed poor efficacy from the treatment, all efficacy data at day 8 will be imputed as no change from the baseline values (BOCF). All other withdrawn patients that do not have the reason of withdrawal confirmed as poor efficacy and do not complete the day 8 assessments will be treated as missing. If the number of such patients is high, the sensitivity analyses will be conducted to assess the robustness of this imputation and the effect on results.

These data will be listed in the appendices of the study report and summarised for the ITT and PP populations by treatment group (n as the number of observations, mean, median, SD, minimum and maximum. Categorical variables will be summarised by treatment group using frequency distributions (showing cell frequencies and percentages).

The primary endpoint (change in RDQ score) will be analysed using an analysis of covariance (ANCOVA) model with a fixed term for treatment and the baseline RDQ score as a covariate. Treatment group differences will be estimated using the least square means and the mean square error from the ANCOVA.

The OTE will be analysed identically to the primary endpoint.

The change in each symptom score will be analysed identically to the primary endpoint although the included covariate will be the relevant baseline score rather than the RDQ score.

The change scores in frequency and intensity for each dimension will be compared between treatments using a Wilcoxon Rank Sum Test.

The incidence of AE's (number and percent of subjects reporting each type of AE at least once during the study) will be summarised for all AE's, by investigator attribution of relationship to IMP and by severity. The incidence of AE's will be compared among (between) treatment groups using Fisher's Exact Test for all AE's, for those AE's classified by the Investigator as possibly or probably related to IMP and for severe AE's.

Each pre-study baseline laboratory value will be categorised as low, normal, or high based on the reference range. Each post-baseline value will be classified in a similar manner, producing a 3 x 3 table for each treatment group at each post-baseline visit. Scores of "1" will be assigned to low values, "2" to normal values, and "3" to high values. Using these scores, shifts from baseline will also be assigned a score. For example, a laboratory value that shifts from low to high will be assigned a score of 2, whilst a laboratory value that remains at a low value will be assigned a score of 0. Shifts between these categories between baseline and subsequent timepoints will be compared using the Wilcoxon Signed-Rank test within each treatment group. Statistical testing will be performed at last visit.

At each visit, summary statistics for the absolute laboratory value and the changes from baseline will be presented by treatment group. The significance of within-treatment changes from baseline will be assessed using the Wilcoxon Signed-Rank Test. The significance of between treatment changes from baseline will be assessed using the Kruskal-Wallis Test. Statistical testing will be performed at last visit.

Scatter plots of end of treatment values versus baseline values will be provided for all laboratory tests.

At each visit, summary statistics for the absolute vital sign value and the changes from baseline will be presented by treatment group. The significance of within-treatment changes from baseline will be assessed at the last visit, using the Wilcoxon Signed-Rank Test. The significance of between treatment changes from baseline will be assessed at the last visit using the Kruskal-Wallis Test.

4 TABLE OF CONTENTS

4.1 List of Tables and Figures Contained in the Body of the Protocol

4.2 List of Appendices

No appendices

4.3 List of Abbreviations

Table 4-1 List of Abbreviations

Abbreviation	Abbreviation in Full
AE	Adverse Event
ANCOVA	Analysis of Covariance
ANOVA	Analysis of Variance
AR	Adverse Reaction
CPM	Clinical Project Manager
CRF	Case Report Form
CRO	Contract Research Organisation
CTA	Clinical Trial Application
CV	Curriculum Vitae
EU	European Union
GCP	Good Clinical Practice
GERD	Gastro-oesophageal reflux disease
GLP	Good Laboratory Practice
GMP	Good Manufacturing Practice
GP	General Practitioner
GVG	Global Vigilance Group
ICH	International Conference on Harmonisation
IEC	Independent Ethics Committee
IMP	Investigational Medicinal Product
ITT	Intent-to-Treat
NCR	No Carbon Required
QA	Quality Assurance
QC	Quality Control
R&D	Research and Development
RB	Reckitt Benckiser
SAE	Serious Adverse Event
SDV	Source Data Verification

Abbreviation	Abbreviation in Full
SmPC	Summary of Product Characteristics
SOP	Standard Operating Procedure
UK	United Kingdom (of Great Britain and Northern Ireland)

5 INVESTIGATORS AND ADMINISTRATIVE STUCTURE

5.1 Reckitt Benckiser Details

Table 5-1 Reckitt Benckiser Details

Name	Position	Address and Contact Number
Nigel Levinson	Clinical Project Manager	Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. UK. Tel: +44 1482 583966 Fax: +44 1482 582172
Dr Phil Berry	Global Medical Director and Qualified Person for Pharmacovigilance	Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. UK. Tel: +44 1482 582271
Gary Smith	Senior Statistician	Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. UK. Tel: +44 1482 583585

The name and address of the study monitors will be provided in the Initiation Visit report.

5.2 Investigational Sites

The study will be conducted by CPS Research, 3 Todd Campus, West of Scotland Science Park, Glasgow, United Kingdom, G20 0XA.

5.3 Laboratory

CPS Research will use ACM Global, Aviator Court, Clifton Moorgate, York YO30 4UZ, UK as the central laboratory to analyse blood samples for routine safety parameters.

6 INTRODUCTION

Gastro-oesophageal reflux disease (GERD) is a condition where the lower oesophageal sphincter (the muscular ring at the lower end of the oesophagus) is abnormally relaxed and allows the acidic contents of the stomach to flow back or 'reflux' into the gullet (oesophagus). The troublesome symptoms of GERD can have significant impact on health-related quality of life and work productivity [1-4].

Dyspepsia (sometimes referred to by the non-medical term indigestion) is defined as pain or discomfort centred in the upper abdomen and is a very common complaint. It is often described as a feeling of fullness, bloating, nausea, heartburn or gassy discomfort in the chest or abdomen.

Heartburn is the most predominant clinical manifestation of GERD and occurs as a result of irritation of the oesophageal mucosa by refluxed gastric contents. The pain is usually burning in character and felt retrosternally, rising from the epigastrium towards or into the throat. Functional heartburn is diagnosed when heartburn is not accompanied by evidence of GERD as evaluated by endoscopy or 24 hour esophageal pH measurement. Functional heartburn may occur concomitantly with dyspepsia symptoms.

The OTC preparations for treatment of heartburn include antacids, alginates, proton pump inhibitors (PPIs) and histamine H2-receptor antagonists. While PPIs are effective in acid-related conditions, they offer limited benefit for patients with functional dyspepsia and/or functional heartburn [5, 6].

Gaviscon Double Action Tablets are a combination of two antacids (calcium carbonate and sodium bicarbonate) and an alginate. On ingestion, the medicinal product reacts rapidly with gastric acid to form a raft of alginic acid gel having a near neutral pH and which floats on the stomach contents effectively impeding gastro-oesophageal reflux. In severe cases the raft itself may be refluxed into the oesophagus, in preference to the stomach contents and exert a demulcent effect.

Calcium carbonate neutralises gastric acid to provide fast relief from indigestion and heartburn. This effect is increased by the addition of sodium bicarbonate which also has a neutralising action. The total neutralising capacity of the product at the lowest dose of two tablets is approximately 10 mEqH+.

No clinical studies have previously been performed with Gaviscon Double Action Tablets to demonstrate relief of symptoms of reflux and dyspepsia in patients with GERD. This study is a pilot study to examine the efficacy of Gaviscon Double Action Tablets compared with matching placebo in treating the symptoms of reflux and dyspepsia in patients with GERD.

The potential risks to subjects taking part in the present study are considered to be low. The adverse reactions that occur very rarely (<1/10,000) as a result of taking Gaviscon® products are allergic manifestations such as urticaria or bronchospasm, anaphylactic or anaphylactoid reactions as a result of a patient being sensitive to any of the active substances (sodium alginate, sodium bicarbonate/sodium hydrogen carbonate, and calcium carbonate) or any of the excipients. Other adverse reactions include:

1. Sodium bicarbonate/sodium hydrogen carbonate – increased plasma sodium levels especially for those with renal and cardiovascular conditions on a highly restricted salt diet.

2. Calcium carbonate – high doses of calcium may cause alkalosis, hypercalcaemia, acid rebound, milk alkali syndrome or constipation.

For this reason, the risk benefit balance for the current study is considered to be acceptable

This study will be conducted in accordance with the principles set out in the Declaration of Helsinki. It will comply with International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) and applicable regulatory requirements.

7 STUDY RATIONALE

This pilot study of Gaviscon Double Action Tablets is to be conducted to provide a basis for further studies in export markets to demonstrate that Gaviscon Double Action Tablets are effective in managing the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

8 STUDY OBJECTIVES

8.1 Primary Objective

The primary objective of this pilot study is to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the overall symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

8.2 Secondary Objectives

The secondary objectives of this pilot study are to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD. Other secondary objectives include the efficacy of Gaviscon Double Action Tablets compared with placebo in subject responsiveness / satisfaction and comparison of safety in terms of adverse events.

9 STUDY DESIGN

9.1 Study Endpoints

9.1.1 Primary Endpoint

The primary study endpoint is to compare the change from baseline in RDQ symptom scores (for heartburn, regurgitation and dyspepsia) after a 7-day treatment period of a regimen of two Gaviscon Double Action Tablets taken four times daily compared with placebo.

9.1.2 Secondary Endpoints

The secondary endpoints will compare between the two cohorts (Gaviscon Double Action Tablets and placebo) for a 7-days treatment period for the following parameters:

- OTE as a measure for subject's responsiveness/satisfaction
- Change from baseline in RDQ scores for heartburn dimension.
- Change from baseline in RDQ scores for regurgitation dimension.
- Change from baseline in RDQ scores for dyspepsia dimension.
- Safety will be assessed in terms of the overall proportion of subjects with adverse events (AEs).

9.2 Design Summary

This is a multi-centre, randomised, double blinded, placebo-controlled, parallel group, clinical trial. After signing a written informed consent, subjects will undergo a screening period of up to 7 days. Subjects who satisfy the study entry requirements within 7 days of consent, will be randomised to receive either Gaviscon Double Action Tablets (2 tablets four times daily) or matching placebo tablets (2 tablets four times daily), for a 7-day treatment period. At the beginning and end of the treatment period, subjects will be required to complete the Reflux Disease Questionnaire (RDQ).

In addition, at the end of the 7-day treatment period, subjects will be required to complete the overall treatment evaluation (OTE).

9.3 Discussion of Study Design

The primary endpoint and some of the secondary endpoints are assessed using information collected in the Reflux Disease Questionnaire (RDQ). The choice of the RDQ is based on this being a validated questionnaire which collects subject assessments of their heartburn,

acid regurgitation and dyspepsia. The RDQ is a validated 12-item self-administered questionnaire which was designed to assess the frequency and severity of heartburn, acid regurgitation and dyspepsia symptoms. The heartburn and acid regurgitation subscales can be combined into a GERD dimension [7]. Response options are scaled as Likert-type with scores ranging from 0 to 5 for frequency (not present to daily) and severity (not present to severe).

Other secondary endpoints are assessed using the Overall Evaluation of Treatment (OTE). The OTE is a validated scale that rates the overall change in clinical status on a 15-point scale (-7 to -1 = worse; 0 = no change or about the same; and +1 to +7 = better). It then categorises the change with a second question asking how subjects perceive the importance of the change on a 7-point scale from: 1 = not important, 2 = slightly important, 3 = somewhat important, 4 = moderately important, 5 = important, 6 = very important, 7 = extremely important [8-10].

9.4 Number of Subjects

Based on the results of a previous study [11], the sample size is estimated to be 45 complete subjects per treatment group. A complete subject is defined as a randomised subject who completes the study treatment period and attends the end of treatment visit. The study will aim for approximately 90 complete subjects. In order to achieve this, it is estimated that approximately 110 subjects may need to be randomised.

CPS Research, Glasgow will recruit subjects to this study primarily by screening respondents to local advertising.

Subjects will receive a screening number on signing the informed consent. Subjects will receive a separate randomisation number on being randomised to the study.

Further details are provided in Section 14.1.

9.5 Study Duration

It is estimated that it will take 3 months to recruit the required number of subjects.

The duration of each subject's participation in the study will be a maximum of 13 days (from screening visit to end of treatment visit) and involve 3 visits.

Subjects can enter the study, if eligible, as soon as all screening results are available following informed consent at Visit 1. A maximum of 7 days will be allowed to screen a subject at Visit 1. If eligible, the subject will be randomised and will commence the 7-day treatment period at Visit 2 (Day 0).

The subjects will be randomised to receive either Gaviscon Double Action Tablets or matching placebo tablets for 7 days. Visit 3, the End of treatment visit, will occur on Day 8 ± 2 days,

The anticipated overall duration of study conduct will be between 3.5 months.

9.6 Subject Commitment to the Study

9.6.1 Duration of Subject Participation

Up to 7 days will be allowed to screen a subject at Visit 1 following informed consent. The pre-study procedures will consist of a medical history and physical examination, ECG, haematology and clinical biochemistry screen and urine pregnancy test for female subjects of child-bearing potential.

Visit 2 (Day 0) will take place immediately after all screening results are available and within 7 days after Visit 1. Subjects will be required to complete a baseline RDQ which will ask the subject to rate their symptoms over the previous 7 days and have any adverse events and concomitant medications recorded. Subject meeting the entry criteria, will be randomised and then issued with either Gaviscon Double Action Tablets or matching placebo tablets to take for 7 days.

At Visit 3, End of treatment period (Day 8 ± 2 days), unused investigational medicinal product (IMP) will be collected. Subjects will be required to complete the RDQ questionnaire and OTE (overall treatment evaluation) as a measure of the responsiveness to the study therapy and undergo assessment by the Investigator for compliance and safety (AE's, haematology and clinical biochemistry screen and urine pregnancy test for female subjects).

Further details on the timing of study visits are provided in Section 11.2.

9.6.2 Invasive Procedures

Blood samples will be taken for haematology and clinical chemistry at Visit 1 and Visit 3. The total volume of blood samples will not exceed 40 mL.

Further details on the study assessments are provided in Section 11.2.

9.6.3 General and Dietary Restrictions

Not applicable.

9.7 End of Study

The end of the study is defined as the last visit of the last subject undergoing the study.

RB will notify the CA within 90 days of the end of the study (within 15 days if the study is terminated prematurely).

The Investigator will notify the IEC within 90 days of the end of the study (within 15 days if the study is terminated prematurely).

10 STUDY POPULATION

10.1 Inclusion Criteria

Only subjects to whom all of the following conditions apply will be included:

1) Informed consent has been obtained.

2) Age: ≥ 18 years.

3) Sex: male or female.

4) GERD status: history of frequent episodes of GERD-related symptoms during the last 3 months and also during the 5 days of the last 7 days prior to study screening.

5) Subjects who have not taken any antacids within 24 hours before randomisation (Visit 2) and be instructed not to take antacids throughout the remainder of the study.

6) Subjects taking mucous membrane protection drugs or motility stimulants may enter the study provided that these are discontinued for at least 3 days before enrolment and throughout the remainder of the study.

7) Absence of relevant abnormalities in the physical examination, ECG and safety analysis.

8) Subjects must be sufficiently literate to be able to complete the RDQ unaided.

9) Status: subjects will be members of the public who respond to an advertisement or via their doctor.

10.2 Exclusion Criteria

Subjects to whom any of the following conditions apply must be excluded:

1) Subjects who have a history of drug, solvent or alcohol abuse (weekly alcohol intake ≥ 140g or 17.5 units).
2) Subjects who have suffered cardiac chest pain within the last year.
3) Subjects who have suffered a recent, significant unexplained weight loss of more than 6 Kg in the last 6 months.
4) Female subjects of childbearing potential who, for the duration of the study, are either unwilling or unable to take adequate contraceptive precautions (as defined in Section 10.3) or are unwilling to be sexually abstinent.
5) Pregnancy or lactating mother.
6) Subjects with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades A-D), Barrett's oesophagus, acute peptic ulcer and/or ulcer complications, Zollinger-Ellison syndrome, gastric carcinoma, pyloric stenosis, oesophageal or gastric surgery, intestinal obstruction, current pernicious anaemia, indication for H-pylori eradiation therapy, requirement for low sodium diet, known gastro-intestinal bleeding (hematochezia or hematemesis) within the last 3 months, and severe diseases of other major body systems.
7) Subjects who have taken PPIs during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start or systemic glucocorticosteroids, anti-inflammatory drugs on more than 3 consecutive days or PPI-based triple therapy for eradication of H-pylori during the last 28 days.
8) Subjects with known hypophosphataemia, phenylketonuria or hypercalcaemia.
9) Subjects with severe constipation, or history of intestinal obstruction.
10) In the opinion of the Investigator, subjects with damaged heart or kidney function and subjects who require a low sodium diet.
11) Subjects either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy; or with any clinically significant abnormal laboratory values; or in the Investigator's view to unable to comply fully with the study requirements.
12) Subjects with severe/impaired renal function or insufficiency
13) Any previous history of allergy or known intolerance to any of the IMP's or following formulation constituents: macrogol 20,000, mannitol (E421), copovidone, acesulfame K, aspartame (E951), mint flavour, carmoisine lake (E122), magnesium stearate, xylitol DC (contains carmellose sodium) or the following formulation constituents: sodium alginate, calcium carbonate, sodium bicarbonate.
14) Previously randomised into the study.
15) Employee at study site.
16) Partner or first-degree relative of the Investigator.
17) Participation in a clinical study in the previous 6 months.
18) Unable in the opinion of the Investigator to comply fully with the study requirements.

10.3 Subjects of Reproductive Potential

Woman of childbearing potential must take adequate contraceptive precautions for the entire duration of study participation. Adequate contraceptive precautions include oral or injectable contraceptives, approved hormonal implants or topical patches, intrauterine devices, abstinence (should the subject become sexually active while participating in the study, she must agree to use a double barrier method, or condoms/diaphragms with spermicidal foam/gel/film/cream/suppository). Subjects are to be informed that a female condom and male condom should not be used together as friction between the two can result in either product failing. A woman of childbearing potential is defined as any female who is less than 2 years post-menopausal or who has not undergone a hysterectomy or surgical sterilisation, e.g. bilateral tubal ligation, bilateral ovariectomy (oophorectomy).

The procedures to be followed if a subject becomes pregnant while enrolled in the study are described in Section 13.3.

11 STUDY METHODOLOGY

11.1 Recruitment of Study Subjects

Subjects will be recruited by CPS Research, Glasgow, UK. Subjects who respond to advertising will be telephone screened for eligibility. Those subjects who meet the eligibility criteria by telephone screening will then attend a study-specific GP clinic for the screening visit. Subjects suffering from mild to moderate symptoms of GERD and who meet all eligibility criteria will be given the opportunity by the investigator to participate in the study.

11.2 Study Visits/Assessments

A subject is enrolled into a study when he or she (or a legal representative as defined in Section 16.2) has signed the informed consent form, i.e. prior to any study-specific assessments being performed.

The schedule for assessments for this trial is summarised in the following flowchart.

Table 11-1 Schedule of Assessments

Schedule	FLOW CHART OF STUDY			
Study period	Visit 1 Screening (0-7 days)	Visit 2 Randomisation (Day 0)	Visit 3 End of study (Day 8 ± 2 days)	Visit ET Replaces Visit 3 in case of early termination (Day 0 to 5)
Informed consent	X			
Assess inclusion-/exclusion criteria and suitability for study	X	X		
Complete enrolment form, record demographics, assess concomitant medication and relevant medical history	X			
Physical exam, collection of blood samples, urine pregnancy tests, vital signs	X		X	X
ECG	X			
Investigator's assessment of GERD status.	X			
Make appointment for next visit	X	X		
Randomisation		X		
Dispense study medication		X		
Subject completes RDQ questionnaire.		X	X	X
Record AEs and concomitant medication		X	X	X
Collect returned medication, assess compliance with study medication.			X	X
Complete OTE*			X	X

* OTE: Overall treatment evaluation.

11.3 Baseline Visit

11.3.1 Screening/Enrolment Procedures

Potential subjects will be provided with the patient information sheets and given ample time to read and decide whether they are interested in taking part in the study. If the subject is interested, she/he will speak to the investigator or person delegated by the investigator to take consent who will explain more about the study and answer any questions the subject may have. If the subject feels fully informed and happy to participate in the study they will complete, sign and date the informed consent form (ICF). The informed consent form will then be counter signed and dated by the investigator or person delegated by the investigator to take consent. A copy of the ICF and patient information sheet will be provided to the subject for their personal records.

All subjects will be given a 4-digit screening number once they have provided consent. The first two digits will refer to the centre number and the second two digits to the number of subjects screened at that centre. For example, screening numbers at centre 01 will start 0101, 0102 etc.

The screening process can take up to a maximum of seven days after informed consent.

11.3.1.1 Clinical Assessments Performed at Baseline

The following baseline assessments (Visit 1, screening) will be conducted:

Demographic data:

- Sex
- Race (categorised as: Caucasian, Asian, Afro-Caribbean and Other)
- Date of birth
- Height (cm)
- Weight (kg)
- Body mass index (kg/m^2)
- Smoking/alcohol/drugs of abuse history/use

Laboratory safety data:

- Haematology

- Biochemistry

Vital signs:

- Blood pressure (after sitting for 5 minutes; mmHg)
- Heart rate (radial pulse counted for 30 seconds after resting for 5 minutes; beats/minute)
- Oral temperature (°C)

12-lead ECG

Medical history and current status:

- Primary diagnosis
- Duration of disease
- Medical history and current status

Medication and therapy history:

- Current therapy
- Therapy in the previous 30 days

Physical examination

- A standard physical examination concentrating on GERD symptoms will be conducted

Pregnancy testing

- Women of child-bearing potential will undergo urine pregnancy testing. Pregnancy tests will be performed using urine pregnancy kits provided by the investigator using standard urine pregnancy testing methods.

11.3.2 Clinical Assessments Performed After Baseline

11.3.2.1 Clinical Assessments at Visit 2

At the end of the screening period, subjects will return to the clinic to complete the RDQ questionnaire and have any adverse events and concomitant medications recorded. If the subject fulfills the eligibility criteria for randomisation, a unique 3-digit randomisation number will be allocated and study medication dispensed (001, 002 etc.). The randomisation number

will be pre-printed on the medication assigned to that subject. Randomisation numbers will not be site-specific. The numbers available at a site have to be allocated to the subjects in consecutive order. Subjects will be instructed to start taking their medication the following day for seven days (two tablets taken four times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed). Subjects will be instructed to follow their routine meal pattern, avoiding food not normally consumed, such as excessively spicy food. There should be an interval of at least three hours between meals.

Emergency cards will be issued to subjects before they leave the centre. The emergency card will be the size of a credit card and will contain the following information:

- Study number.
- Subject (randomisation) number.
- Statement that subject is participating in a clinical trial.
- Statement that the subject is taking either 2 x Gaviscon Double Action or matching placebo tablets four times per day.
- Instructions to non-investigator staff to ring a 24-hour telephone number in case of emergency. This will be the number of CPS Research.

11.3.2.2 Clinical Assessments at Visit 3, End of Treatment

Visit 3 will take place preferably on the day following completion of 7-days of study treatment, ie, Day 8, or if necessary up to 2 days before/after that (Day 6 to Day 10). At this visit, the subject will complete the RDQ questionnaire and answer questions relating to overall satisfaction with the trial therapy (OTE) over the previous seven days. All unused and empty study medication containers will be returned for assessment of compliance with treatment. The following will be completed:

Vital Signs (Clinic's reference ranges are applicable for this study)

- Blood pressure (after sitting for 5 minutes; mmHg).
- Heart rate (radial pulse counted for 30 seconds after resting for 5 minutes; beats/minute).

Concomitant Medication

- All concomitant medication usage including any OTC medications will be recorded.

Adverse Events

- All adverse events will be recorded.

Physical examination

- A standard physical examination focussing on GERD symptoms will be conducted.

Laboratory investigations (haematology and biochemistry)

- Details are listed in section 13.4.

Pregnancy testing

- Women of child-bearing potential will undergo urine pregnancy testing.

11.3.2.3 Clinical Assessments at Early Termination (ET) Visit (only if required for subject early terminations)

The subject will be instructed to return to the investigator before the end of treatment if they require further treatment for their GERD symptoms or have unacceptable adverse events. If the investigator withdraws the subject from the study for these or any other reasons the subject will complete the study at this early termination visit and the following will be completed.

The subject will complete the RDQ questionnaire and answer questions relating to overall satisfaction with the trial therapy (OTE) over the study treatment period. All unused and empty study medication containers will be returned for assessment of compliance with treatment. The following will be completed:

Vital Signs (Clinic's reference ranges are applicable for this study)

- Blood pressure (after sitting for 5 minutes; mmHg).
- Heart rate (radial pulse counted for 30 seconds after resting for 5 minutes; beats/minute).

Concomitant Medication

- All concomitant medication usage including any OTC medications will be recorded.

Adverse Events

- All adverse events will be recorded.

Physical examination

- A standard physical examination focussing on GERD symptoms will be conducted.

Laboratory investigations (haematology and biochemistry)

- Details are listed in section 13.4.

Pregnancy testing

- Women of child-bearing potential will undergo urine pregnancy testing

Early Study Termination

- The investigator will assess the reason for early termination AE; lack of efficacy; lost to follow-up; no further need for IMP (unless this is a study endpoint); protocol violation; death; withdrawal of consent; other.

11.4 Study Variables and Methods of Assessment

11.4.1 Efficacy Variables

11.4.1.1 Overview of Efficacy Variables

The primary and some secondary efficacy variables are derived from the RDQ. OTE is also a secondary efficacy variable.

11.4.1.2 Methods of Assessment of Efficacy Variables

The following assessments of symptoms will be used:

- RDQ is a self-assessed subject questionnaire which is designed to measure and evaluate specific GERD symptoms of heartburn, regurgitation and dyspepsia. The items that constitute the three dimensions of heartburn, regurgitation and dyspepsia are listed in Table 1. The Scoring system of the RDQ is shown in the Table 2.

Table 1. Sub-dimensions of the symptoms		
Regurgitation	Heartburn	Dyspepsia
Acid in the mouth.	Burning behind the breastbone.	Burning in the upper stomach.
Unpleasant movement of material upwards from the stomach.	Pain behind the breastbone.	Pain in the upper stomach.

Table 2. Scoring system of RDQ		
Score	Frequency	Intensity/Severity
0	None	None
1	Less than one day a week	Very mild
2	Once day a week	Mild
3	2-3 days a week	Moderate
4	4-6 days a week	Moderately severe
5	Daily	Severe

- The Overall Treatment Evaluation: subjects will be prompted by the question "Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?" and "How important was the change in the symptoms to you?".

11.4.2 Appropriateness of Measurements

The RDQ is a validated and accepted reflux disease questionnaire that also assesses dyspepsia and is therefore an appropriate method of assessing the efficacy of Gaviscon Double Action Tablets on symptoms of GERD and dyspepsia in this pilot study.

11.5 Study Specific Supplies

Not applicable.

11.6 Unscheduled Visits

If unscheduled visits occur, the Investigator must record the following in the subject's CRF:

- Reason for unscheduled visit

- Any AE's.
- Concomitant therapy changes.
- Withdrawal (if deemed appropriate).
- Any clinical assessments deemed appropriate for the clinical care of the subject.

If the dosage regimen of study medication has been changed, the Investigator must contact the RB Clinical Project Manager in order to determine if the subject should be withdrawn from the study or may be allowed to continue. The Clinical Project Manager will advise the Investigator of how information should be recorded on the CRF.

Unscheduled visits should not alter the timing of the routine study schedule.

11.7 Subject Withdrawal and Replacement Criteria

11.7.1 Subject Withdrawal

The Investigator may withdraw the subject from the study at any time. Reasons for removing a subject from the study include, but are not limited to:

- AE's that in the judgement of the Investigator may cause severe or permanent harm (significant clinical deterioration is an AE).
- Violation of the study protocol.
- In the Investigator's judgement, it is in the subject's best interest.
- Subject declines further study participation.
- Randomisation code is broken.

The primary reason for withdrawal will be documented as one of the following: AE; lack of efficacy; lost to follow-up; no further need for IMP (unless this is a study endpoint); protocol violation; death; withdrawal of consent; other. The Investigator must make reasonable attempts to contact subjects who are lost to follow-up - a minimum of 2 documented telephone calls or a letter is considered reasonable.

If a subject is withdrawn prematurely from the study, the assessments listed in section 11.3.2.3 will be carried out:

11.7.2 Replacement of Subjects

Subjects who withdraw from the study will not be replaced.

11.8 Additional Care of Study Subjects Following Completion of the Study

Subjects who experience AE's at the end of the study, or experience the onset of an AE after the end of the study, will be followed up as described in Sections 13.1.7 and 13.1.8.

No other additional care of study subjects will take place following the end of the study. The treatment of the subject's condition will follow normal clinical practice.

11.9 Treatment Compliance

Treatment compliance will be assessed on the basis of tablet counts. Subjects will be instructed to bring their unused IMP with them at each visit. For the time period between each visit, the number of unused tablets returned will be recorded. For the entire treatment period of the study, the proportion of tablets taken relative to the expected number of tablets that should have been taken will be calculated. A compliance to IMP intake of less than 75% will be considered a major protocol deviation. Subjects with compliance of less than 75% will be excluded from the per protocol population.

11.10 Premature Termination of the Study

RB may prematurely terminate the conduct of the study specific study sites or the entire study. Reasons for early termination include, but are not limited to:

- Inability to recruit or slow recruitment of subjects
- Unacceptable data quality
- Concerns regarding the risk/benefit ratio
- Withdrawal of CA or IEC approval
- Recall of a batch of IMP where replacement medication will not be provided
- Results from an interim statistical or safety analysis
- Inability to remedy a clinical hold or suspension

- Unresolved non-compliance with GCP or the protocol that compromises subject rights or safety or the study data

The CPM will inform all investigators in writing at specific study sites relevant to the decision. A suitable course of action will be agreed for existing subjects. The investigator will inform the IEC in writing and provide a copy to RB for filing in the TMF. RB will inform the CA within 15 days of the date of termination and file a copy of the correspondence in TMF.

12 STUDY TREATMENTS

12.1 Identity of Investigational Medicinal Product(s)

The following medication will be supplied.

- Gaviscon Double Action Tablets.
- Matching placebo tablets.

Gaviscon Double Action Tablets will be manufactured to Good Manufacturing Practice (GMP) by Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull, HU8 7DS, UK (Product Licence 00063/0157). The matching placebo tablets will be manufactured to Good Manufacturing Practice (GMP) by Pharmaterials Limited, Unit B, 5 Bolton Road, Reading, RG2 ONH for RB.

The supplies will be assembled and labelled to GMP standards by the Investigational Material Supplies Unit (IMSU), Reckitt Benckiser Healthcare UK Ltd, Dansom Lane, Hull, HU8 7DS. They will be shipped directly by IMSU directly to the Investigator sites.

Labels will not indentify which of the two treatments (active or placebo) the subject's pack contains.

12.2 Identity of Non-Investigational Medicinal Products

NIMPs are not used in this study.

12.3 Randomisation and Treatment Allocation

12.3.1 Randomisation

Drug supplies will be randomised by the RB IMSU, according to a computer-produced randomisation schedule. On randomisation, subjects will be allocated a unique subject number in numerical sequence. Issue of the IMP in this sequence will ensure randomisation.

The IMSU will hold the master code for the randomisation schedule and will supply the Investigator with the randomisation code for each subject as individually sealed envelopes.

The code will only be broken for an individual subject in an emergency such as a serious AE (SAE) for which it is necessary to know the study treatment in order that the SAE be treated appropriately. If the code for a subject is broken, the Investigator should withdraw the subject from the study, document the details of the event in the subject's case report form and promptly inform the RB Clinical Project Manager. If, for any reason, the code is broken the subject will be withdrawn from the study.

The study monitor will check the randomisation code-break envelopes on a regular basis at monitoring visits, to ensure the above procedures are being followed. All code-break envelopes, whether sealed or opened, will be returned to RB at the end of the study.

RB will break the code for all subjects only after all data queries have been answered and the database has been locked.

12.3.2 Blinding

The study is blinded using matching placebo and active tablets, identically packaged and labelled.

12.3.3 Emergency Unblinding Procedures

The randomisation code will only be broken by the investigator for an individual subject in an emergency such as an SAE that requires knowledge of which IMP was taken so that the SAE can be treated appropriately. If the code for a subject is broken, the Investigator must withdraw the subject from the study, document the details of the event in the subject's CRF, and promptly inform the RB Clinical Project Manager. If, for any reason, the code is broken the subject will be withdrawn from the study.

12.3.4 IMP allocation for Replacement Subjects

Subjects will not be replaced.

12.4 Dosage Instructions

Each subject will be instructed to take Gaviscon Double Action Tablets or matching placebo tablets as a multiple dose regimen. Prior to dosing, all subjects will be instructed by the Investigator on how they will take the medication. Subjects will be instructed to start taking their medication the day after their randomisation visit for seven days (two tablets taken four times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed).

12.5 Packaging

Sufficient drug supplies will be packaged and labelled for 200 subjects (100 per treatment group). Each subject pack will contain 64 tablets (allowing 7 days study treatment and one days' overage).

12.6 Labelling

12.6.1 Investigational Medicinal Product(s)

The IMP(s) will be labelled in accordance with EudraLex - Volume 4 Good manufacturing practice (GMP) Guidelines, Annex 13 - Manufacture of Investigational Medicinal Products, parts 26 to 33 (Labelling) and in accordance with directive 2003/94/EC as amended and including any other applicable national/state legislation.

12.6.2 Non-Investigational Medicinal Products

NIMPs are not used in this study.

12.7 Accountability of Investigational and Non-Investigational Medicinal Product(s)

The Investigator will keep all IMP(s) in a pharmacy or a secure storage facility, accessible only to those individuals authorised by the Investigator to dispense the medication.

The Investigator or designated individual will maintain an inventory. This will include the description and quantity of IMP(s) received during the course of this study, as well as a record of the materials that are dispensed and returned (how much, to whom, and when). This inventory ("Drug Dispensing Log") will be subject to review by the study monitor during monitoring visits.

The Investigator agrees not to supply IMP(s) to any person except study personnel and subjects enrolled in this study.

The study drug should be stored below 25°C. Temperatures must be monitored and recorded in a temperature log on a daily basis. The temperature log will be reviewed by the study monitor.

12.8 Disposal of Unused Investigational and Non-Investigational Medicinal Product(s)

The Investigator agrees to conduct a drug supply inventory, to record the results of this inventory ("IMP Removal from Site" form) and to return it and all original IMP containers,

whether empty or containing IMP, to RB at the end of the study or in stages during the course of the study.

RB will arrange for the appropriate and timely destruction of all returned IMP(s) following the end of the study (on finalisation of the study report).

12.9 Concomitant Therapies

Concomitant therapies are defined as prescribed medications, physical therapies, and over-the-counter preparations, including herbal preparations licensed for medicinal use, other than IMP(s) that the subject receives during the course of the study.

The Investigator will record any medications given for treatment of AE's on the concomitant medication page in the subject's CRF. Any medication taken by the subject from the time of giving informed consent through to the end of the study should also be recorded in the CRF. Any changes in concomitant therapy during the study will be documented, including cessation of therapy, initiation of therapy, and dose changes.

12.10 Prohibited Therapies

The use of the following therapies will not be permitted:

- PPIs during the 10 days prior to screening and throughout the study.
- Prokinetics or H2 antagonists during the 5 days prior to screening and throughout the study.
- Systemic glucocorticosteroids or anti-inflammatory drugs on more than 3 consecutive days in the 28 days prior to screening
- PPI-based triple therapy for eradication of H-pylori during the 28 days prior to screening and throughout the study.
- Mucous membrane protection drugs or motility stimulants for 3 days prior to screening and throughout the study.
- Any antacids within 24 hours before randomisation (Visit 2) and throughout the remainder of the study.

Subjects who use any of these above medications during the study will be withdrawn.

The Summary of Product Characteristics states that due to the presence of calcium carbonate which acts as an antacid, a time-interval of 2 hours should be considered between Gaviscon intake and the administration of other medicinal products, especially H2-antihistaminics, tetracyclines, digoxine, fluoroquinolone, iron salt, ketoconazole,

neuroleptics, thyroxine, penicilamine, beta-blockers (atenolol, metoprolol, propanolol), glucocorticoid, chloroquine and diphosphonates.

13 SAFETY ASSESSMENTS

13.1 Adverse Events

13.1.1 Adverse Event Definitions

Adverse Event (AE): Any untoward medical occurrence in a subject participating in a clinical study administered an IMP, which does not necessarily have a causal relationship with administration of the IMP.

Comment: An AE can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of an IMP, whether or not considered related to the IMP.

AE's do not include the following:

- Medical or surgical procedures; the condition requiring a medical or surgical procedure is an AE.
- Elective surgery or pre-existing conditions requiring planned procedures outside the scope of the study.
- Overdose; only complications arising from an overdose are to be reported as an AE (see Section 13.2).
- Pregnancy; only complications arising from a pregnancy are to be reported as an AE (see Section 13.3).

Adverse Reaction (AR) to an IMP: All untoward and unintended responses to an IMP related to any dose administered.

Comment: All AE's judged by either the Investigator or the sponsor as having a reasonable causal relationship to an IMP qualify as AR's. The expression "reasonable causal relationship" means to convey in general that there is evidence or argument to suggest a causal relationship.

Serious Adverse Event (SAE): Any untoward medical occurrence (i.e. AE) that at any dose:

- Results in death.

- Is life-threatening.
- Requires hospitalisation or prolongation of existing hospitalisation.
- Results in persistent or significant disability/incapacity.
- Is a congenital anomaly/birth defect.
- Is otherwise considered to be medically significant.

Comments: Life-threatening in the definition of an SAE or serious AE refers to an event in which the subject was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe.

Medical judgement should be exercised in deciding whether an AE or AR is otherwise considered to be medically significant. Important AE's or AR's that are not immediately life-threatening or do not result in death or hospitalisation but may jeopardise the subject or may require intervention to prevent 1 of the other outcomes listed in the definition above should also be considered serious.

Examples of such medically significant events are:

- Intensive treatment in an emergency room or at home for allergic bronchospasm.
- Blood dyscrasias or convulsions that do not result in hospitalisation.
- Development of drug dependency or drug abuse.

Unexpected Adverse Reaction: An AR, the nature or intensity of which is not consistent with the applicable product information (e.g. Investigator's Brochure for an unauthorised IMP or SmPC for an authorised IMP).

Comment: When the outcome of the AR is not consistent with the applicable product information this AR should be considered as unexpected.

Suspected Unexpected Serious Adverse Reaction (SUSAR): An SAE considered to have a causal relationship with administration of the IMP, and the nature or intensity of which is not consistent with the applicable product information (e.g. Investigator's brochure for an unauthorised IMP or SmPC for an authorised IMP).

Intensity: The term "severe" is often used to describe the intensity (severity) of a specific event. This is not the same as "serious," which is based on subject/event outcome or action criteria.

13.1.2 Observation Period for Adverse Event Reporting

The observation period for an individual subject during which AE's are to be reported will start after giving informed consent and will finish at the last visit defining the end of the study for the given individual subject.

13.1.3 Information to be Collected on Adverse Events

Each AE will be recorded according to the criteria given below. "Relationship to IMP" must be determined by the Investigator (if medically qualified) or by a medically qualified Co-Investigator.

Table 13-1 Table of Information to be Collected on Adverse Events

Variable	Category	Definition
AE reported term		Any untoward medical occurrence in a subject administered an IMP and which does not necessarily have to have a causal relationship with this treatment. An AE can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding, for example), symptom, or disease temporally associated with the use of a medicinal product, whether or not considered related to the IMP.
Date AE started		The date on which the AE started.
Date of change in severity of AE		The date on which the AE changed in severity. This date equates to the finish date of the old severity and the onset date of the new severity.
Intensity		Intensity will be determined by the Investigator. For symptomatic AE's the following definitions will be applied, but medical experience and judgement should also be used in the assessment of intensity.
	Mild	The AE does not limit usual activities; the subject may experience slight discomfort.
	Moderate	The AE results in some limitation of usual activities; the subject may experience significant discomfort.
	Severe	The AE results in an inability to carry out usual activities; the subject may experience intolerable discomfort or pain.
Actions taken	None	No action was taken in relation to this AE.
	IMP dose changed	The dose of IMP was changed due to this AE, i.e. increase, decrease, or temporary discontinuation.
	IMP permanently discontinued	The IMP was permanently discontinued due to this AE.
	Symptomatic therapy	Symptomatic therapy was added or changed due to this AE.
	Subject hospitalised or hospitalisation prolonged	The subject was hospitalised or hospitalisation was prolonged due to this AE.
	Other action (specify)	Other action was taken due to this AE, e.g. diagnostic tests, laboratories and procedures.
Relationship to IMP	Unassessable/ Unclassified	Insufficient information to be able to make an assessment.

Variable	Category	Definition
	Conditional/ Unclassified	Insufficient information to make an assessment at present (causality is conditional on additional information).
	Unrelated	No possibility that the AE was caused by the IMP.
	Unlikely	Slight, but remote, chance that the AE was caused by the IMP, but the balance of judgment is that it was most likely not due to the IMP.
	Possible	Reasonable suspicion that the AE was caused by the IMP.
	Probable	Most likely that the AE was caused by the IMP.
	Certain	The AE was definitely caused by the IMP.
Is the AE serious?	Results in death Life-threatening Requires or prolongs hospitalisation Results in persistent or significant disability/incapacity Congenital anomaly/birth defect Otherwise considered to be medically significant	See Section 13.1.1.
Date resolved		The date on which the AE ceased to be present.
Outcome	Ongoing	The AE still persists.
	Resolved	The AE is resolved.
	Permanent residual effect	The subject is stabilised, but with sequelae from this AE.
	Subject died	The subject died whilst this AE was ongoing or as a result of it.
Has the subject ever experienced this AE before?	Yes/No	A query confirming whether the subject has a previous medical history of the AE at any time before entering into the study. If the subject has experienced this AE before, brief details should be given under additional information.
Additional information		Additional information regarding the AE.

13.1.4 Procedure for Reporting Adverse Events

All AE's that arise after the subject has received IMP will be recorded in the subject's CRF. AE's can be reported spontaneously by the subject or in response to non-leading questioning or observation by the Investigator, or be a significant laboratory abnormality.

The Investigator will ask the subject: "Are you experiencing any symptoms or complaints?" at the baseline visit and "Have you had any symptoms or complaints since the last visit?" during the study.

Assessments of the relationship of AE's to IMP must be made by the Investigator (if medically qualified) or by a medically qualified Co-Investigator.

13.1.5 Procedure for Reporting Serious Adverse Events

In the event of a Serious Adverse Event (SAE), the Investigator should telephone the Clinical Project Manager (CPM) within 24 hours of knowledge of the event. The name and contact number of the CPM will be provided to the Investigator in the study protocol and/or at the Study Initiation Visit. To allow timelines to be met the Investigator can report the event to the Global Vigilance Group (GVG) simultaneously by contacting GVG by email: gvg@rb.com. The CPM will also forward any SAE information/forms to the RB Global Vigilance Group within the same day using the email address: gvg@rb.com.

Out of hours emergency contacts will be provided to the Investigator in the study protocol and/or at the Study Initiation Visit. If notification is via telephone the CPM will ensure that a SAE Form is completed and the Investigator will be requested to make a detailed written report by sending a follow-up SAE Form as soon as possible. The CPM will be responsible for reporting the event to the Global Vigilance Group (gvg@rb.com), copying in and also advising by telephone, the Global Vigilance Manager and/or the Qualified Person for Pharmacovigilance (QPPV). All the SAE forms will be provided to the CPM function via email, and a copy filed in the TMF. Any inconsistencies in the information received from the Investigator will be clarified using the Adverse Event Data Clarification Form.

If the case does require reporting, a CIOMS (Council for International Organizations of Medical Sciences) form will be produced. A copy of this will be sent (by GVG) to the relevant Competent Authority (CA) of each country where the IMP is under development within 7 days for fatal or life-threatening events, or 15 days for all events.

If the event requires expedited reporting (event classified as a SAE):

1. The IEC will be notified by the Investigator according to the appropriate timescales (7 days for fatal or life-threatening SAEs, 15 days for all other SAEs)

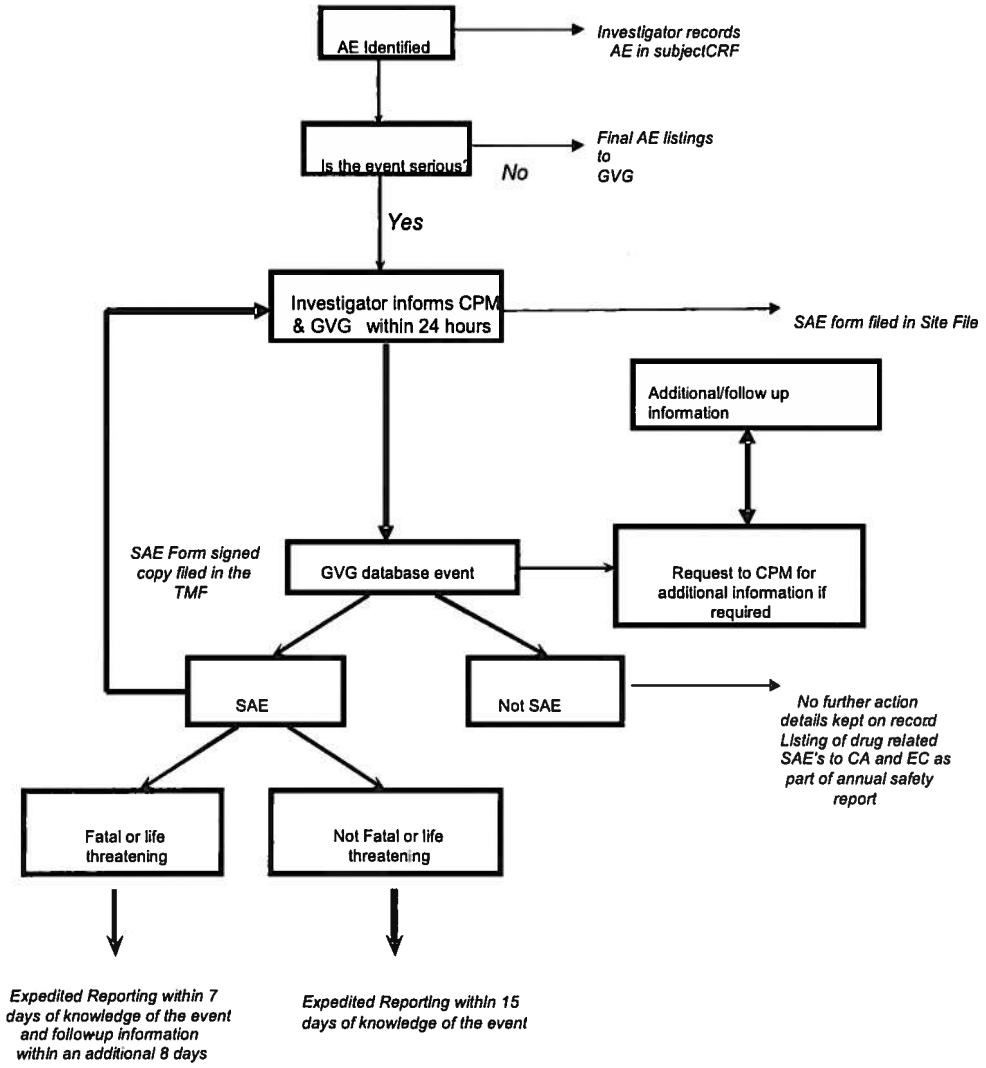
2. All other investigators participating in the study will be informed by the CPM

The Investigator will be instructed to retain a copy of all the SAE Forms in the Investigator Site File, and must inform his/her local ethics committee/institutional review board of all SAE's occurring in the study.

The Investigator should not break the randomisation code except when it is necessary to do so in order to ensure the subject receives appropriate medical care (see Section 12.3).

The overall procedure for reporting SAE's is illustrated in the flowchart below.

Figure 13-1 Procedure for Reporting SAEs



13.1.6 Reporting to Regulatory Authorities

SAE's and non-serious AE's will be reported to the appropriate regulatory authorities by RB, in accordance with the authorities' requirements.

13.1.7 Follow-up of Subjects Experiencing Adverse Events upon Completion of the Study or Withdrawal from the Study

All SAE's, and all AE's that cause premature withdrawal of the subject from the study, that have not resolved by the end of the study will be followed up by the Investigator until resolution or until the Investigator believes there will be no further change. This may involve the subject making additional visits to the site.

All other AE's possible to resolution or until the Investigator believes there will be no further change, whichever is the earlier.

The minimum data required are the final outcome and date, which may be obtained by the Investigator in a documented telephone conversation with the subject or subject's GP.

13.1.8 Procedures for Subjects Experiencing Onset of Adverse Events after End of the Study

As active study drugs in this study are not absorbed, a serious adverse event that occurs within a day of the final dose of study medication should be reported and followed to resolution or until the Investigator believes there will be no further change.

13.2 Overdose

In the event of an overdose of the trial medication, symptomatic treatment should be given. The subject may notice abdominal distension.

Overdose itself is not an AE. Only complications arising from the overdose are to be reported as an AE.

13.3 Pregnancy

If a subject is found to be pregnant after being dosed with IMP:

- Promptly notify RB (i.e. Clinical Project Manager) or CRO monitor (if CRO is Investigator's first port of call for reporting SAE's).
- Withdraw the subject from the study.
- Perform study completion assessments.
- Collect details of due date, etc.

Pregnancy follow-up will be conducted by RB Pharmacovigilance personnel as part of their drug safety monitoring responsibilities and will not form part of the study dataset.

Pregnancy itself is not an AE. Only complications arising from the pregnancy are to be reported as an AE.

13.4 Clinical Laboratory Investigations

All blood samples will be collected and prepared according to the standard procedures of the laboratory conducting the analyses. Laboratory safety parameters will be analysed using standard validated methods.

The following investigations will be made:

Haematology

- Haemoglobin
- Red blood cells
- Mean cell haemoglobin concentration
- White blood cells
- Platelet count

Biochemistry

- Electrolytes: sodium, potassium, calcium
- Urea
- Creatinine
- Uric acid
- Glucose
- Inorganic phosphorous
- Alanine transaminase
- Aspartate transaminase

Pregnancy testing

- Women of child-bearing potential will undergo urine pregnancy testing (positive or negative).

The total volume of blood expected to be sampled for clinical laboratory safety investigations from an individual subject in the course of the study is not expected to exceed 40 mL.

13.4.1 Collection of Laboratory Samples

Blood samples will be collected and labelled in tubes provided by the local laboratory.

Urine samples will be collected mid-stream.

13.4.2 Labelling of Laboratory Samples

The site's standard labels will be used.

13.4.3 Reference Ranges

Up-to-date reference ranges for the above investigations will be obtained prior to the start of the study and be updated as appropriate during the course of the study.

13.4.4 Laboratory Results Review

The Investigator will review the results and comment, on the laboratory results sheet, upon all abnormal values, identifying those that are clinically significantly abnormal. The Investigator will sign and date the laboratory results sheet, to indicate that the review has taken place.

A copy of these results will be provided to RB.

13.4.5 Good Clinical Laboratory Practice (GCLP) Compliance

Confirmation of compliance with GCLP will be required from the laboratory involved prior to the start of the study.

The laboratory will be requested to provide documented evidence of GCLP compliance. This may be a statement of compliance issued by the appropriate national authority, or details of accreditation by a recognised organisation.

An independent inspection of the laboratory by RB may be conducted.

13.5 Vital Signs, Physical Findings and other Observations Related to Safety

Vital signs and physical examinations will be conducted at baseline and final or early termination visits. A 12-lead ECG will be taken and reviewed by the investigator at baseline as part of the screening procedures.

14 STATISTICAL CONSIDERATIONS

The statistical analysis will be undertaken in collaboration with Accovion Ltd, 59-60 Thames Street, Windsor, SL4 1TX.

A detailed Statistical Analysis Plan will be finalised before the code for all subjects is broken and prior to analysis of the study being carried out.

Any deviations from the analyses described below will be included in the Statistical Analysis Plan, which will form Appendix 16.1.9 of the clinical study report.

14.1 Sample Size Justification

As this is a pilot study and there is insufficient data to estimate the magnitude and variability of the treatment difference in the primary endpoint, no formal sample size calculation was performed to power the study. However, in a previous Gaviscon study [11] which used an alternative patient reported outcome instrument (5 point satisfaction scale) the results at week 1 (Positive responses: 74% for Gaviscon v 44% for placebo) suggest that a 90 patient study would provide approximately 80% power to demonstrate a statistical difference between the treatments at the 5% level. Although, the RDQ and OTE instruments are being used in this study, it is assumed that they will be at least as sensitive to detect a difference between the treatments using 90 patients.

To allow for drop outs and ensure 90 patients have sufficient data for the primary endpoint, 110 will be enrolled.

14.2 Data to be Analysed

The following defined populations will be used for the analysis of the study data.

All patient population: includes all patients recruited into the study. Data presentation will comprise information on patient disposition, withdrawals and protocol deviations as well as baseline data.

Safety population: includes those recruited into the study and receive at least one dose of the study medication. Data presentation will comprise summaries of safety.

Intent to treat (ITT) population: includes those recruited into the study and have at least partially completed RDQ questionnaire for the trial therapy period or are known to have withdrawn from the study due to poor efficacy Data presentation will comprise summary of efficacy endpoints.

Per protocol (PP) population: includes all patients from the ITT population who have adequate compliance with the treatment during the study (defined as $\geq$ 75% study medication used from return tablet count) and no major protocol deviations. This PP population will be defined based upon a review of blinded data prior to database lock. All summaries and analyses for all primary and secondary endpoints will be additionally conducted using this population to support the corresponding ITT results.

If there is a discrepancy in patient numbers greater than 10 patients between the all patient population and any other population, then baseline data will be summarised additionally for that population and for those patients that are excluded from that population.

14.3 Subject Disposition and Characteristics

Descriptive summary statistics will be provided for demographic characteristics for each treatment group and all subjects. For continuous parameters, mean, standard deviation, median, minimum, and maximum will be provided. For categorical parameters, the cell frequencies and percentage of subjects in each demographic category will be provided.

14.4 Efficacy Analyses

Efficacy data will be recorded from the RDQ questionnaire and the patient overall treatment evaluation (OTE).

For those patients that do not return for the day 8 visit because of confirmed poor efficacy from the treatment, all efficacy data at day 8 will be imputed as no change from the baseline values (BOCF). All other withdrawn patients that do not have the reason of withdrawal confirmed as poor efficacy and do not complete the day 8 assessments will be treated as missing. If the number of such patients is high, a sensitivity analysis will be conducted to assess the robustness of this imputation and the effect on results.

These data will be listed in the appendices of the study report and summarised for the ITT and PP populations by treatment group (n as the number of observations, mean, median, SD, minimum and maximum. Categorical variables will be summarised by treatment group using frequency distributions (showing cell frequencies and percentages).

14.4.1 Primary Efficacy Analysis Endpoint

The primary endpoint is the change from baseline in the RDQ score (heartburn, regurgitation and dyspepsia combined).

The symptom score for each individual dimension from the RDQ questionnaire (heartburn, regurgitation or dyspepsia) will be calculated as the sum of the relevant frequency and intensity responses (i.e. frequency + intensity).

14.4.2 Secondary Efficacy Endpoints

Details of any analyses of secondary efficacy endpoints will be specified in the Statistical Analysis Plan.

The following will be compared between treatments:

Change from baseline in symptom score (frequency + intensity) for each dimension of the RDQ questionnaire separately (heartburn, regurgitation, dyspepsia).

Change score (-10 to 10) for change in frequency of each dimension (heartburn, regurgitation, dyspepsia) calculated as baseline frequency score (0 to 10) minus the day 8 frequency score (0 to 10).

Change score (-10 to 10) for change in intensity of each dimension (heartburn, regurgitation, dyspepsia) calculated as baseline intensity score (0 to 10) minus the day 8 intensity score (0 to 10).

Change from baseline in OTE as a measure for patient's responsiveness/satisfaction

14.4.3 Statistical Methods for Efficacy Analyses

All statistical tests performed will be 2-tailed with significance assessed at the 5% significance level. The null hypothesis at all times will be the equality of the treatments being compared.

Normality assumptions will be evaluated by an examination of the residual plots. Depending on the degree of departure from these assumptions, an alternate nonparametric approach may be used for supportive purposes.

For those patients that do not return for the day 8 visit because of confirmed poor efficacy from the treatment, all efficacy data at day will be imputed as no change from the baseline values (BOCF). All other withdrawn patients that do not have the reason of withdrawal confirmed as poor efficacy and do not complete the day 8 assessments will be treated as missing.

The primary endpoint (change in RDQ score) will be analysed using an analysis of covariance (ANCOVA) model with a fixed term for treatment and the baseline RDQ score as a covariate. Treatment group differences will be estimated using the least square means and the mean square error from the ANCOVA.

The OTE will be analysed identically to the primary endpoint.

The change in each symptom score will be analysed identically to the primary endpoint although the included covariate will be the relevant baseline score rather than the RDQ score.

The change scores in frequency and intensity for each dimension will be compared between treatments using a Wilcoxon Rank Sum Test.

14.5 Safety Analyses

14.5.1 Adverse Events

All AE's will be coded using the most up-to-date version of MedDRA. For an individual subject, AE's that began prior to the first dose of IMP or more than one day after the final dose of IMP will not be included in the analysis.

The incidence of AE's (number and percent of subjects reporting each type of AE at least once during the study) will be summarised for all AE's, by investigator attribution of relationship to IMP and by severity. The incidence of AE's will be compared among (between) treatment groups using Fisher's Exact Test for all AE's, for those AE's classified by the Investigator as possibly or probably related to IMP and for severe AE's.

14.5.2 Laboratory Data

For the purpose of analysing laboratory data, "baseline" is defined as the baseline assessments at Visit 1, screening and "last visit" is defined as the final visit, Visit 3 or the Early Termination Visit.

Each pre-study baseline laboratory value will be categorised as low, normal, or high based on the reference range. Each post-baseline value will be classified in a similar manner, producing a 3 x 3 table for each treatment group at each post-baseline visit. Scores of "1" will be assigned to low values, "2" to normal values, and "3" to high values. Using these scores, shifts from baseline will also be assigned a score. For example, a laboratory value that shifts from low to high will be assigned a score of 2, whilst a laboratory value that remains at a low value will be assigned a score of 0. Shifts between these categories between baseline and subsequent timepoints will be compared using the Wilcoxon Signed-Rank test within each treatment group. Statistical testing will be performed at last visit.

At each visit, summary statistics for the absolute laboratory value and the changes from baseline will be presented by treatment group. The significance of within-treatment changes from baseline will be assessed using the Wilcoxon Signed-Rank Test. The significance of between treatment changes from baseline will be assessed using the Kruskal-Wallis Test. Statistical testing will be performed at last visit.

Scatter plots of end of treatment values versus baseline values will be provided for all laboratory tests.

14.5.3 Vital Signs

At each visit, summary statistics for the absolute vital sign value and the changes from baseline will be presented by treatment group. The significance of within-treatment changes from baseline will be assessed at the last visit, using the Wilcoxon Signed-Rank Test. The significance of between treatment changes from baseline will be assessed at the last visit using the Kruskal-Wallis Test.

14.5.4 Other Variables Related to Safety

No further variables related to safety will be analysed.

14.6 Interim Analyses

No interim analysis is planned for this study.

15 QUALITY CONTROL AND QUALITY ASSURANCE AUDIT

15.1 Monitoring

The study will be monitored by site visits and meetings with the Investigator and co-workers(s) at intervals agreed with the Investigator. The anticipated monitoring frequency will be stated in the Monitoring Plan. Monitoring will also involve, as appropriate, correspondence and telephone contacts.

The Investigator, or a designated member of the Investigator's staff, must be available at some time during the monitoring visit to review the data and resolve any queries and to allow direct access to the subject's records for source data verification.

At a site visit the CRF's forms should be made available in order that the accuracy of their completion may be checked. Each completed set of CRF's for each visit must be signed and dated by the Investigator, or a designated member of the Investigator's medical staff, to verify the data and statements submitted. Similarly all alterations must be initialled and dated by the Investigator or a designated person, explained as necessary, with the original mistake left legible.

15.2 Source Document Verification

On-site monitoring will also include source document verification (SDV). SDV is the procedure whereby the data contained in the CRF's are compared with the primary source data (e.g. subject notes, original recordings from automated instruments, X-ray films, ECG tracings, laboratory results) contained in the subject records held at the investigational site, and thereby verified as accurate.

The Investigator must be aware that:

- SDV is a part of the normal monitoring process. It will be carried out by designated study personnel and will be done in such a way as to preserve subject confidentiality, taking into account all ethical and legislative requirements.

- SDV will be carried out by direct comparison of entries made in the CRF with appropriate source data. Direct access to source data requires that the subject gives written, documented consent to this.

- Where source data are in the form of a computer print-out (e.g. medical records, ECG tracings) they will be made available by the Investigator to the monitor. Each will be signed and dated by the Investigator or a designated person, confirming that the print-out is a true and faithful record of the data for that subject. These print-outs will be filed in the CRF.

- The RB Clinical Project Manager/Study Monitor will write an SDV Plan, specifying which data require SDV and what constitutes source data. This plan will also include the identification of any data to be recorded directly on the CRF and therefore considered source data. The Plan will be agreed with the Investigator and documented in the Initiation Visit Report. For all subjects, subject identity (date of birth, sex, initials and subject number), record of entry into the study and signature of informed must be verified from source documents as a minimum. In addition the following will be verified:

    - The RDQ

    - Details of SAE's.

It is important that the subject's notes record important details about their participation in the study. The Investigator or designated person will agree, as a minimum requirement, to record the following information in the subject's notes:

- Study number, brief description or title of study.
- Date that the subject gave written consent.
- All visit dates.
- All SAE's.
- All concomitant medications.

15.3 Audit

In accordance with the standards defined in ICH GCP, clinical studies sponsored by RB may be subject to an independent audit at the study site which will be conducted by personnel from an appropriate Quality Assurance Unit. Full consultation with the Investigator will be made prior to and during such audit, which will be conducted according to Quality Assurance Unit Standard Operating Procedures.

15.4 RB Policy on Fraud in Clinical Studies

In accordance with GCP, it is RB's policy always to follow up suspected cases of fraud.

16 ETHICS

16.1 Independent Ethics Committee/Institutional Review Board Review

Written approval of the study by an independent and appropriately constituted IEC must be obtained and a copy provided to RB before any protocol-related procedures that do not form part of the subject's normal clinical treatment are performed.

The approval letter must contain:

- Name and address of the IEC.
- Date of meeting.
- Sufficient information to identify the version of both the protocol and subject information/informed consent.

- Sufficient information to identify the version of other documents reviewed.

The investigator must also provide RB with a list of IEC members that includes each member's name, sex, and institutional affiliation.

The Investigator must submit all protocol amendments to the IEC for approval and notify them of any administrative changes.

16.2 Subject Information and Consent

Prior to entering the study, the Investigator or designated assistant will explain to each subject or legally acceptable representative, the nature of the study, its purpose, procedures, expected duration, alternative therapy available, and the benefits and risks involved in study participation. Subjects will be given information and consent documents and the opportunity to ask questions. They will be informed of their right to withdraw from the study at any time without prejudice. After this explanation and before any study-specific procedures have been performed, the subject, or legally acceptable representative, will voluntarily sign and date the informed consent form. The person providing the information to the subject and, if different, the Investigator (if medically qualified) or a medically qualified Co-Investigator, will also sign the consent form. Prior to participation in the study, the subject will receive copies of the written information and their signed and dated consent document, plus any other written information provided to them.

16.3 Informing General Practitioners

The Investigator will be responsible for informing the subject's general practitioner of involvement in the study. RB/CRO will provide a template letter for this purpose.

17 REGULATORY REQUIREMENTS

17.1 Competent Authority Authorisation

This study will be submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) in the UK. The study will only be undertaken when regulatory authorisation has been obtained by RB.

17.2 Curriculum Vitae

A current curriculum vitae (CV) will be obtained from all personnel with significant study responsibilities, i.e. the Investigator and those to whom he or she has delegated some of his/her responsibilities as well as those whose names appear on the signature and delegation of duties forms (see below).

The CV will contain as a minimum the following information: name, current work address, qualifications, current position and previous positions. It will be signed and dated within 2 years of the start of the study. The CVs will be maintained on file by RB.

The Investigator and individuals to whom the Investigator has delegated some of his or her responsibilities as an investigator will be asked to provide sample signatures. The duties delegated to them will also be recorded on the signature and delegation of duties forms.

18 DATA HANDLING AND RECORD KEEPING

18.1 Case Report Forms (CRF's)

Electronic CRF's (eCRF's) will not be used in this study. The Investigator is responsible for the quality of the data recorded in the CRF. The data recorded should be a complete and accurate account of the subject's record collected during the study. The Investigator and study monitor will identify any data that will be recorded directly on the CRF such that the CRF will be considered the source document (i.e. no prior written or electronic record of the data). The study monitor will document this on the Initiation Visit Report.

The Investigator and other staff who have been delegated responsibility for entering data into the CRF at each visit will be trained in the use of the No carbon required (NCR) CRF's before the first subject at that site is enrolled. The Investigator must review all entries for completeness and correctness. When changes or corrections are made on any CRF, the Investigator or authorised persons must draw a single line through the error then initial and date the correction, as well as stating the reason for the error, except when due to a transcription error. The original entry should not be obscured. Data management will be performed by Accovion Limited, 59-60 Thames Street, Windsor, SL4 1TX. The CRF system will keep an audit trail of all changes made after the CRF pages are initially completed and submitted.

The Investigator agrees to complete and sign the CRF's in a timely fashion after completion of each subject and make them available to the study monitor for full inspection. In addition, any data queries prepared after the original CRF has been completed should be answered promptly. Following monitoring of each subject's CRF, the investigator will sign the CRF. Re-signature by the Investigator may be required prior to database lock after resolution of interim data queries.

Before acceptance, the study monitor will review the CRF's for completeness and adherence to the protocol. The top copy will be submitted to RB for onward transmission to the organisation responsible for data management and a second copy will be retained by the Investigator in the Study Site File. Following completion of the study, the investigator will no longer be able to access the NCR CRF's. Therefore, they will be provided with a certified paper copy of each of the CRF's from their site by the data management group.

18.2 Retention of Essential Documentation

The Investigator should retain all essential documents (as defined in ICH E6 or according to other national and international regulations) until at least 5 years after the completion of the study. These documents should be retained for a longer period, however, if required by the applicable regulatory requirements or by an agreement with RB. It is the responsibility of RB to inform the Investigator when these documents no longer need to be retained.

Subject files and other source data must be kept for the maximum period of time permitted by the hospital, institution or private practice. The Investigator must notify RB if his/her institution's policy is to retain documents for a shorter period of time.

18.3 Protocol Amendments

The investigator must abide by the agreed protocol as approved by the IEC.

No change will be made to the agreed protocol without the prior written approval of the Investigator, the Clinical Project Manager, the R&D Manager Clinical (Healthcare) and the Global Medical Director, except in circumstances where the immediate safety of the subject is at risk. Written approval will also be obtained from other functions if appropriate, for example the Statistician if the amendment relates to a change in endpoints.

All substantial protocol amendments require IEC and regulatory approval. Protocol amendments will be submitted to the same IEC and regulatory authority as the study protocol.

19 CLINICAL TRIAL AGREEMENT

Before the study commences, a Clinical Trial Agreement be will signed in which financial aspects of the study (including financial disclosure) as well as responsibilities and obligations are described. This will take the form of:

- A contract between RB and CPS Research Limited, Glasgow - where the Investigator is employed by the CRO.

20 COMPENSATION, INDEMNITY, AND INSURANCE

20.1 Compensation

Compensation will be provided for any injury caused by taking part in this study in accordance with the guidelines of the Association of the British Pharmaceutical Industry (ABPI).

Compensation will be paid where the injury probably resulted from:

- The IMP being tested or administered as part of this protocol.
- Any test or procedure received as part of the study.

Any payment would be without legal commitment.

Compensation may not be paid where:

- The injury resulted from an IMP outside the study protocol.
- The protocol was not followed.

20.2 Indemnity

RB will provide appropriate indemnity for the Investigator and staff who conduct part or all of this study, upon request. The request must be received before the first subject is recruited.

20.3 Insurance

If required, and in accordance with applicable regulatory and legal requirements, RB will take out appropriate insurance policies on behalf of the Investigator and staff who conduct part or all of this study, and/or on behalf of the subjects participating in the study.

21 REPORTING, PUBLICATION AND PRESENTATION

A clinical study report will be prepared according to ICH E3 (Structure and Content of Clinical Study Reports) as part of RB's commitment to Good Clinical Practice. The report will be a record of the total study conduct and findings, and will be subject to approval by the Co-ordinating Investigator who will sign the final report.

The study data will be owned by RB. RB retains the right to publish the data independently of the Investigator. RB agrees that before it publishes the results, it will provide the Investigator with at least 30 days for full review prior to submission of the manuscript to the publisher. The Investigator must submit any proposed manuscript to RB for approval prior to submission for publication.

Where the Investigator is participating in a multicentre study the results from each individual site should not be published prior to the publication of the entire study.

Any publication must state that it is a part of a multicentre study. Where it would be impractical to send the manuscript to every Investigator in a multicentre study, a copy will be sent to the Co-ordinating Investigator. In such a study, RB may wish to publish the results of the study and this may be done without all participants having the opportunity to review the manuscript.

22 REFERENCES

1. Vakil N, Veldhuyzen van Zanten S, Kahrilas P, Dent J, Jones R. The Montreal definition and classification of gastro-esophageal reflux disease (GERD)- a global evidence-based concensus. Am J Gastrolenterol 2006, 101: 1900-1920.
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3. Liker H, Hungin AP, Wiklund I. Management of reflux disease in primary care: the subject perspective. J Am Boar Fam Pract 2005, 18: 393-400.
4. Wahqvist P, Reilly M, Barkun AN. Systematic review: the impact of gastro-oesophageal reflux disease on work productivity. Aliment Pharmacol Ther 2006, 24: 259-272.
5. Moayyedi P, Delaney BC, Vakil N, Forman D, Talley NJ. The efficary of proton pump inhibitors in nonulcer dyspepsia: A systematic review and economic analysis. Gastroenterology 2004, 127: 1329-1337.
6. Fass R, Tougas G. Functional heartburn: The stimulus, the pain, and the brain. Gut 2002, 51: 885-892.
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8. Jaeschke R, Singer J, Guyatt G: Measurement of health status. Ascertaining the minimal clinically important difference. Control Clin Trials 1989, 10:407-415.

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23 APPENDICES

There are no appendices.

Reckitt Benckiser

PROTOCOL NON SUBSTANTIAL AMENDMENT NUMBER [1]

PRINCIPAL INVESTIGATOR:

Dr AG Wade, MB, ChB, FRCA

Director,

CPS Research Ltd

3 Todd Campus

West of Scotland Science Park

Glasgow,

G20 0XA

DETAILS OF PROTOCOL AMENDMENT:

Section(s) to be Changed:

Protocol section 10.3 page 27:

abstinence (should the subject become sexually active while participating in the study, she must agree to use a double barrier method, or condoms/diaphragms with spermicidal foam/gel/film/cream/suppository).

Revised Paragraphs:

Protocol section 10.3 page 27:

true abstinence when this is in line with the preferred and usual lifestyle of the patient [periodic abstinence (eg calendar, ovulation, symptothermal post-ovulation methods) and withdrawal are not acceptable methods of contraception] (should the subject become sexually active while participating in the study, she must agree to use a double barrier method, or condoms/diaphragms with spermicidal foam/gel/film/cream/suppository).

Reason for Change:

Required by MHRA to approve CTA

EudraCT / IND Number:	2012-002188-84
Trial Number:	GA1203
Protocol Title:	A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease
Protocol Amendment Date:	20 July 2012
Version:	Amendment 1
Phase:	III

Reviewed and Agreed by:

Clinical Project Manager function:

Nigel Levinson, BSc, CBiol, MSB, MICR
Clinical Project Manager
Reckitt Benckiser

20 Jul 2012
Date

Statistician:

Gary Smith, BSc, MSc
Senior Statistician
Reckitt Benckiser

20/Jul/2012
Date

Reviewed and Approved by:

R&D Manager - Clinical (Healthcare):

Sue Aspley PhD

23 July 12
Date

Global Medical Director:

Dr P Berry MB, ChB, MPH

23 July 2012

Reviewed and Accepted by:

Co-ordinating/Chief/Principal Investigator:

23 July 2012.

Dr AG Wade, MB, ChB, FRCA
Director,
CPS Research Ltd
3 Todd Campus
West of Scotland Science Park
Glasgow,
G20 0XA

Date

Reckitt Benckiser

PROTOCOL NON SUBSTANTIAL AMENDMENT NUMBER [2]

PRINCIPAL INVESTIGATOR:

Dr AG Wade, MB, ChB, FRCA

Director,

CPS Research Ltd

3 Todd Campus

West of Scotland Science Park

Glasgow,

G20 0XA

DETAILS OF PROTOCOL AMENDMENT:

1 Section(s) to be Changed:

Protocol sections 3.9 page 5 number 4 and 10.2 page 26 number 4:

“or are unwilling to be sexually abstinent.”

1 Revised Paragraphs:

Protocol sections 3.9 page 5 number 4 and 10.2 page 26 number 4:

Added “(as defined in Section 10.3).” to read “or are unwilling to be sexually abstinent (as defined in Section 10.3).”

2 Section(s) to be Changed:

Protocol section 10.3 page 27:

“Woman of childbearing potential must take adequate contraceptive precautions for the entire duration of study participation. Adequate contraceptive precautions include oral or injectable contraceptives, approved hormonal implants or topical patches, intrauterine devices, true abstinence”

2 Revised Paragraphs:

Protocol section 10.3 page 27:

Changed to

"Woman of childbearing potential must take adequate contraceptive precautions for the entire duration of study participation. Adequate contraceptive precautions include oral or injectable contraceptives, approved hormonal implants or topical patches, intrauterine devices, barrier methods of contraception: condom or occlusive cap (diaphragm or cervical/vault caps) with spermicidal foam/gel/film/cream/suppository; true abstinence"

3 Section(s) to be Changed:

Protocol section 12.4 page 40:

See additional text added after section 12.4 paragraph below.

3 Revised Paragraphs:

Protocol section 12.4 page 40:

Additional text added to end of this section as follows

"Medication errors may result in this study, from the administration or consumption of the wrong drug, by the wrong subject, at the wrong time, or at the wrong dosage strength. Such medication errors occurring to a study participant will be captured on the adverse event (AE) page of the CRF and on a SAE form as appropriate. In the event of medication dosing error, the sponsor should be notified immediately.

Medication errors are reportable to RB irrespective of the presence of an associated AE/SAE, including:

- Medication errors involving subject exposure to a medicinal product
- Potential medication errors or uses outside of what is foreseen in the protocol that do or do not involve the participating subject.

Whether or not the medication error is accompanied by an AE/SAE, as determined by the investigator, the medication error and any associated AE/SAEs will be captured on an AE CRF page /SAE form (refer to Adverse Event Reporting section 13.1 for further details). "

4 Section(s) to be Changed:

Protocol section 13.1.1 page 42:

"AE's do not include the following:

- Medical or surgical procedures; the condition requiring a medical or surgical procedure is an AE.
- Elective surgery or pre-existing conditions requiring planned procedures outside the scope of the study.
- Overdose; only complications arising from an overdose are to be reported as an AE (see Section 13.2).
- Pregnancy; only complications arising from a pregnancy are to be reported as an AE (see Section 13.3)."

4 Revised Paragraphs:

Protocol section 13.1.1 page 42:

Last two points removed

"AE's do not include the following:

- Medical or surgical procedures; the condition requiring a medical or surgical procedure is an AE.
- Elective surgery or pre-existing conditions requiring planned procedures outside the scope of the study."

5 Section(s) to be Changed:

Protocol section 13.1.2 page 44:

"The observation period for an individual subject during which AE's are to be reported will start after giving informed consent and will finish at the last visit defining the end of the study for the given individual subject. "

5 Revised Paragraphs:

Protocol section 13.1.2 page 44:

"The observation period for an individual subject will start after giving informed consent and will finish at the last visit defining the end of the study for the given individual subject.

Any SAEs occurring after Informed Consent must be reported.

Any untoward medical events occurring after Informed Consent but prior to IMP administration should be recorded in the subject's medical history and not reported as an AE."

6 Section(s) to be Changed:

Protocol section Table 13.1 page 46:

Outcome	Ongoing	The AE still persists.
	Resolved	The AE is resolved.
	Permanent residual effect	The subject is stabilised, but with sequelae from this AE.
	Subject died	The subject died whilst this AE was ongoing or as a result of it.

6 Revised Paragraphs:

Protocol section Table 13.1 page 46:

Outcome	Not recovered/not resolved	The AE still persists.
	Recovered/resolved	The AE is resolved.
	Recovering/resolving	The subject is recovering from this AE/this AE is resolving.
	Fatal	The subject died whilst this AE was ongoing or as a result of it.
	Unknown	The outcome of this AE is not known.

7 Section(s) to be Changed:

Protocol section 13.1.4 page 47:

First paragraph:

“All AE’s that arise after the subject has received IMP will be recorded in the subject’s CRF.”

7 Revised Paragraphs:

Protocol section 13.1.4 page 47:

Changed to:

” All AE’s that arise after the subject has had IMP administered will be recorded in the subject’s CRF.”

8 Section(s) to be Changed:

Protocol section 13.1.7 page 50:

Second paragraph:

“All other AE’s possible to resolution or until the Investigator believes there will be no further change, whichever is the earlier.”

8 Revised Paragraphs:

Protocol section 13.1.7 page 51:

Changed to:

”All other AE’s will be followed up where possible to resolution or until the Investigator believes there will be no further change, whichever is the earlier. ”

9 Section(s) to be Changed:

Protocol section 13.2 page 50:

Replace the following last sentence with the revised sentence:

“Pregnancy itself is not an AE. Only complications arising from the pregnancy are to be reported as an AE.”

9 Revised Paragraphs:

Protocol section 13.2 page 51:

Changed to:

”Pregnancy should be reported to RB as an AE.”

10 Section(s) to be Changed:

Protocol section 16.2 page 60:

“The person providing the information to the subject and, if different, the Investigator (if medically qualified) or a medically qualified Co-Investigator, will also sign the consent form.”

10 Revised Paragraphs:

Protocol section 13.2 page 51:

Changed to:

"The person conducting the informed consent discussion and providing the information to the subject will also sign and date the consent form."

Reason for All Changes:

Protocol amended following changes to the protocol template associated with the Reckitt Benckiser SOP ***D0365585 Protocol and CRFs for Investigational Studies*** version 3.0 published 23 August 2012 These changes were made to accommodate various regulatory changes that impact on studies, in particular on adverse event (AE) reporting.

EudraCT / IND Number:	2012-002188-84
Trial Number:	GA1203
Protocol Title:	A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease
Protocol Amendment Date:	3 September 2012
Version:	Amendment 2
Phase:	III

Reviewed and Agreed by:

Clinical Project Manager function:

10 SEP 2012

Nigel Levinson, BSc, CBiol, MSB, MICR
Clinical Project Manager
Reckitt Benckiser

Date

Statistician:

10 SEP 2012

Gary Smith, BSc, MSc
Senior Statistician
Reckitt Benckiser

Date

Reviewed and Approved by:

R&D Manager - Clinical (Healthcare):

Sue Aspley PhD — Date: 10 Sept 12

Global Medical Director:

Dr P Berry MB, ChB, MPH — Date: 10 September 2012

Reviewed and Accepted by:

Co-ordinating/Chief/Principal Investigator:

Dr AG Wade, MB, ChB, FRCA
Director,
CPS Research Ltd
3 Todd Campus
West of Scotland Science Park
Glasgow,
G20 0XA

Date: 10/9/12

16.1.2 Sample Case Report Form

This appendix contains (20 pages):

- Visit 1 (Screening Visit)
- Visit 2
- Visit 3 / Early Termination
- Adverse Events
- Prior / Concomitant Medication
- Unscheduled Visit
- Disposition

Case Report Form

Gaviscon Double Action Tablets Pilot Efficacy Study

Indication: Gastro-oesophageal reflux disease (GERD)

A randomized, double-blind, two arm, parallel-group, placebo-controlled pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease

Study ID: GA1203

Final CRF version 1.0 – Date of Protocol: 20 July 2012

Sponsor	Reckitt Benckiser Healthcare UK Ltd Dansom Lane Hull HU8 7DS United Kingdom
Study Centre	CPS Research 3 Todd Campus West of Scotland Science Park Glasgow G20 0XA
Chief Investigator	Dr. AG Wade
Principal Investigator	Gordon Crawford

Date of Visit

Date of Visit: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

VISIT_DATE.DOC - 01-AUG-2012

Informed Consent

Date of Informed Consent: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

INFORMED_CONSENT.DOC - 01-AUG-2012

Demographic Data

Birth Date: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Sex: ☐ Male ☐ Female

Race: *(tick all that apply):*

☐ Caucasian (White)
☐ Asian
☐ Afro-Caribbean
☐ Other, please specify: _____

DEMOGRAPHIC_DATA.DOC - 01-AUG-2012

Physical Examination

Please perform a standard physical examination concentrating on GERD symptoms.

Physical examination performed? ☐ No ☐ Yes

Date of Physical Examination: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Any abnormalities found?

☐ No ☐ Yes

*Note: If applicable enter diagnosis resulting from this examination on the **Medical History and Current Status** section and any corresponding treatment on the **Prior and Concomitant Medication** section of the CRF.*

_____

Investigator's Signature

PHYSICAL_EXAMINATION_V1.DOC - 01-AUG-2012

GERD Status

Primary Diagnosis: Gastro-oesophageal reflux disease (GERD)

Start date of GERD symptoms:

>3 months - <1 year	☐
1 year - 10 years	☐
>10 years	☐

Symptoms:	**None**	**Mild**	**Moderate**	**Severe**
Acid Reflux	☐	☐	☐	☐
Dyspepsia	☐	☐	☐	☐
Heartburn	☐	☐	☐	☐
Other symptoms? ***(specify)***	☐			
_____		☐	☐	☐
_____		☐	☐	☐
_____		☐	☐	☐

GERD_STATUS.DOC - 01-AUG-2012

Standard Laboratory Tests

Lab sample collected? ☐ No ☐ Yes

Date of Collection: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Any lab values of clinical significance?

☐ No ☐ Yes

➪ *If **Yes**, please document in the **Medical History and Current Status** section of the CRF.*

Please assess out of normal lab results on the Laboratory Report and insert the signed and dated report in the plastic pocket along with the CRF.

LABORATORY_SAMPLING.DOC - 01-AUG-2012

Urine Pregnancy Test (dipstick)

Only applicable for women of child-bearing potential.

☐ Negative

☐ Positive: **Exclusion**

☐ Not Applicable

PREGNANCY_TEST_URINE.DOC - 01-AUG-2012

Vital Signs

Vital signs measured? ☐ No ☐ Yes

Height (cm)	**Weight (kg)**	**Blood Pressure (mmHg)** [After sitting for 5 mins]	**Heart Rate (beats/min)**	**Temperature (°C)**
|_|_|_|.|_|	|_|_|_|.|_|	|_|_|_| / |_|_|_| Systolic / Diastolic	|_|_|_|	|_|_|.|_|

Any values of clinical significance?

☐ No ☐ Yes

➪ *If **Yes**, please document in **Medical History and Current Status** section of the CRF.*

VITAL_SIGNS_V1.DOC - 01-AUG-2012

12-Lead ECG

Was the ECG performed? ☐ No ☐ Yes

ECG Date: |_|_| / |_|_|_| / |_|_|_|_| (dd) (mmm) (yyyy)

Interpretation

☐ Normal
☐ Abnormal, clinically not relevant
☐ Abnormal, clinically relevant

➪ *If abnormal and clinically relevant, please document on the **Medical History and Current Status** CRF.*

ECG.DOC - 01-AUG-2012

Smoking Habits and Alcohol/Drug Use

Smoking habits

Is subject a smoker (in the last 3 months)? ☐ No ☐ Yes

If yes, how many cigarette equivalents (CEQs) does the subject smoke?

☐ ≤ 10 CEQs per day

☐ > 10 – 20 CEQs per day

☐ > 20 CEQs per day

Alcohol

Is subject a drinker (in the last 3 months)? ☐ No ☐ Yes

Drugs of abuse

Has subject abused drugs within the last 3 months? ☐ No ☐ Yes

If yes, specify drug class/type/name: _____

SU.DOC - 01-AUG-2012

Medical History and Current status
(excluding GERD)

(Please fill in only one diagnosis or symptom per line)				
No.	**Concomitant Diseases and/or Relevant Past Diseases or Surgeries**	**Start Date (dd/mmm/yyyy)**	**Ongoing**	**End Date (dd/mmm/yyyy)**
[1]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[2]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[3]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[4]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[5]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[6]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[7]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[8]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[9]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[10]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[11]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[12]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[13]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[14]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|
[15]		|_|_|/|_|_|_|/|_|_|_|_|	☐	|_|_|/|_|_|_|/|_|_|_|_|

MH.DOC - 01-AUG-2012

Inclusion Criteria

[1] Informed consent obtained	☐ No ☐ Yes
[2] Age: >= 18 years	☐ No ☐ Yes
[3] Sex: male or female	☐ No ☐ Yes
[4] History of frequent episodes of GERD-related symptoms during the last 3 months and also during the 5 days of the last 7 days prior to study screening	☐ No ☐ Yes
[6] Subject willing to discontinue mucous membrane protection drugs or motility stimulants for at least 3 days before enrolment and throughout the remainder of the study	☐ No ☐ Yes
[8] Subject is sufficiently literate to be able to complete the RDQ unaided	☐ No ☐ Yes
[9] Subject is member of the public who has responded to an advertisement or been referred by his/her doctor	☐ No ☐ Yes

For inclusion in the study all numbered criteria must be answered YES.
If any of the above seven criteria is checked NO, the subject is not eligible for this study.

Exclusion Criteria

[1] Subject has a history of drug, solvent or alcohol abuse (weekly alcohol intake >= 140g or 17.5 units)	☐ No ☐ Yes
[2] Subject has suffered cardiac chest pain within the last year	☐ No ☐ Yes
[3] Subject has suffered a recent, significant unexplained weight loss of more than 6 kg in the last 6 months	☐ No ☐ Yes
[4] Female subject of childbearing potential who, for the duration of the study, is either unwilling or unable to take adequate contraceptive precautions or to be sexually abstinent	☐ No ☐ Yes
[5] Pregnancy or lactating mother	☐ No ☐ Yes

For inclusion in the study all numbered criteria must be answered NO.
If any of the above five criteria is checked YES the subject is not eligible for this study.

Exclusion Criteria (cont.)

[6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades A-D), Barrett's oesophagus, acute peptic ulcer and/or ulcer complications, Zollinger-Ellison syndrome, gastric carcinoma, pyloric stenosis, oesophageal or gastric surgery, intestinal obstruction, current pernicious anaemia, indication for H-pylori eradiation therapy, requirement for low sodium diet, known gastro-intestinal bleeding (hematochezia or hematemesis) within the last 3 months, and severe diseases of other major body systems	☐ No ☐ Yes
[7] Subject has taken PPIs during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start or systemic glucocorticosteroids, anti-inflammatory drugs on more than 3 consecutive days or PPI-based triple therapy for eradication of H-pylori during the last 28 days	☐ No ☐ Yes
[8] Subject with known hypophosphataemia, phenylketonuria or hypercalcaemia	☐ No ☐ Yes
[9] Subject with severe constipation, or history of intestinal obstruction	☐ No ☐ Yes
[10] In the opinion of the Investigator, subject with damaged heart or kidney function and subject who requires a low sodium diet	☐ No ☐ Yes
[11] Subject either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy; or with any clinically significant abnormal laboratory values; or in the Investigator's view unable to comply fully with the study requirements	☐ No ☐ Yes
[12] Subject with severe/impaired renal function or insufficiency	☐ No ☐ Yes
[13] Any previous history of allergy or known intolerance to any of the IMP's or following formulation constituents: macrogol 20,000, mannitol (E421), copovidone, acesulfame K, aspartame (E951), mint flavour, carmoisine lake (E122), magnesium stearate, xylitol DC (contains carmellose sodium) or the following formulation constituents:sodium alginate, calcium carbonate, sodium bicarbonate	☐ No ☐ Yes
[14] Previously randomized into the study	☐ No ☐ Yes
[15] Employee at study site	☐ No ☐ Yes
[16] Partner or first-degree relative of the Investigator	☐ No ☐ Yes
[17] Participation in a clinical study in the previous 6 months	☐ No ☐ Yes
[18] Unable in the opinion of the Investigator to comply fully with the study requirements	☐ No ☐ Yes

For inclusion in the study all numbered criteria must be answered NO.
If any of the above thirteen criteria is checked YES the subject is not eligible for this study.

IE_2_V1.DOC - 01-AUG-2012

Date of Visit

Date of Visit: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

VISIT_DATE.DOC - 01-AUG-2012

Inclusion Criteria (cont.)

[5] Subject has not taken any antacids within 24 hours before randomization and is willing not to take antacids throughout the remainder of the study	☐ No ☐ Yes
[7] Absence of relevant abnormalities in the Physical Examination, ECG and safety analysis	☐ No ☐ Yes

For inclusion in the study all numbered criteria must be answered YES.
If any of the above two criteria is checked NO, the subject is not eligible for this study.

IE_V2.DOC - 01-AUG-2012

Subject Eligibility

Subject meets all eligibility criteria? ☐ No ☐ Yes

If **No**, please fill in Disposition CRF.

If **Yes**, please continue visit procedures.

SUBJECT_ELIGIBILITY.DOC - 01-AUG-2012

Randomisation

Subject randomised? ☐ No ☐ Yes

If Yes, please provide Randomisation Number: |_|_|_|

RANDOMISATION.DOC - 01-AUG-2012

Drug Accountability

Date Dispensed: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Amount Dispensed: |6|4| **tablets**

DRUG_ACCOUNTABILITY_V2.DOC - 01-AUG-2012

Reflux Disease Questionnaire
(Subject to complete Questions 1 + 2)

Date questionnaire completed: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Please answer each question by ticking one box per row.

1. Thinking about your symptoms over the past 7 days, how often did you have the following?

		Did not have	1 day	2 days	3-4 days	5-6 days	Daily
a.	A burning feeling behind your breastbone	☐	☐	☐	☐	☐	☐
b.	Pain behind your breastbone	☐	☐	☐	☐	☐	☐
c.	A burning feeling in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
d.	A pain in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
e.	An acid taste in your mouth	☐	☐	☐	☐	☐	☐
f.	Unpleasant movement of material upwards from the stomach	☐	☐	☐	☐	☐	☐

2. Thinking about your symptoms over the past 7 days, how would you rate the following?

		Did not have	Very mild	Mild	Moderate	Moderately severe	Severe
a.	A burning feeling behind your breastbone	☐	☐	☐	☐	☐	☐
b.	Pain behind your breastbone	☐	☐	☐	☐	☐	☐
c.	A burning feeling in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
d.	A pain in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
e.	An acid taste in your mouth	☐	☐	☐	☐	☐	☐
f.	Unpleasant movement of material upwards from the stomach	☐	☐	☐	☐	☐	☐

RDQ.DOC - 01-AUG-2012

Date of Visit

Date of Visit: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

VISIT_DATE.DOC - 01-AUG-2012

Physical Examination

Please perform a standard physical examination concentrating on GERD symptoms.

Physical examination performed? ☐ No ☐ Yes

Date of Physical Examination: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Any clinically significant abnormalities found?

☐ No ☐ Yes

*Note: Please enter any new or worsening diagnosis compared to last evaluation in the **Adverse Event** section and any corresponding treatment in the **Prior and Concomitant Medication** section of the CRF.*

_____

Investigator's Signature

PHYSICAL_EXAMINATION_V3.DOC - 01-AUG-2012

Standard Laboratory Tests

Lab sample collected? ☐ No ☐ Yes

Date of Collection: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Any lab values of clinical significance?

☐ No ☐ Yes

➪ *If **Yes**, please document in the **Adverse Events** section of the CRF.*

Please assess out of normal lab results on the Laboratory Report and insert the signed and dated report in the plastic pocket along with the CRF.

LABORATORY_SAMPLING.DOC - 01-AUG-2012

Urine Pregnancy Test (dipstick)

Only applicable for women of child-bearing potential.

☐ Negative

☐ Positive: **Report immediately to monitor/RB**

☐ Not Applicable

PREGNANCY_TEST_URINE.DOC - 01-AUG-2012

Vital Signs

Vital signs measured? ☐ No ☐ Yes

Blood Pressure (mmHg) [After sitting for 5 mins]	**Heart Rate (beats/min)**
|_|_|_|/|_|_|_| Systolic / Diastolic	|_|_|_|

Any values of clinical significance?

☐ No ☐ Yes

➪ *If **Yes**, please document in **Adverse Events** page of the CRF.*

VITAL_SIGNS_V3.DOC - 01-AUG-2012

Drug Accountability

Was the dispensed medication returned? ☐ No ☐ Yes

Date Returned: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Amount Returned: |_|_| **tablets**

DRUG_ACCOUNTABILITY_V3.DOC - 01-AUG-2012

Additional GERD Treatment

Any additional medications taken for GERD treatment? ☐ No ☐ Yes

➪ *If **Yes**, please specify details on **Prior and Concomitant Medication** page of the CRF and **check if the subject should be withdrawn for "lack of efficacy".***

ADD GERD TREAT.DOC - 01-AUG-2012

Reflux Disease Questionnaire
(Subject to complete Questions 1 + 2)

Date questionnaire completed: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Please answer each question by ticking one box per row.

1. Thinking about your symptoms over the past 7 days, how often did you have the following?

		Did not have	1 day	2 days	3-4 days	5-6 days	Daily
a.	A burning feeling behind your breastbone	☐	☐	☐	☐	☐	☐
b.	Pain behind your breastbone	☐	☐	☐	☐	☐	☐
c.	A burning feeling in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
d.	A pain in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
e.	An acid taste in your mouth	☐	☐	☐	☐	☐	☐
f.	Unpleasant movement of material upwards from the stomach	☐	☐	☐	☐	☐	☐

2. Thinking about your symptoms over the past 7 days, how would you rate the following?

		Did not have	Very mild	Mild	Moderate	Moderately severe	Severe
a.	A burning feeling behind your breastbone	☐	☐	☐	☐	☐	☐
b.	Pain behind your breastbone	☐	☐	☐	☐	☐	☐
c.	A burning feeling in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
d.	A pain in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
e.	An acid taste in your mouth	☐	☐	☐	☐	☐	☐
f.	Unpleasant movement of material upwards from the stomach	☐	☐	☐	☐	☐	☐

RDQ.DOC - 01-AUG-2012

Overall Treatment Evaluation (Subject to complete Questions 1 & 2)

Date OTE completed: ⌊__⌋⌊__⌋/⌊__⌋⌊__⌋⌊__⌋/⌊__⌋⌊__⌋⌊__⌋⌊__⌋
(dd) (mmm) (yyyy)

Q.1. Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?
(Tick ONE box)

A very great deal worse	A great deal worse	A good deal worse	Moderately worse	Somewhat worse	A little worse	Almost the same, hardly any worse at all	No change	Almost the same, hardly any better at all	A little better	Somewhat better	Moderately better	A good deal better	A great deal better	A very great deal better
-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q.2. How important was the change in the symptoms to you?
(Tick ONE box)
Do not answer if answer in Q.1. is "No change".

Not important	Slightly important	Somewhat important	Moderately important	Important	Very important	Extremely important
☐	☐	☐	☐	☐	☐	☐

OTE.DOC - 01-AUG-2012

ADVERSE EVENT No. |0|1|

Adverse Event Reported Term: _____

Start Date |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy) **End Date** |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy) ☐ **Ongoing**

Severity ☐ Mild ☐ Moderate ☐ Severe

Outcome	**Relationship to IMP**
☐ Not recovered/not resolved	☐ Unassessable/Unclassified
☐ Recovered/resolved	☐ Conditional/Unclassified
☐ Recovered/resolved with sequelae	☐ Unrelated
☐ Recovering/resolving	☐ Unlikely
☐ Fatal	☐ Possible
☐ Unknown	☐ Probable
	☐ Certain

Actions Taken with Study Treatment	**Other Actions Taken**
☐ None	☐ None
☐ IMP dose increased	☐ Symptomatic therapy
☐ IMP dose reduced	☐ Subject hospitalised or hospitalisation prolonged
☐ IMP treatment interrupted	☐ Other action, please specify:
☐ IMP permanently discontinued	_____

Is the Adverse Event serious? ☐ No ☐ Yes

If YES, tick all that apply:

☐ Results in death	☐ Results in persistent or significant disability/incapacity
☐ Life-threatening	☐ Congenital anomaly/birth defect
☐ Requires or prolongs hospitalisation	☐ Otherwise considered to be medically significant

Note: If Yes, please complete Trial SAE Report Form

Has the subject ever experienced this event before? ☐ No ☐ Yes

Additional Information: _____

AE.DOC - 01-AUG-2012

Prior and Concomitant Medication

No. ⌊0⌋⌊1⌋

Please report all concomitant medications taken from 30 days prior to the study as well as all concomitant medication taken during the study (after signing informed consent). This includes OTC products, particularly any GI products, and any herbal remedies.

Were any concomitant medication taken? ☐ No ☐ Yes

If Yes, specify details below:

	Drug	GERD treatment	Start Date (dd) (mmm) (yyyy)	Stop Date or (dd) (mmm) (yyyy)	Ongoing	Total Daily Dose	Unit	Route
[1]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[2]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[3]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[4]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[5]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[6]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[7]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____
[8]	_____	☐	⌊__⌋/⌊___⌋/⌊____⌋	⌊__⌋/⌊___⌋/⌊____⌋	☐	_____	_____	_____

CM_1.DOC - 31-JUL-2012

Unscheduled Visit

Date of visit	|_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Reason for unscheduled visit:	_____		
Did any adverse events occur?	☐ No	☐ Yes	*If Yes, document on the AE CRF.*
Were there any changes in concomitant therapy?	☐ No	☐ Yes	*If Yes, document on the Previous and Concomitant Medication CRF.*
Has the dosage regimen of study medication been changed?	☐ No	☐ Yes	*If Yes, please inform the RB Clinical Project Manager in order to determine if the subject should be withdrawn from the study.*
Was the subject withdrawn from the study as a result of this visit?	☐ No	☐ Yes	*If Yes, document on the Disposition CRF.*

VISIT_U.DOC - 01-AUG-2012

Disposition

Date of Completion/Discontinuation: |_|_|/|_|_|_|/|_|_|_|_| (dd) (mmm) (yyyy)

Did the subject complete the trial? ☐ No ☐ Yes

If No, please specify primary reason for withdrawal:

Reason for Withdrawal

- ☐ AE No. |_|_|
- ☐ Death
- ☐ Lack of efficacy
- ☐ Lost to follow-up
- ☐ No further need of IMP
- ☐ Protocol Violation
- ☐ Screen Failure
- ☐ Withdrawal of consent
- ☐ Other, please specify: _____

(only if no other reasons apply)

DISPOSITION.DOC - 01-AUG-2012

RECORD ACCURACY

I have reviewed all data contained in this case report form and have verified that the contents are consistent with observations and source records. They accurately reflect the condition of the subject before, during and at the completion of the study.

_____ |_|_|/|_|_|_|/|_|_|_|_|

Investigator's Signature, Date (dd) (mmm) (yyyy)

INV_SIG.DOC - 01-AUG-2012

16.1.3 List of IECs or IRBs

This appendix contains:

- List of name and address of each ethics committee used in the study.
-

  East of Scotland Research Ethics Services (EoSRES) REC 2

  Tayside Medical Scienece Centre

  Residency Block C, Level 3

  Ninewells Hopsital & Medical School

  Gerorge Pirie Way

  Dundee DD19SY

- Representative patient information sheet (8 pages).
- Sample informed consent form (1 page).

CPS Research
3 Todd Campus
West of Scotland Science Park
Glasgow G20 0XA
Tel: 0141 946 7888

[GP PRACTICE HEADED PAPER DETAILS TO BE ENTERED HERE]

This project is being undertaken by CPS Research in conjunction with one or more doctors from this Practice. The project is not associated with the NHS and is undertaken in a private capacity by both CPS Research and the GP practice.

Patient Information Sheet

PART 1

1. STUDY TITLE

Study Title	A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease
Simplified Title	Gaviscon Double Action Tablets Pilot Efficacy Study in patients with heartburn, acid reflux and dyspepsia
Study Number	GA1203

2. INVITATION PARAGRAPH

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with your friends and relatives if you feel this is appropriate.

- **PART 1** tells you the purpose of this study and what will happen to you if you take part.
- **PART 2** gives you more detailed information about the conduct of the study.

Ask us if there is anything that is not clear or if you would like more information. Take as much time as you need to decide whether or not you wish to take part.

Thank you for reading this.

3. WHAT IS THE PURPOSE OF THIS STUDY?

Gaviscon Double Action Tablets are a well known medication for the treatment of indigestion and heartburn and works by forming a foamy layer or “raft” over the acid and food in the stomach to prevent the acid from spilling into the oesophagus (gullet or swallowing tube that leads to the stomach) and so preventing indigestion or heartburn pain from occurring.

This is a pilot study to see if taking Gaviscon Double Action Tablets can help in the treatment of patients who have heartburn, acid reflux and indigestion. Reflux is when

the liquid content of the stomach backs up (or refluxes) into the oesophagus. Indigestion (sometimes referred to by the medical term dyspepsia) is defined as pain or discomfort centred in the upper abdomen and is a very common complaint. It is often described as a feeling of fullness, bloating, nausea, heartburn or gassy discomfort in the chest or abdomen.

The results from this study will form the basis for further studies of Gaviscon Double Action Tablets.

4. WHY HAVE I BEEN CHOSEN?

We are studying patients who have frequent symptoms of heartburn, acid reflux and indigestion. A total of 110 patients are needed for the study.

5. DO I HAVE TO TAKE PART?

No, you do not have to take part. It is up to you to decide. If you do decide to take part, you will be given this Subject Information Sheet (SIS) to keep. You will be asked to sign a consent form and will be given a copy to keep. If you decide to take part you will still be free to leave the study at any time and without giving a reason. If you choose to leave, you should return to the clinic so that your general health can be checked. If you decide not to take part or if you leave the study at any time, the standard of care you receive will not be affected.

6. WHAT WILL HAPPEN TO ME IF I TAKE PART?

If you enter the study you will attend the study centre on 3 occasions over approximately 2 weeks.

You will attend for a screening visit following your informed consent. The pre-study procedures will consist of taking your medical history and details of any medication that you have taken or are currently taking. You will have a standard physical examination that will focus on your symptoms. An electrocardiogram will be taken (this records the electrical activity of your heart) and a blood sample will be taken to evaluate your overall health. The blood test will require approximately 10ml (2 teaspoons) of blood. Your blood samples will be sent to a laboratory where they will be tested. Female patients of child bearing potential will be required to have a urine pregnancy test. Your blood pressure, heart rate, and oral temperature will be measured.

You may be taking some specific medications for your symptoms of heartburn, acid reflux and indigestion which your study doctor will ask you to stop taking. In particular, you will be required to stop taking any antacids from the day before your next visit until the end of the study. It is very important that if you do need to take any antacids during the study that you contact your study doctor as soon as possible, ideally before taking any antacid medication.

Your next visit will take place immediately after all your screening results are available and within a week after your screening visit. You will be required to complete a questionnaire about your symptoms over the previous week and tell the doctor about any adverse events and any other medications you have taken. If you

meet the entry criteria for the study you will be issued with either Gaviscon Double Action Tablets or matching placebo tablets to take for 7 days. The placebo tablets are a dummy treatment which look like the active tablets but do not contain the active ingredients. You stand a 50:50 chance of receiving either the active tablets or the placebo tablets and neither you nor your doctor will know which treatment you received (although if your study doctor needs to find out he can do so).
At your final visit one week later any unused study drugs or empty study drug containers will be collected. You will be required to complete two questionnaires which will help us to assess your response to the study medication. Details of any other medication you have taken will be recorded. You will have a standard physical examination that will focus on your symptoms. A blood sample will be taken to evaluate your overall health. The blood test will require approximately 10ml (2 teaspoons) of blood. Your blood samples will be sent to a laboratory where they will be tested. Female patients of child bearing potential will be required to have a urine pregnancy test. Your blood pressure, heart rate, and oral temperature will be measured.

The sponsor appreciates you participating in the study and will give you £100 (subject to Ethics recommendation & approval) as inconvenience compensation for your complete participation.

7. WHAT DO I HAVE TO DO?

During the study, you will be asked to do the following:

1. Attend all study visits.
2. Take your study medication as directed.
3. Continue to take your other medications. You should discuss these with the study doctor.
4. Let the study doctor know if you are having any problems.
5. It's very important that you let your study doctor know as soon as possible if you need to take any additional medications, including any over-the-counter medications, for your symptoms.
6. Do not agree to be in any other drug studies while you are in this one.

8. WHAT IS THE DRUG BEING TESTED?

Gaviscon Double Action Tablets is an approved drug. These tablets can be purchased over-the-counter. Gaviscon Double Action Tablets are a combination of two antacids (calcium carbonate and sodium bicarbonate) and an alginate. On ingestion, the medicinal product reacts rapidly with gastric acid in your stomach to form a raft which floats on the stomach contents. Calcium carbonate neutralises gastric acid to provide fast relief from indigestion and heartburn. This effect is increased by the addition of sodium bicarbonate which also has a neutralising action.

You will be instructed to start taking your medication the day after your visit when the treatment is provided. You will take the medication for seven days (two tablets taken four times a day: 30 minutes after breakfast, 30 minutes after lunch, 30 minutes after dinner and immediately before lying down for bed).
The placebo tablets contain only inactive ingredients. It looks and tastes like Gaviscon Double Action Tablets.

.

9. WHAT ARE THE ALTERNATIVES FOR TREATMENT?

There are a number of preparations that can be bought over-the-counter or prescribed by your doctor for treatment of heartburn, acid reflux and indigestion which include antacids, alginates, proton pump inhibitors (PPIs) and histamine H2-receptor antagonists.

10. WHAT ARE THE SIDE EFFECTS OF ANY TREATMENT RECEIVED WHEN TAKING PART?

All drugs may cause side effects in some people. Some very rare (affect less than 1 in 10,000 people) side effects of Gaviscon Double Action Tablets are allergic reaction such as an itchy rash (urticaria), breathing difficulties due to a narrowing of the airways (bronchospasm), or anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to, such as the venom from a bee sting or a peanut.

Ingestion of large quantities of calcium carbonate may cause alkalosis, hypercalcaemia, acid rebound, milk alkali syndrome or constipation. These usually occur following larger than recommended dosages

11. WHAT ARE THE OTHER POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?

If you have private medical insurance you should check with your insurance company, before agreeing to take part in the study, whether participation is considered a 'material fact' that should be reported. You will need to do this to ensure that your participation will not affect their medical insurance.

A total of approximately 20 ml of blood (less than 4 teaspoons) will be taken from you during this study. This is far less than that removed during a normal blood donation. There may be side effects of having blood drawn such as: fainting, redness, pain, bruising, bleeding, or infection. If you feel faint, tell the study staff right away.

For women:

There is no evidence that this drug affects pregnant women or their unborn child. Open controlled studies in 281 pregnant women did not demonstrate any significant adverse effects of Gaviscon on the course of pregnancy or on the health on the foetus/newborn child.

If you are a woman who might become pregnant, you will be asked to have a urine pregnancy test before taking part. You must agree to use a reliable form of contraception during the study, e.g.

- An oral contraceptive
- An injectable contraceptive
- An approved hormonal implant or topical patch
- Intra-uterine device
- Condoms/diaphragm and spermicide

- Abstinence (not be sexually active during the study)

If you do become pregnant during the course of the study, you must tell your study doctor **immediately** so appropriate action can be discussed.
The pharmaceutical company may also request your consent to collect confidential information about your health and that of the baby.

12. WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

We cannot promise the study will help you but you may benefit from the treatment provided during study period. The information we get might help improve the treatment of people with heartburn, acid reflux and indigestion.

13. WHAT HAPPENS WHEN THE RESEARCH STUDY STOPS?

After your last study visit, you will be discharged from the study. If you have any side-effects that have not yet resolved you may be required to attend the clinic for follow-up procedures.

All data will be stored for up to 15 years by the study investigator. Copies of these data will also be provided to the Sponsor (Reckitt Benckiser Healthcare (UK) Ltd).

14. WHAT IF THERE IS A PROBLEM?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

Please contact Dr Gordon Crawford or Dr Alan Wade at CPS Research on 0141 946 7888 if you have any complaints.

15. WILL MY TAKING PART IN THE STUDY BE KEPT CONFIDENTIAL?

Yes. All the information about your participation in this study will be kept confidential. The details are included in Part 2.

16. CONTACT DETAILS:

Please contact Dr Gordon Crawford or Dr Alan Wade at CPS Research on 0141 946 7888.

This completes Part 1 of the Information Sheet.
If the information in Part 1 has interested you and you are considering participation, please continue to read the additional information in Part 2 before making any decision.

PART 2

17. WHAT IF RELEVANT NEW INFORMATION BECOMES AVAILABLE?

Sometimes during the course of a research project, new information becomes available about the treatment/drug that is being studied. If this happens, your research doctor will tell you about it and discuss whether you want to or should continue in the study. If you decide not to carry on, your research doctor will make arrangements for your care to continue. If you decide to continue in the study you will be asked to sign an updated consent form.

Also, on receiving new information your research doctor might consider it to be in your best interests to withdraw you from the study. He/she will explain the reasons and arrange for your care to continue.

If the study is stopped for any other reason, you will be told why and your continuing care will be arranged.

18. WHAT WILL HAPPEN IF I DON'T WANT TO CARRY ON WITH THE STUDY?

You can withdraw from treatment but please keep in contact with us to let us know your progress. We would like to arrange a final visit so that we can check that you are in good health. Information collected may still be used.

19. WHAT IF THERE IS A PROBLEM?

Complaints:

If you have a concern about any aspect of this study, you should ask to speak with the researchers who will do their best to answer your questions (telephone 0141 946 7888). If you remain unhappy and wish to complain formally, you can do this through Dr Alan Wade. CPS Research, 3 Todd Campus, West of Scotland Science Park, Glasgow G20 0XA.

Harm:

Compensation will be provided for any bodily injury caused by taking part in this study in accordance with the guidelines of the Association of the British Pharmaceutical Industry (ABPI).

We will pay compensation where the bodily injury probably resulted from:-

- A drug being tested or administered as part of the study protocol
- Any test or procedure you received as part of the study

Any payment would be without legal commitment. (Please ask if you require more information on this)

We would not be bound by these guidelines to pay compensation where (amongst other reasons)

- The injury resulted from a drug or procedure outside the study protocol
- The protocol was not followed

20. WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

If you consent to take part in this study, your medical information collected during the study will be inspected by people authorised by the company sponsoring the research and possibly also by representatives of regulatory authorities, in order to check that the study is being carried out correctly. Your name, however, will not be disclosed outside CPS Research. All information which is collected about you during the research study will be kept strictly confidential. Any information about you which leaves CPS Research will have your name and address removed so that you cannot be recognised from it. The only exception to this may be the removal of study files from the study site for storage in a secure archiving facility. If this happens, access to study files will be very strictly controlled.

The Researcher will inform your GP of your participation in this study.
You will be asked about your racial origin because it is known that different racial groups can react to, or handle, drugs in different ways. This and other personal information will be treated as strictly confidential and will not be made available to the public in a form that would allow you to be identified.

The company sponsoring the research will arrange for the study data to be computerised and will take steps to ensure that these personal data are protected, as part of its responsibility as a data controller under the terms of the Data Protection Act. In order to comply with regulations, the data from this research study may be transferred to countries outside the European Economic Area, possibly via sister Companies. It will not be possible for anyone to identify you from the data, as it will not contain your name.

Involvement of the General Practitioner (GP)

The Researcher will contact your GP to let him/her know of your participation. If you are not happy for this to happen, you should not agree to take part in this study.

21. WHAT WILL HAPPEN TO ANY SAMPLES I GIVE?

Any blood or urine samples that you provide will be destroyed after being analysed.

22. WILL ANY GENETIC TESTS BE DONE?

No genetic testing will be performed in this study.

23. WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

The results of the study will help the study sponsor to develop medicines for use in patients with heartburn, acid reflux and indigestion. The results of the study may be published in the scientific literature, some time after the end of the study. The results may also be submitted to regulatory authorities responsible for approving the widespread use of medicines. You will not be identified in any report/publication.

24. WHO IS ORGANISING AND FUNDING THE RESEARCH?

This research study is being funded by Reckitt Benckiser. They are the "sponsor" of the study.

RB will pay CPS Research for including you in this study.

25. WHO HAS REVIEWED THE STUDY?

The East of Scotland Research Ethics Committee REC 2, which has responsibility for scrutinising proposals for medical research on humans, has examined the proposal and has raised no objections for the point of view of medical ethics.

It is a requirement that your records in this research, together with any relevant records, be made available for scrutiny by monitors from Reckitt Benckiser (UK) Ltd, whose role is to check that research is properly conducted and the interests of those taking part are adequately protected.

Thank you very much for considering whether or not to take part in this study.

CPS Research
3 Todd Campus
West of Scotland Science Park
Glasgow G20 0XA
Tel: 0141 946 7888

[GP PRACTICE HEADED PAPER DETAILS TO BE ENTERED HERE]

This project is being undertaken by CPS Research in conjunction with one or more doctors from this Practice. The project is not associated with the NHS and is undertaken in a private capacity by both CPS Research and the GP practice.

Patient Consent Form

Title of Project: A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease

Name of Investigator: Dr Gordon Crawford

Please initial box

1. I confirm that I have read and understand the information sheet dated 14 June 2012 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I understand.that data collected up to the time of my withdrawal from the study will be use for analysis. ☐

3. I understand that relevant sections of any of my medical notes / charts and data collected during the study, may be looked at by responsible individuals from Reckitt Benckiser and from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐

4. I understand that some of the entities that will have access to my coded health information may be based in countries other than my own, including other countries whose data protection and privacy laws may be less strict than those in the UK and I give my permission for the transfer of this information ☐

5. I agree to my GP being informed of my participation in the study. ☐

6. I agree to take part in the above study. ☐

_____	_____	_____
Name of Subject	Date	Signature
_____	_____	_____
Name of Person taking consent (if different from Investigator)	Date	Signature
_____	_____	_____
Investigator	Date	Signature

When completed, 1 photocopy for Subject; 1 (original) for Site File

16.1.4 List and Description of Investigators and Other Important Participants in the Study

This appendix contains:

- Table listing the names and affiliations of the individuals whose participation materially affected the conduct of the study, together with their role (1 page).
- CVs of:

Principal Investigator (2 pages)

Chief Investigator (1 page)

Project Manager (4 pages)

Project Manager (7 pages)

Report Author (2 pages)

Statistician (8 pages)

Names and Affiliations of Important Participants in the Study

Title and Name	Qualifications	Job Title	Work Address	Study Role
Dr Gordon Crawford	MBChB, DRCOG, MRCGP	Director	CPS Research 3 Todd Campus West of Scotland Science Park Glasgow G20 0XA	Principal Investigator
Dr Alan G. Wade	MBChB, FRCA	Director		Chief Investigator
Carl Naraynassamy	BSc, LLB, MA, CBiol	Country Director	Accovion Ltd 59-60 Thames Street Windsor SL4 1TX, UK	Project Manager
Michael Koslowski	Dipl Biol	Project Manager	Accovion GmbH Helfmann-Park 10 D-65760 Eschborn (Frankfurt) Germany	Project Manager
Dr Jürgen Zschocke	MSc, PhD	Medical Writer	Accovion GmbH Helfmann-Park 10 D-65760 Eschborn (Frankfurt) Germany	Report Author
Uwe Herberle	Dipl -Stat	Principal Statistician	Accovion GmbH Softwarecenter 3 35037 Marburg Germany	Statistician

CURRICULUM VITAE
FOR CLINICAL INVESTIGATOR

NAME: GORDON MACDONALD CRAWFORD	
ACADEMIC TITLE (abbreviation) DR	GMC Registration Number: 2336170

PRESENT POSITION:
DIRECTOR - COMMUNITY PHARMACOLOGY SERVICES LTD - FROM 1988
DIRECTOR - PATIENTS DIRECT - FROM 2006
GENERAL PRACTITIONER, CLYDEBANK HEALTH CENTRE - FROM 1981

NAME AND ADDRESS OF INSTITUTION OR ORGANISATION

CPS RESEARCH / PATIENTS DIRECT
3 TODD CAMPUS
WEST OF SCOTLAND SCIENCE PARK
GLASGOW G20 0XA
and
CLYDEBANK HEALTH CENTRE, KILBOWIE ROAD
CLYDEBANK, DUNBARTONSHIRE G81 2TQ

EDUCATION (colleges, universities or other training, giving exact name of institution, dates of attendance & type of degree awarded)

UNIVERSITY OF GLASGOW 1972 - 78
BSc (HONS) BIOCHEMISTRY 1975
MBChB 1978

POSTGRADUATE OR FURTHER TRAINING (giving exact name of institution, dates or attendance and type of qualification gained)

GENERAL PRACTICE TRAINING SCHEME - MONKLANDS HOSP. & GOVAN H.C.
CERTIFICATE OF VOCATIONAL TRAINING 1981
D.R.C.O.G. 1980
M.R.C.G.P. 1981

PREVIOUS APPOINTMENTS (giving exact name of institution or organisation and dates)
LEAD GP, CLYDEBANK LHCC 2003 - 2007
CHAIRMAN, CLYDEBANK HEALTH CENTRE MANAGEMENT GROUP 1990 - 1995
GP REGISTRAR, GOVAN HEALTH CENTRE 1980 - 1981
SHO, PAEDIATRICS, MONKLANDS GENERAL 1980
SHO, OBSTETRICS, BELLSHILL HOSPITAL 1979
SHO, A&E, ORTHOPAEDICS AND NEUROSURGERY, WESTERN INFIRMARY 1979

TEACHING OR RESEARCH EXPERIENCE (giving exact name of institution and dates)

MEDICAL ADVISER GENERAL PRACTICE RESEARCH 1983 - 2000
GLASGOW UNIVERSITY - GENERAL PRACTICE CLINICAL TUTOR 1988 - 2001
DIRECTOR - COMMUNITY PHARMACOLOGY SERVICES LTD 1988 – PRESENT
DIRECTOR - PATIENTS DIRECT – 2006 - PRESENT

CLINICAL TRIAL RESEARCH WITH COMMUNITY PHARMACOLOGY SERVICES LTD
FROM: 1988

Performed phase II – IV clinical trial work over past 22 years in areas such as depression, insomnia, anxiety, panic disorder, alcoholism, dementia, rheumatoid and osteoarthritis, cervical cancer, influenza, hay fever, hypertension, angina, heart failure, duodenal ulcers , gastritis, reflux disorder

(GORD) sinusitis and infections of the respiratory and urinary tract.

Regular GCP /ICHGCP training over that period most recently in January 2012.

Training has been received on psychiatric evaluations such as the HAD, Hamilton Rating Scales and the MINI previously and these evaluation scales are used regularly within clinical trials within CPS Research and at Clydebank Health Centre.

OTHER ACTIVITIES PERTINENT TO PROFESSIONAL QUALIFICATION

MEDICAL ADVISER, BRITISH OLYMPIC CURLING TEAM 1996 - 2004

Date 10/1/2012 Signature

CURRICULUM VITAE
FOR CLINICAL INVESTIGATOR

Please fill out in black ink. Append list of publications if available.

NAME ALAN G. WADE

ACADEMIC TITLE (abbreviation) DR | GMC No: 1317750

PRESENT POSITION: DIRECTOR, CPS RESEARCH

NAME AND ADDRESS OF INSTITUTION OR ORGANISATION
CPS RESEARCH AND PATIENTS DIRECT
3 TODD CAMPUS
WEST OF SCOTLAND SCIENCE PARK
GLASGOW G20 0XA

EDUCATION (colleges, universities or other training, giving exact name of institution, dates of attendance & type of degree awarded)
GLASGOW UNIVERSITY 1963-69 - MBChB

POSTGRADUATE OR FURTHER TRAINING (giving exact name of institution, dates or attendance and type of qualification gained)
1969-1973 MULTIPLE POSTGRADUATE APPOINTMENTS LEADING TO FRCA (LONDON)

PREVIOUS APPOINTMENTS (giving exact name of institution or organisation and dates)
1970-1973 REGISTRAR. ANAESTHESIA - GLASGOW ROYAL INF.
1972 REGISTRAR. RESPIRATORY MED. GLASGOW ROYAL INF.
1974 -1976 LECTURER. DEPT. OF ANAESTHESIA - GLASGOW UNIVERSITY
1976 -1997 GENERAL PRACTITIONER, CLYDEBANK HEALTH CENTRE
1997-Present DIRECTOR, CPS RESEARCH

TEACHING OR RESEARCH EXPERIENCE (giving exact name of institution and dates)
1978 -1991 HONORARY LECTURER, GLASGOW UNIVERSITY
INVOLVEMENT IN OVER 200 CLINICAL STUDIES, PHASES II - IV, INCLUDING PROTOCOL DEVELOPMENT; CONDUCT OF STUDIES AND PRESENTATION OF RESULTS.

OTHER ACTIVITIES PERTINENT TO PROFESSIONAL QUALIFICATION
DEVELOPMENT OF TRAINING PROGRAMMES FOR GP / BASED ON INTERACTIVE CD ROM & INTERNET
DEVELOPMENT OF PATIENT REPORTING SYSTEMS THROUGH A NEW COMPANY – PATIENTS DIRECT
REGULAR PRESENTATIONS AT INTERNATIONAL PSYCHOPHARAMACOLOGY MEETINGS
CONSULTANT TO PHARMA COMPANIES ADVISING OF DRUG DEVELOPMENT, CT DESIGN AND MARKETING STRATEGIES
MEMBER OF BRITISH MEDICAL ASSOCIATION (BMA) : INTERNATIONAL SOCIETY FOR PATIENT AND OUTCOMES RESEARCH (ISPOR): EUROPEAN COLLEGE OF PSYCHOPHARMACOLOGY (ECNP): COLLEGIUM INTERNATIONALE NEURO-PSYCHOPHARMACOLOGICUM (CINP): BRITISH ASSOCIATION OF PSYCHOPHARMACOLOGY (BAP): AMERICAN PSYCHIATRIC ASSOCIATION (APA)
CHAIRMAN OF LOCAL ORGANISING COMMITTEE OF CINP 1998 – 2002

REGULAR GCP /ICHGCP TRAINING MOST RECENTLY IN JANUARY 2012.

Date 30/05/12 Signature

Filename A:"WADE.DOC"

ACCOVION

CARL NARAYNASSAMY

Comprehensive background of drug development operations with leading global pharmaceutical companies and CROs having successfully drafted numerous research protocols, development plans and medical reports; monitored and project managed many international studies in all phases; performed quality assurance audits; managed research staff and contractors; led the development of international clinical research conferences; lectured internationally and advised regulatory agencies.

Leader in the global bio-pharmaceutical industry with strong and successful senior experience in local affiliate management, strategic and financial management, professional development of clinical research professionals and pharmaceutical physicians; process improvement; compliance and business development. Excellent in challenging tasks where bold novel approaches need implementation.

Experienced educator with excellent reputation for assembling and delivering evidence-based, cutting-edge, high-quality, sustainable education and training programmes in Clinical Research and Pharmaceutical Medicine globally

CORE COMPETENCIES

GXPs • International Monitoring and Project Management •Medical Writing •Contracts • Policies and SOPs • Continuing Professional Development • Training Needs Surveys and Analysis • Audit of Training Programmes •Troubleshooting, Change Management and Process Improvement• Strategic Planning, Leadership, Collaborations and Partnerships • People Management •Local Affiliate Set-up and Administration •Set up and management of Expert Committees • International Conferences

EDUCATION AND PROFESSIONAL Q*-UALIFICATIONS

Fellow, Society of Biology, London
Chartered Biologist, Society of Biology, London
MA Education Management; Brunel University, London
Bachelor of Laws; University of London
Bachelor of Science (Physiology); King's College, University of London

EMPLOYMENT

Current:
Since Jan 2011 Country Director Accovion Ltd, UK affiliate of Accovion GmbH and responsible to head the clinical research operations in the UK including hands-on project management.
Since May 2010 Faculty Hibernia College online Master's degree Programme in Pharmaceutical Medicine
Since Sep 2010 Tutor and external examiner on the London School of Hygiene and Tropical Medicine, University of London Distance Learning Master's degree in Clinical Trials

23 July 2012

March 2008-March 2010: Chief Education Officer and Director European Office, Association of Clinical Research Professionals (Windsor, UK and Washington USA)
Headed the European affiliate as well as the Global department of Education to:

- Develop and implement the strategic plan for Clinical Research and Pharmaceutical Medicine education;
- Ensure the production and delivery of quality training products;
- Engage in research to generate sound evidence on which to decide curricula;
- Promote a coherent education purpose by and between the various significant interest groups;
- Hire, supervise and appraise staff including trainers based in the UK and North America.

Highlights and Successes:

- Established ACRP as a respected provider of training services in the UK, especially in the non-commercial sector.
- As Course Director, designed and offered 5 times, between 2003 and 2009 the highly-acclaimed competency module 'The Healthcare Marketplace' for physicians studying for the UK Royal Colleges of Physicians specialist degree in Pharmaceutical Medicine
- Conducted a Training Needs Survey to generate the framework of the first ever 'Advanced Competency Workshop for Managers running Device trials' in the USA
- Conducted the first large scale survey of the training needs of Pharmaceutical Physicians to secure a blueprint for pharmaceutical medicine education in the USA and also gauge the level of support for having Pharmaceutical Medicine recognised as a medical specialty like in Europe
- Devised and implemented the first large global survey of in-house Clinical Research Trainers' training skills to generate a reliable 'Train the Clinical Research Trainer' curriculum
- Delivered an increasingly financially successful and valued global Webinar programme
- Devised and implemented a financially successful programme to accredit 3rd party training activities
- Secured the status of 'Accredited provider of CME' from the American College of Continuing Medical Education

May 2004–March 2008: Director, European Office, Association of Clinical Research Professionals, UK
Headed the European affiliate responsible for administering Outside North American operations in terms of:

- Strategic management and generation of the annual European Conference, the education activities of European 'Chapters' and bespoke education for companies
- Teaching GCP and other courses worldwide
- Development and revision of curricula for Clinical Research and Pharmaceutical Medicine
- Manage the ONA faculty in terms of approval, appointment and performance evaluation.
- Speak and make presentations internationally on matters related to the education and certification of clinical research personnel
- Engaging professional and academic bodies and regulatory agencies to generate common positions on certification, education and training

Highlights

- On behalf of USAID developed and ran the first ever public relations workshop for journalists on 'The aim of clinical research' in Belgrade, Serbia

- Conducted in 2004 for USAID an on-site survey of the clinical research infrastructure of the Republic of Serbia and gave recommendations on how to improve its participation in global clinical trials. The report and actions supported by the ACRP office are credited for much of the large scale improvements registered thereafter
- Survey of the continuing professional development of UK pharmaceutical physicians which identified against expectations the low contribution of e-learning

September 2002-May 2004 Training Manager, ACRP, UK

- Taught GCP and other clinical research courses worldwide and developed curricula for both Clinical Research and Pharmaceutical Medicine.
- Managed the training faculty outside North America in terms of appointment and performance evaluation. Promoted education and clinical research certification products outside North America

November 2001-August 2002; Covance Ltd, UK, Contracts Manager

- Responsible for supervising, providing strategic /technical direction and appraising associates.
- Developed contracts and negotiated with sponsors.

November 1998–October 2001; Kendle International, UK

Worked in a team-oriented matrix environment and responsible for reporting on project performance, profitability and resource utilisation/projections.

- Project managed Respiratory, Dermatology, Cardiovascular, and Venous leg ulcers' multinational phase II & III studies
- Conducted feasibility studies; negotiated terms and drafted contracts for investigators and overseas sub-contractors.
- Selected CRAs. Set targets and appraised CRAs and project assistants. Coached new project managers

Highlights:

- Led the European SOP Working Committee, responsible for delivering the first set of harmonised pan-European Project Management SOPs.
- Supervised the development of three study medical reports.
- Member of the due diligence team which successfully purchased a French company (thereafter the affiliate). Member of the Board of Directors of the French affiliate.
- Coordinated the integration and harmonisation efforts arising from the purchase of several smaller CROs in the UK

1998: GlaxoWellcome, UK, Senior Clinical Compliance Auditor

Over a 6-months' contract, conducted audits of Protocols, CRFs and Investigator sites across Europe and advised staff on clinical research issues.

November 1996-April 1997: Chugai Pharma, London, UK, Senior CRA

Short-term contract managing contracted-out phases I & II studies in Dermatology and Rheumatoid Arthritis and input into the clinical development plan.

May 1991-October 1996: Rhone Poulenc Rorer, UK. CRA then Senior CRA

Monitored and coordinated UK and international Phase II to IV studies in Anti-Infectives Haematology, Cardiology and Rheumatoid Arthritis and developed protocols and research documentation.

Highlights:
For eight months, I reported to the Legal Director and coordinated the efforts of the company against a class action initiated by former subjects who claimed to have been injured in a trial.

ADDITIONAL INFORMATION

Presentations

1. An introduction to Risk Management in Clinical Trials, South African Clinical Research Association 2nd Annual Conference, 4-5 Sept, 2008, Johannesburg, South Africa
2. Qualified Clinical Research Partners through Accreditation/Certification; Annual Scientific Conference and Provider Exhibition, 13 March 2008, Belgian Association of Pharmaceutical Physicians, Brussels, Belgium
3. The European Union Clinical Trial Directive 2001/20/01; 2nd International Workshop on Paediatric Clinical Trials Oct 15-16, 2004, London, Ontario, Canada
4. Co- presenter in 2007 on the Webinar 'Every Researcher's Responsibility Regarding Misconduct and Fraud in Clinical Research'.

Publications

1. Stonier, P.D., Naraynassamy, C., and MacGilchrist Katherine. 2011 *Curricular and Training Needs of Pharmaceutical Physicians Practising in the United States – an online survey* The Monitor: 25(6) 9-15
2. Naraynassamy C., 2009. Bert Spilker, PhD, MD, FCP, FFPM: An educator's view of drug development. (Interview) *The Monitor* 23(3): 95-8.
3. Naraynassamy C., Lim S., Messer J., 2008. Getting to grips with monitoring (results of survey of monitoring practices of academic and investigator sites in the UK). *Clinical Discovery* 18 April (18-19)
4. Naraynassamy C., 2007. Maintaining Good Clinical Research Practice in Paediatric Studies. *Paediatric and Perinatal Drug Therapy.* 8(3)131-133
5. Naraynassamy C., 2007. Ingrid Klingmann, MD, on the status of clinical trial development in Europe (Interview) *The Monitor* 21(6): 59-62.
6. Naraynassamy C., 2007. The Value of Certification. (June p20) DIA Today

Curriculum Vitae

1 . EDUCATION

1972	-	1973	Primary School	Oldenburg
1973	-	1976	Primary School	Kassel
1976	-	1978	Comprehensive School	Kassel
1978	-	1982	Comprehensive School	Zierenberg
1982	-	1984	Technical High School	Witzenhausen
1984	-	1985	High School	Witzenhausen
1985	-	1987	Apprenticeship as a gardener	G. Riethmüller, Lohfelden
1988	-	2001	Study of Biology Thesis work: Design of an antibiotic free transformation marker in higher plants	Johann-Wolfgang-Goethe University, Frankfurt

2 . PROFESSIONAL EXPERIENCE

2011 **Project Manager** — **Accovion GmbH, Eschborn**

- ✓ Organization, coordination and maintenance of clinical studies in accordance with regulatory and SOP requirements and ICH/GCP
- ✓ Submission to regulatory authorities and ethical committees
- ✓ COPD/Phase III:
  Role: Project Manager, Lead CRA
- ✓ Coronary stent, medical device trial
  Role: Project Manager
- ✓ Pediatric haemophilia
  Clinical Trial tasks: Data completition, statistical analysis
  Role: Project Manager, CRA
- ✓ Clinical Trial statistical analysis
  Role: Project Manager, CRA

2010 - 2011 **Manager Study Coordination** — **Accovion GmbH, Eschborn**

- ✓ Managing a part of SC group
- ✓ Cross functional communication
- ✓ Quality control and trainings activities
- ✓ Supervision in project activities

2009 - 2011 **Project Manager/Principal Study Coordinator** — **Accovion GmbH, Eschborn**

- ✓ Organization, coordination and maintenance of clinical studies in accordance with regulatory and SOP requirements and ICH/GCP
- ✓ Submission to regulatory authorities and ethical committees
- ✓ COPD/Phase III:
  Role: Lead Study Coordinator, Lead CRA
- ✓ Coronary stent, medical device trial
  Role: Project Manager
- ✓ Pediatric haemophilia/Data completition, statistical analysis
  Role: Project Manager, CRA

2009 **Clinical Monitor Supervisor** — **Accovion GmbH, Eschborn**

- ✓ Supports group head in controlling the performance of Accovion/freelance clinical monitors
- ✓ Checks the compliance of Accovion/freelance clinical monitors to Accovion and/or Sponsor SOPs, applicable regulatory requirements and study procedures
- ✓ Checks that the site is adequately monitored by Accovion/freelance clinical monitor
- ✓ Trains Accovion staff in Clinical monitoring-related topics
- ✓ Performs co-monitoring visits with Accovion/freelance clinical monitors and reports visits to project manager and group head
- ✓ Performs all activities described in the job description for clinical monitors when working as a clinical monitor

2007 - 2009 **Project Manager** **Accovion GmbH, Eschborn**

- ✓ Coordination and budgeting for a multinational Alzheimer Disease Study (Phase IIIb)

2007 - 2009 **Study Coordinator/Clinical Monitor** **Accovion GmbH, Eschborn**

- ✓ Coordination and Monitoring for a multinational Alzheimer Disease Study (Phase IIIb)

2005 - 2007 **Project Manager I** **I3 Research, Wiesbaden former SKM Oncology Research GmbH**

2004 - 2007 **General Project Manager** **SKM Oncology Research GmbH, Wiesbaden**

- ✓ Coordination of a clinical study program, including budget, timelines and staffing
- ✓ Supervision of Study Teams
- ✓ Coordination between all key functional departments
- ✓ Lead role in the communication between sponsor and CRO
  Experience in indications:
  - Breast cancer (Phase II-IV)
  - Prostate cancer(Phase IV)
  - Leukaemia (Phase II)
  - Renal cell cancer (Phase IV)

2003 - 2007 **Project Manager/Lead CRA** **SKM Oncology Research GmbH, Wiesbaden**

- ✓ Coordination of single clinical studies under supervision of the General Project Manager, including submission to Ethic committees, authorities and Regulatory
- ✓ Handling of Trial Master File
- ✓ Training of the Study Teams
- ✓ Review of Monitoring Reports
- ✓ Participation on sponsor meetings
  Coordinated Studies:
  - Breast cancer (Phase II-IIIb)
  - Renal cell cancer (Phase IV)
  - Leukaemia (Phase II)

2002 - 2007 **Clinical Research Associate** **SKM Oncology Research GmbH, Wiesbaden**

- ✓ Monitoring of Clinical Studies in the following

oncology indications:
- Breast cancer (PhaseII-IIIb)
- Prostate cancer (PhaseIV)
- Ovarian cancer (Phase II)
- Renal cell cancer (Phase IV)
- Leukaemia (Phase II)

1996	-	2002	**Employee in different Sales-departments**	**Peek&Cloppenburg KG, Store Frankfurt Zeil**
			✓ Trainer for new sales personnel in new established stores	
1994	-	1995	**Student assistant**	**TÜV Hessen e.V. Institut für Sicherheit in der Biotechnologie (ISB), Eschborn**
			✓ Production of laboratory materials - Literature research - Planning and Coordination of Trainings - Preparation of SOPs	
1992	-	1994	**Freelancer**	**Leipziger&Partner GmbH, PR Agency, Frankfurt**
			✓ Research and preparation of media resonance analysis - Coordination and participation of events	
1991	-	1992	**Temporary Job in Controlling**	**Leipziger&Partner GmbH, PR Agency, Frankfurt**
			✓ Preparation of media resonance analysis - Literature research	

3 . TRAINING

Client specific

Client	SOP - Training see Self-Assessment Report of 21.11.2012	21.11.2012 - 21.11.2012
Client	Client SOP-Training, see Self-Assessment Report of 14.09.2012	14.09.2012 - 14.09.2012
Client	Client SOP-Training, see Self-Assessment Report of 24.07.2012	24.07.2012 - 24.07.2012
Client	CRA Meeting	24.04.2012 - 24.04.2012
Client	SOP-Training, see Self- Assessment Report of 19.03.2012	19.10.2011 - 19.03.2012
Client	ACC 1371: Monitors Meeting	30.08.2011 - 30.08.2011
Client	SOP-Training, see Self- Assessment Report of 01.02.2011	01.02.2011 - 01.02.2011
Client	SOP-Training, see Self- Assessment Report of 24.01.2011	24.01.2011 - 24.01.2011
Client	SOP-Training, see Self- Assessment Report of12.01.2011	12.01.2011 - 12.01.2011
Client	205.452 Lead CRA Call 14 & 17 DEC 2010 Meeting Minutes	12.01.2011 - 12.01.2011
Client	SOP-Training, see Self- Assessment Report of 09.12.2010	08.12.2010 - 08.12.2012

Client	CRA Meeting	06.12.2010 - 06.12.2010
Client	Training on documents, see Self-Assessment Report of 01.11.2010	04.10.2010 - 01.11.2010
Client	SOP-Training, see Self- Assessment Report of 13.08.2010	13.08.2010 - 13.08.2010
Client	Study WEB site User Training Version 1	23.07.2010 - 23.07.2010
Client	SOP-Training, see Self- Assessment Report of 22.02.2011	16.07.2010 - 16.07.2010
Client	Sop - Training see Self-Assessment Report of 16.07.2010	16.07.2010 - 16.07.2010
Client	Investigator Meeting	04.06.2010 - 04.06.2010
Client	SOP-Training, see Self- Assessment Report of 02.03.2011	03.06.2010 - 03.06.2010
Client	CRA Meeting	31.05.2010 - 31.05.2010
Client	SOP-Training, see Self- Assessment Report of 19.05.2010	19.05.2010 - 19.05.2010
Client	SOP-Training, see Self- Assessment Report of 10.08.2010	03.12.2009 - 14.05.2010
Client	SOP-Training, see Self- Assessment Report of 29.10.2009	29.10.2009 - 29.10.2009
Client	ACC:1019: Monitors Meeting	22.02.2008 - 22.02.2008
Client	ACC1019: Monitors Meeting	16.08.2007 - 16.08.2007
GCP		
Accovion	Medical Devices	16.10.2012 - 16.10.2012
Accovion	Monitoring Workshop in Eschborn	21.10.2011 - 21.10.2011
Accovion	Monitoring Workshop in Eschborn	20.10.2011 - 20.10.2011
Accovion	EU Clinical Trial Application - Update of procedure	21.06.2010 - 21.06.2010
Client	ICH-GCP Training	04.06.2010 - 04.06.2010
Accovion	SOP Training "IPS-SOP´s"	18.01.2010 - 18.01.2010
Accovion	FDA Warning Letters	16.11.2009 - 16.11.2009
Client	Medical Device GCP Training	18.09.2009 - 18.09.2009
Client	Medical Device GCP Training	17.09.2009 - 17.09.2009
Accovion	Audit Findings	16.02.2009 - 16.02.2009
Accovion	Declaration of Helsinki	17.11.2008 - 17.11.2008
Accovion	Request for an Ethics Committee Opinion	04.06.2008 - 04.06.2008
Accovion	CTA und EudraCT db	28.05.2008 - 28.05.2008
Accovion	EU Clinical Trials Directive Part I	21.05.2008 - 21.05.2008
Accovion	Qualitätskontrolle und Audits von Prüfzentren	17.03.2008 - 17.03.2008
Accovion	Co-Monitoring	06.09.2007 - 06.09.2007
Accovion	GCP for Clinical Investigators	01.09.2007 - 01.09.2007

Internal

Accovion	SOP - Training: GEN see Self-Assessment Report of 11.01.2013	11.01.2013 - 11.01.2013
Accovion	SOP - Training see Self-Assessment Report of 19.10.2012	19.10.2012 - 19.10.2012
Accovion	ACC: SOP-Training: General, see Self-Assessment Report of 14.09.2012	14.09.2012 - 14.09.2012
Accovion	ACC: SOP-Training: IT, see Self-Assessment Report of 03.08.2012	03.08.2012 - 03.08.2012
Accovion	ACC: SOP-Training: Pharmacovigilance, see Self-Assessement Report of 04.06.2012	04.06.2012 - 04.06.2012
Accovion	ACC: SOP-Training: IT/Business Continuity Plan see Self-Assessment Report of 23.04.2012	19.04.2012 - 19.04.2012
Accovion	ACC: SOP - Pharmacovigilance see Self-Assessment Report of 06.01.2012	06.01.2012 - 06.01.2012
Accovion	Calculation-Sheet-Training	12.08.2011 - 12.08.2011
Accovion	Projectile für Projektleiter	07.07.2011 - 07.07.2011
Accovion	ACC: SOP - General see Self-Assessment Report of 01.07.2011	01.07.2011 - 01.07.2011
Accovion	Finance (Invoicing/Forecast) Training für Projektleiter	21.06.2011 - 21.06.2011
Accovion	Project Management Challenges 2011	19.04.2011 - 19.04.2011
Accovion	ACC: SOP - Monitoring/Data Management see Self-Assessment Report of 28.03.2011	28.03.2011 - 28.03.2011
Accovion	ACC: SOP-Training: General/Pharmacovigilance, see Self-Assessment Report of 04.01.2011	04.01.2011 - 04.01.2011
Accovion	ACC: SOP-Training: General/Monitoring, see Self-Assessment Report of 17.09.2010	17.09.2010 - 17.09.2010
Accovion	ACC: SOP-Training: Monitoring, see Self-Assessment Report of 09.08.2010	09.08.2010 - 09.08.2010
Accovion	Project Management	26.07.2010 - 26.07.2010
Accovion	ACC: SOP-Training: Pharmacovigilance Business Continuity Plan/ Drug Regulatory Affairs/Investigational Product Supplies/ Monitoring/Medical Writing, see Self-Assessment Report of 21.05.2010	21.05.2010 - 21.05.2010
Accovion	ACC: SOP-Training: General/IT/Monitoring, see Self-Assessment Report of 21.12.2009	21.12.2009 - 21.12.2009
Accovion	Schulung Umsatzforecast	13.11.2009 - 13.11.2009
Hessen Chemie	Seminar: Zeit- und Selbstmanagement	30.10.2009 - 30.10.2009
Accovion	ACC: SOP-Training: Business Continuity Plan/General/ IT/Pharmacovigilance/QA/Biostatistics/Data Management, see Self-Assessment Report of 22.10.2009	06.10.2009 - 08.10.2009
Accovion	ACC: SOP-Training: Monitoring/Pharmacovigilance/ QA/TQA/Drug Regulatory Affairs/IT, see Self-Assessment Report of 22.10.2009	23.09.2009 - 25.09.2009
Accovion	SOP Updates	21.09.2009 - 21.09.2009

Accovion	ACC: SOP-Training: Data Management/Drug Regulatory Affairs/General/IT/Monitoring, see Self-Assessment Report of 22.10.2009	15.09.2009 - 22.09.2009
Accovion	ACC: SOP-Training: IT/Monitoring/Medical Writing/ Pharmacovigilance/Study Operations/General/QA/ Data Management/Drug Regulatory Affairs/ Investigational Product Supplies, see Self-Assessment Report of 01.03.2010	08.09.2009 - 24.02.2010
Accovion	ACC: SOP-Training: Project Management, see Self-Assessment Report of 10.06.2009	10.06.2009 - 10.06.2009
Accovion	SOP-Training - Writing a File Note	20.04.2009 - 20.04.2009
Accovion	TMF Training	03.11.2008 - 03.11.2008
Accovion	Planzahlen in Projectile	30.10.2008 - 30.10.2008
Accovion	ACC: SOP-Training: GEN, see Self-Assessment Report of 21.07.2008	21.07.2008 - 21.07.2008
Accovion	Projektmanagement	14.05.2008 - 14.05.2008
Accovion	ACC: SOP-Training: Project Management, see Self-Assessment Report of 12.03.2008	05.02.2008 - 05.02.2008
Accovion	PM Policy and SOPs for SO-members	04.02.2008 - 04.02.2008
Accovion	Privacy and Data Protection	27.09.2007 - 27.09.2007
Accovion	Privacy and Data Protection	03.09.2007 - 03.09.2007
Hessen Chemie	AGGbasis: Verhinderung von Benachteiligung und Belästigung im Betrieb	06.07.2007 - 06.07.2007
Accovion	Accovion für neue Mitarbeiter	11.06.2007 - 11.06.2007
IT		
Accovion	Mailstore Training	27.09.2012 - 27.09.2012
Media Train	MS - Project Grundlagen	04.08.2011 - 05.08.2011
Accovion	Impact/Trial Manager Training	22.03.2010 - 22.03.2010
Accovion	IT-Security Training	05.06.2007 - 05.06.2007
Personal Development		
Kurpfalz Management	Wie sagt man nett Nein	12.03.2010 - 12.03.2010

4 . ADDITIONAL SKILLS

Languages

- ✓ German native speaker
- ✓ English fluently

Selected Lectures

- ✓ CRA Training on the job, CO-Monitoring, Consultant on Investigator- and Monitor-Meeting for CRF-Completion, Monitoring Plan and Study Coordination

Date 01. 02. 2013 **Signature**

This copy was printed for

ACCOVION

JÜRGEN ZSCHOCKE

Medical Writer

Medical writer and scientist with more than 10 years experience in scientific research (neurobiology and cancer) and medical writing including editorial procedures, preparation of original and review journal articles, and clinical trial-related documents.

Current position	Medical Writer Main activities: Writing and editing clinical documents including clinical study protocols, clinical study reports and informed consent forms.	Since 2012

Previous positions

Research Scientist	Max Planck Institute of Psychiatry, Munich Germany Main activities: Design and performance of experiments to study the molecular effects of psycho-active drugs Publication of original and review articles Writing of grant proposals Peer-reviewer and Editor for biochemical and biomedical journals Proof-reading and editing drafts and manuscripts	2005-2012
Research Fellow	University Hospital, Göttingen, Germany Main activities: Investigation of the effects of histone deacetylase inhibitors on glioma cells Proof-reading and editing of manuscripts	2005
Research Associate	Institute of Pathobiochemistry, Mainz, Germany Main activities: Research on the molecular underpinnings of, and effect of steroid hormones on, Alzheimer's' disease Preparation and publication of manuscripts Setting up of collaborations with various institutions, e.g. Charité, Berlin	2001-2004

Qualifications	Ph.D. in Neurobiology University of Mainz	2004
	Master in Human Genetics Ludwig-Maximillians Universität, Munich	2001

JÜRGEN ZSCHOCKE

Medical Writer

Membership	European Medical Writers Association	
Selected training and conferences	European Medical Writers Association Professional Development Programme	ongoing
	Drug Safety for Medical Writers Basics of Epidemiology From the Clinical Study Report to Manuscript Introduction to Manuscript Writing The EU Clinical Trial Directive Basic Concepts of Study Design in Clinical Development	
	Accovion Medical Writer Training	ongoing
Language skills	English (fluent) German (mother tongue)	

Frankfurt, 27. Nov. 2012

Jürgen Zschocke

Curriculum Vitae

1 . EDUCATION

1965	-	1967	Primary School	Dortmund, Germany
1967	-	1977	Senior High School (Abitur)	Castrop-Rauxel, Germany
1977	-	1984	Diploma in statistics Dissertation submitted for diploma: "Statistische Methoden zur Auswertung von Versuchs-serien und ihre Anwendungen auf Winterweizendaten" (statistical methods for the evaluation of a series of experiments and their application on winter wheat data)	University of Dortmund

2 . PROFESSIONAL EXPERIENCE

2010 **Principal Statistician** **Accovion GmbH, Marburg**

- ✓ Project leader and lead statistician for phase II + III oncology trials for various cancer indication
- ✓ Project leader and lead statistician for two phase II studies in immunology
- ✓ Project leader for all randomization activities in Oracle Clinical
- ✓ Project leader and lead statistician in a pooling project in the indication metastatic colorectal cancer
- ✓ Project leader of various phase II-III studies in oncology using Oracle RDC as EDC tool

2007 - 2010 **Project Leader RDC** **Accovion GmbH, Marburg**

- ✓ Implementation of Oracle Clinical RDC for external use
- ✓ Generation of specific SOPs and Working procedures for the use of RDC
- ✓ Management of system upgrades
- ✓ Management of internal Help Desk
- ✓ In-house and external trainings in Oracle Clinical RDC
- ✓ Participating in proposal writing process for studies using RDC
- ✓ Contact Person for Sponsors regarding the use of RDC
- ✓ Generation of strategic plans for the use of RDC in PMS and Phase IV studies
- ✓ Contract Negotiations with Oracle regarding RDC licenses

2006 - 2007 **Account Manager** **Accovion GmbH, Marburg**

- ✓ Establishment of first contact to new clients
- ✓ Maintenance of relationship with clients
- ✓ Evaluation of current and further cooperation with clients
- ✓ Participation in internal Sales Meetings, Proposals and final Contracts
- ✓ Participation in national and international conferences

2003 - 2006 **Head of Data Management** **Accovion GmbH, Marburg**

- ✓ Coordination of work and supervision of group members
- ✓ Participation in development of DM standards within Accovion

			✓ Adaption of DM system for AB and other sponsors	
2000	-	2003	**Head of Global Data Management, Biometry** ✓ Coordination of work and supervision of group members ✓ Data Management tasks: - Generation of standards in DM - Database set-up - Data Entry - Coding - Lab Administration - Discrepancy Management - Monitoring	**Aventis Behring GmbH, Marburg**
1996	-	1999	**Worlwide Project Leader Data Management** ✓ Project Management of the implementation of Oracle Clinical at Aventis Behring ✓ Preparation of necessary documents ✓ User requirements ✓ Project plan ✓ Test plan and test procedures ✓ Validation documenation ✓ Contract negotiations with Oracle	**Centeon GmbH, Marburg**
1992	-	1996	**Section Head Plasma Proteins and Project Manager for radio labeled antibodies in cooperation with RCL (Hoechst AG)** ✓ Coordination of work and supervision of group members ✓ Planning and evaluation of phase II and III studies ✓ Project coordination ✓ Contracts with CROs for evaluation of clinical studies ✓ Review of necessary documents for the launch of products at the PEI (Paul-Ehrlich-Institute)	**Centeon GmbH, Marburg**
1989	-	1992	**Section Head Oncology** ✓ Coordination of work and supervision of employees in the group ✓ Planning and evaluation of phase II and III studies with various drugs in the indications SCLC and solid tumors	**Behringwerke AG, Marburg**
1987	-	1989	**Section Head Plasma** ✓ Coordination of work and supervision of employees in the group ✓ Planning and evaluation of phase II and III studies with Factor VII, IX and XIII	**Behringwerke AG, Marburg**
1985	-	1987	**Junior Biostatistician** ✓ Therapeutic area: oncology ✓ Planning and evaluation of phase I and phase III studies with LHRH-antagonists	**Behringwerke AG, Marburg**

3 . TRAINING

Conferences

RELICO	Pharma Day 2010	03.02.2010 - 03.02.2010
VIB events	e-Clinical Trials in London	13.05.2009 - 15.05.2009

DIA	DIA Euro-Meeting in Berlin	23.03.2009 - 25.03.2009
RELICO	Pharma Day 2009	05.02.2009 - 05.02.2009
Oracle	OC European Focus Group	04.05.2008 - 05.05.2008
RELICO	Pharma Day 2008	13.02.2008 - 13.02.2008
SCDM	SCDM Fall Conference	16.09.2007 - 19.09.2007
RELICO	Pharma Day 2007	01.02.2007 - 01.02.2007
DIA	Data Management Meeting	06.11.2006 - 08.11.2006
SCDM	SCDM Fall Conference	09.10.2006 - 11.10.2006
DIA	Clinical Data Management: Four Worlds-One Vision	07.11.2005 - 09.11.2005
SCDM	SCDM Fall Conference	09.10.2005 - 11.10.2005
Oracle Clinical User Group	9th Annual User OCUG Meeting	20.09.2004 - 22.09.2004

GCP

Accovion	Data Protection acc. to EU Directive 95/46/EC	05.10.2006 - 05.10.2006
GXP Consulting	Introduction: the Application of GCP Principles and a Methodology for the Valida	23.01.1998 - 23.01.1998
Centeon	Neue ICH GCP Guideline, Erster Satz der neuen Centeon Global GCP SOPs	04.12.1996 - 04.12.1996
Hoechst AG	Introduction to Global Clinical Research	10.01.1996 - 10.01.1996
Behringwerke	GCP Training 1995	14.07.1995 - 14.07.1995
Behringwerke	Effective Medical Writing	06.12.1993 - 07.12.1993
Biopharm	Clinical Writing Course I	14.07.1993 - 16.07.1993
CfPA	Validation of Computer Systems for R & D	01.07.1992 - 03.07.1992

Internal

Accovion	Finance (Invoicing/Forecast) Training für Projektleiter	21.06.2011 - 21.06.2011
Accovion	Sicherheitsunterweisung	16.06.2011 - 16.06.2011
Accovion	ACC: SOP-Training: Biostatistics, see Self-Assessment Report of 16.11.2010	16.11.2010 - 16.11.2010
Accovion	Neues Proposal-Calculation-Sheet	27.03.2009 - 27.03.2009
Accovion	SOP Schulung	09.12.2008 - 09.12.2008
Accovion	Planzahlen in Projectile	28.10.2008 - 28.10.2008
Accovion	ACC: SOP-Training: DAT/BCP-CDMS/GEN, see Self-Assessment Report of 15.09.2008	15.09.2008 - 15.09.2008
Accovion	Privacy and Data Protection	15.04.2008 - 15.04.2008
Accovion	ACC: SOP-Training: Project Management, see Self-Assessment Report of 08.04.2008	08.04.2008 - 08.04.2008
Accovion	SOP-Training: Data Management, see Self-Assessment Report of 16.02.2007	16.02.2007 - 16.02.2007
Accovion	SOP-Training: GEN/TQA/IT/MON/MW, see Self-Assessment Report of 09.02.2007	09.02.2007 - 09.02.2007
Accovion	SOP-Training: Data Management, see Self-Assessment Report of 27.01.2007	27.01.2007 - 27.01.2007

Hessen Chemie	AGGbasis: Verhinderung von Benachteiligung und Belästigung im Betrieb (Online-Training)	10.01.2007 - 10.01.2007
Accovion	SOP-Training: Biostatistics, see Self-Assessment Report of 21.12.2006	21.12.2006 - 21.12.2006
Accovion	SOP-Training: Biostatistics	23.02.2006 - 23.02.2006
Accovion	SOP-Training: Data Management, see Self-Assessment Report of 10.06.2005	20.05.2005 - 10.06.2005
Accovion	SOP-Training: Training-Policy	18.01.2005 - 18.01.2005
Covidence	Covidence IT-Security Policy Awareness	02.03.2004 - 02.03.2004
Selligent	Client Relation Management System - Basic	26.01.2004 - 26.01.2004
Covidence	Billing the Client: Training for Project Leader	16.07.2003 - 16.07.2003
Covidence	Becoming Covidence-Employees	17.06.2003 - 17.06.2003
Aventis Behring	SOP Training	18.03.2003 - 18.03.2003
Covidence	SOP-Training: General/Statistics/Data Management/IT, see Self-Assessment Report of 10.11.2004	07.03.2003 - 17.11.2004
Aventis Behring	SOP Training	19.11.2002 - 19.11.2002
Aventis Behring	SOP Training	19.09.2002 - 19.09.2002
Aventis Behring	SOP Training	29.08.2002 - 29.08.2002
Aventis Behring	SOP Training	24.05.2002 - 24.05.2002
Aventis Behring	SOP Training	22.11.2001 - 22.11.2001
Aventis Behring	SOP Training	29.10.2001 - 29.10.2001
Aventis Behring	Die Produktpalette Aventis Behring	25.09.2001 - 25.09.2001
Aventis Behring	SOP Training	17.05.2001 - 17.05.2001
Aventis Behring	Clarification about Business Processes	05.04.2001 - 05.04.2001
Aventis Behring	SOP Training	13.12.2000 - 13.12.2000
Aventis Behring	SOP Training	23.11.2000 - 23.11.2000
Aventis Behring	SOP Training	12.05.2000 - 12.05.2000
Aventis Behring	Clinical R&D U.S. Projects: Alpha 1 Proteinase Inhibitor	06.04.2000 - 06.04.2000
Aventis Behring	SOP Training	31.01.2000 - 31.01.2000
Centeon	SOP Training	01.06.1999 - 01.06.1999
Centeon	SOP Training	16.12.1998 - 16.12.1998
Centeon	SOP Training	14.05.1998 - 14.05.1998
Centeon	SOP Training	09.03.1998 - 09.03.1998
Behringwerke	Standard Operating Procedures	29.06.1993 - 29.06.1993

IT

Accovion	Projectile für Projektleiter	14.06.2011 - 14.06.2011
Covidence	Projectile für Projektleiter	18.02.2004 - 18.02.2004
Covidence	Projectile - Workshop	15.07.2003 - 15.07.2003
Covidence	Validation of Computerized Systems	16.05.2003 - 16.05.2003
Aventis Behring	IMPACT Observer Course (IOC)	05.12.2002 - 05.12.2002

GNC	WinWord 97 / PowerPoint 97	26.04.1999 - 26.04.1999
Centeon	Windows 95 Upgrade Training	27.11.1997 - 27.11.1997
Inosoft	Microsoft Project 4.0	01.07.1997 - 04.07.1997
Inosoft	MS Word für Windows 6.0 - Tabellengestaltung	15.10.1996 - 15.10.1996
Inosoft	Einsetzen von MS Mail 3.2 und MS Schedule+	19.03.1996 - 19.03.1996
Behringwerke	HP3000/957	08.07.1993 - 08.07.1993
INO-NET	MS Word für Windows 2.0 ¿ Einführung	07.09.1992 - 09.09.1992
Behringwerke	Winword	07.09.1992 - 07.09.1992
Behringwerke	Netzwerk Einführung	01.06.1992 - 01.06.1992
Behringwerke	Graphische Darstellung	04.06.1991 - 04.06.1991
Hewlett Packard	Einführung HP3000	04.03.1985 - 08.03.1985

Languages

Behringwerke	Englischkurs, Fortgeschrittene III International Business English,	22.04.1991 - 22.10.1991
Behringwerke	Englisch-Kurs, Fortgeschrittene II English in Commerce & Industrie, Band 3, Klett	19.01.1987 - 15.10.1987
Behringwerke	Englisch-Kurs, Fortgeschrittene I Englisch in Commerce & Industrie, Band 2, Klett	25.11.1985 - 08.07.1986

Medical

Accovion	Bronchialkarzinom	12.02.2007 - 12.02.2007
Covidence	Introducing MedDRA 6.1	11.12.2003 - 11.12.2003
Behringwerke	Tollwut	16.02.1993 - 16.02.1993
Healthcare Education Services	Antiviral Therapy	18.06.1992 - 19.06.1992
Behringwerke	Pathologische Laborwerte und deren Erkrankungsbilder	13.11.1990 - 13.11.1990
Behringwerke	Labordiagnostik	05.12.1989 - 05.12.1989
Behringwerke	Transplantationen	09.05.1989 - 09.05.1989
Behringwerke	Schutzimpfungen	14.02.1989 - 14.02.1989
Behringwerke	Hämatopoese	04.12.1988 - 04.12.1988
Behringwerke	Neue Wege in der Therapie des fortgeschrittenen Prostatakarzinoms mit LH-RH-Agonisten	27.09.1985 - 28.09.1985

Others

Accovion	Project Management Challenges 2011	13.04.2011 - 13.04.2011
Accovion	Project Management	16.08.2010 - 16.08.2010
Accovion	Schulung Umsatzforecast	11.11.2009 - 11.11.2009
Accovion	Schulung Projektabrechnung	29.10.2009 - 29.10.2009
Accovion	Sicherheitsunterweisung	17.03.2009 - 17.03.2009
Huthwaite international	SPIN-Verkaufstraining - Follow-up	23.09.2005 - 23.09.2005
Huthwaite international	SPIN-Verkaufstraining	13.07.2005 - 16.07.2005

Aventis Behring	Sind Meinungen machbar? Öffentlichkeitsarbeit bei Aventis Behring: Konzepte, Hin	11.04.2002 - 11.04.2002
Behringwerke	Marketing -Praxis bei Behring	27.04.1993 - 27.04.1993
Behringwerke	Schulungsveranstaltung Projektmanagement SGE Therapeutika	08.10.1992 - 09.10.1992
Hoechst AG	Chefentlastung durch optimale Zusammenarbeit im Sekretariat	21.05.1992 - 22.05.1992
Behringwerke	Unternehmens-Planspiel	24.06.1991 - 27.06.1991

Personal Development

Aventis Behring	Remote Teams Seminar	07.12.2000 - 08.12.2000
PharmaServ	Selbstmanagement	13.03.2000 - 03.05.2000
Friedrichshafen	Gedächtnis- und Kreativitätstraining	07.03.1995 - 07.03.1995
Behringwerke	Arbeitsbesprechungen effizient gestalten	24.01.1994 - 26.01.1994
Behringwerke	Konfliktarme Gesprächsführung	09.11.1992 - 11.11.1992
VSB	Persönliche Arbeitstechniken-Time Managment-	04.12.1989 - 13.04.1989
VSB	Management-Kolleg II	04.03.1987 - 06.03.1987

Statistics and Data Management

Accovion	Survival Analyses-Design and Sample Size Estimation	25.08.2011 - 25.08.2011
Accovion	Analysis of recurrent events	09.06.2011 - 09.06.2011
Accovion	Analyse von Zählvariablen - Verteilungsmodelle	28.04.2011 - 28.04.2011
Accovion	Multiple Imputation mit SAS	24.02.2011 - 24.02.2011
Accovion	Oracle RDC Onsite 4.5.3	26.08.2010 - 26.08.2010
Accovion	Oracle Clinical 4.5.3 RDC Onsite 4.5.3 For Monitors	03.05.2010 - 03.05.2010
XClinical GmbH, München	MARVIN-TRAINING, Version 2.3	26.01.2010 - 26.01.2010
PharmaSol	OC RDC Training Version 4.5.3	13.08.2008 - 13.08.2008
Accovion	OC RDC Training	28.11.2007 - 28.11.2007
RELICO	Oracle Clinical/Remote Data Capture Course	12.02.2004 - 12.02.2004
Aventis Behring	Aventis Behring Oracle Clinical Upgrade demonstration on new features of version	12.03.2002 - 13.03.2002
ABConsulting	Integrated Review for Oracle Clinical	27.08.2001 - 27.08.2001
Aventis Behring	Oracle Clinical 3.2 Upgrade	15.03.2001 - 15.03.2001
Aventis Behring	Adequate Testing against well-defined Requirements	05.12.2000 - 05.12.2000
Aventis Behring	RANDO 4.0	23.11.2000 - 23.11.2000
RELICO	Oracel Clinical 3.1.1 Treatment Definition Randomization Workshop	28.02.2000 - 28.02.2000
Oracle Clinical	Oracle Clinical 3.1.0 Upgrade Training	11.05.1998 - 12.05.1998
RELICO	Oracel Clinical five Day Training Course	12.05.1997 - 16.05.1997
GES	Methoden der Systemanalyse	21.02.1997 - 21.02.1997
Behringwerke	Überlebenszeiten	27.11.1990 - 27.11.1990
Behringwerke	Randomisierung	16.10.1990 - 16.10.1990

gmi	Lebensqualität als Beurteilungskriterium in klinischen Prüfungen	15.05.1990 - 15.05.1990

4 . ADDITIONAL SKILLS

Languages

- ✓ German: Native Speaker
- ✓ English: Fluently

Member

- ✓ ACDM (Association of Clinical Data Management), since 2005
- ✓ Member of OCUG (Oracle Clinical User Group), since 1998

Selected Lectures

- ✓ Febr. 2008: RELICO/Oracle Pharma Day 2008: Practical Aspects in using OC RDC for a medium sized CRO
- ✓ Febr. 2006: TOPRA/University of Wales for MSc in Regulatory Affairs: "Managing the data for clinical trials"
- ✓ May. 2006: Accovion Workshops in USA: "Another View of eCRF-Hybrid solution for Oracle Clinical"
- ✓ Oct. 2006: SCDM Meeting in Orlando, FL:"Snake Charmer or Fisher-The Never Ending Story of Getting Data from Different Sources Clean"
- ✓ Trainer in regular seminars on "Basic in statistics" together with Provadis GmbH in Marburg
- ✓ Trainer of "Basics in statistics" within the future education program for laboratory workers within Aventis Behring (12 hours lection each for about four groups per year)
- ✓ Nov. 2010: TOPRA University of Wales for MSc in Regulatory Affairs: "Managing the data for clinical trials"
- ✓ Sep. 2008: TOPRA/University of Wales for MSc in Regulatory Affairs: "Managing the data for clinical trials"
- ✓ Sep. 2007: SCDM (Society of Clinical Data Management) in Chicago (speaker)

5 . PUBLICATIONS

- ✓ 1991 "Graphische Aspekte bei der Labordatenauswertung in Therapiestudien"; H.-O. Keinecke; U. Heberle, 28. Treffen der AG "Biometrie in der chemisch pharmazeutischen Forschung"
- ✓ 1991 "Use of rh GM-CSF and IL-3 in high dose chemotherapy of advanced malignancies"; J. Frisch; A. Ganser; L. Kranz; W.P. Steward; R. Mertelsmann; J. Verweij: W. Oster; U. Heberle; G. Schulz, 6. Hamburger Symposium über Tumormaker.
- ✓ 1995 "Pharmacokinetics of 4'-O-tetrahydropyranyladriamycin given on a weekly schedule in patients with advanced breast cancer"; R.M. Mader; H. Zilg; O. Schlappack; G.G. Steger; M. Baur; B. Greifenberg; U. Heberle; C. Dittrich, Chemotherapy Pharmacology 37, 91-96
- ✓ 1995 "Vaccination against tick-borne encephalitis (TBE): influence of simultaneous application of TBE immunglobulin on seroconversion and rate of adverse events", M. v. Hedenström, U. Heberle, K. Theobald, Vaccine, Vol. 13, No 8, 759-762

Date 07-NOV-2011 **Signature**

This copy was printed for .....

16.1.5 Signature of Chief Investigator

Reckitt Benckiser

CHIEF INVESTIGATOR'S SIGNATURE

Study Number:	GA1203
Study Title:	A multicentred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease
Phase of Development:	III

Chief Investigator:

By my signature below, I hereby state that I have read this report and confirm that, to the best of my knowledge, it accurately describes the conduct and results of the study. I agree its conclusions and do not wish to make an additional statement regarding the safety of the product under test.

Dr Alan G. Wade MB, ChB, FRCA — Date: 1 July 13

Director
CPS Research
3 Todd Campus
West of Scotland Science Park
Glasgow
G20 0XA, UK
Tel: 0141 946 7888

16.1.6 Listing of Patients Receiving Study Drug(s)/Investigational Product from Specific Batches, where more than One Batch was Used

All patients in this study received IMP from one batch, so this appendix is not applicable.

16.1.7 Randomisation Scheme and Codes (Patient Identification and Treatment Assigned)

This appendix contains:

- Description of the randomisation method (1 page).
- Table of randomisation codes (4 pages).
- Method of generating random numbers (1 page).

Description of the randomisation method

Drug supplies were randomised by the RB IMSU, according to a computer-produced blinded randomisation schedule produced by the RB Statistician. On randomisation, subjects were allocated a unique subject number in numerical sequence. Issue of the IMP in this sequence ensured randomisation.

IMSU held the master code for the unblinded randomisation schedule and supplied the Investigator with the randomisation code for each subject as individually sealed envelopes. No code-break envelopes were broken during the study.

The study monitor checked the randomisation code-break envelopes on a regular basis at monitoring visits, to ensure the above procedures were being followed. All sealed code-break envelopes were returned to RB at the end of the study.

RB IMSU broke the code for all subjects after all data queries had been answered and the database had been locked.

Table of randomisation codes

Patient Number	Treatment
001	Matching placebo tablets
002	Matching placebo tablets
003	Gaviscon Double Action Tablets
004	Gaviscon Double Action Tablets
005	Gaviscon Double Action Tablets
006	Matching placebo tablets
007	Gaviscon Double Action Tablets
008	Matching placebo tablets
009	Matching placebo tablets
010	Gaviscon Double Action Tablets
011	Matching placebo tablets
012	Gaviscon Double Action Tablets
013	Matching placebo tablets
014	Gaviscon Double Action Tablets
015	Gaviscon Double Action Tablets
016	Matching placebo tablets
017	Matching placebo tablets
018	Gaviscon Double Action Tablets
019	Matching placebo tablets
020	Gaviscon Double Action Tablets
021	Matching placebo tablets
022	Matching placebo tablets
023	Gaviscon Double Action Tablets
024	Gaviscon Double Action Tablets
025	Gaviscon Double Action Tablets
026	Matching placebo tablets
027	Matching placebo tablets
028	Gaviscon Double Action Tablets
029	Matching placebo tablets
030	Gaviscon Double Action Tablets
031	Matching placebo tablets
032	Gaviscon Double Action Tablets
033	Matching placebo tablets
034	Gaviscon Double Action Tablets
035	Matching placebo tablets
036	Gaviscon Double Action Tablets
037	Gaviscon Double Action Tablets
038	Gaviscon Double Action Tablets
039	Matching placebo tablets
040	Matching placebo tablets
041	Matching placebo tablets
042	Gaviscon Double Action Tablets
043	Gaviscon Double Action Tablets
044	Matching placebo tablets
045	Matching placebo tablets
046	Matching placebo tablets
047	Gaviscon Double Action Tablets
048	Gaviscon Double Action Tablets
049	Gaviscon Double Action Tablets
050	Gaviscon Double Action Tablets

Patient Number	Treatment
051	Matching placebo tablets
052	Matching placebo tablets
053	Matching placebo tablets
054	Matching placebo tablets
055	Gaviscon Double Action Tablets
056	Gaviscon Double Action Tablets
057	Matching placebo tablets
058	Matching placebo tablets
059	Gaviscon Double Action Tablets
060	Gaviscon Double Action Tablets
061	Matching placebo tablets
062	Gaviscon Double Action Tablets
063	Matching placebo tablets
064	Gaviscon Double Action Tablets
065	Matching placebo tablets
066	Gaviscon Double Action Tablets
067	Gaviscon Double Action Tablets
068	Matching placebo tablets
069	Matching placebo tablets
070	Gaviscon Double Action Tablets
071	Matching placebo tablets
072	Gaviscon Double Action Tablets
073	Matching placebo tablets
074	Matching placebo tablets
075	Gaviscon Double Action Tablets
076	Gaviscon Double Action Tablets
077	Gaviscon Double Action Tablets
078	Matching placebo tablets
079	Matching placebo tablets
080	Gaviscon Double Action Tablets
081	Matching placebo tablets
082	Gaviscon Double Action Tablets
083	Gaviscon Double Action Tablets
084	Matching placebo tablets
085	Gaviscon Double Action Tablets
086	Gaviscon Double Action Tablets
087	Matching placebo tablets
088	Matching placebo tablets
089	Matching placebo tablets
090	Matching placebo tablets
091	Gaviscon Double Action Tablets
092	Gaviscon Double Action Tablets
093	Gaviscon Double Action Tablets
094	Matching placebo tablets
095	Matching placebo tablets
096	Gaviscon Double Action Tablets
097	Matching placebo tablets
098	Matching placebo tablets
099	Gaviscon Double Action Tablets
100	Gaviscon Double Action Tablets

Patient Number	Treatment
101	Matching placebo tablets
102	Gaviscon Double Action Tablets
103	Matching placebo tablets
104	Gaviscon Double Action Tablets
105	Matching placebo tablets
106	Gaviscon Double Action Tablets
107	Gaviscon Double Action Tablets
108	Matching placebo tablets
109	Gaviscon Double Action Tablets
110	Gaviscon Double Action Tablets
111	Matching placebo tablets
112	Matching placebo tablets
113	Matching placebo tablets
114	Matching placebo tablets
115	Gaviscon Double Action Tablets
116	Gaviscon Double Action Tablets
117	Gaviscon Double Action Tablets
118	Gaviscon Double Action Tablets
119	Matching placebo tablets
120	Matching placebo tablets
121	Gaviscon Double Action Tablets
122	Matching placebo tablets
123	Matching placebo tablets
124	Gaviscon Double Action Tablets
125	Gaviscon Double Action Tablets
126	Matching placebo tablets
127	Matching placebo tablets
128	Gaviscon Double Action Tablets
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130	Gaviscon Double Action Tablets
131	Matching placebo tablets
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133	Gaviscon Double Action Tablets
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135	Gaviscon Double Action Tablets
136	Matching placebo tablets
137	Matching placebo tablets
138	Gaviscon Double Action Tablets
139	Gaviscon Double Action Tablets
140	Matching placebo tablets
141	Gaviscon Double Action Tablets
142	Gaviscon Double Action Tablets
143	Matching placebo tablets
144	Matching placebo tablets
145	Gaviscon Double Action Tablets
146	Matching placebo tablets
147	Matching placebo tablets
148	Gaviscon Double Action Tablets
149	Matching placebo tablets
150	Gaviscon Double Action Tablets

Patient Number	Treatment
151	Matching placebo tablets
152	Gaviscon Double Action Tablets
153	Matching placebo tablets
154	Gaviscon Double Action Tablets
155	Matching placebo tablets
156	Gaviscon Double Action Tablets
157	Gaviscon Double Action Tablets
158	Gaviscon Double Action Tablets
159	Matching placebo tablets
160	Matching placebo tablets
161	Matching placebo tablets
162	Gaviscon Double Action Tablets
163	Gaviscon Double Action Tablets
164	Matching placebo tablets
165	Matching placebo tablets
166	Matching placebo tablets
167	Gaviscon Double Action Tablets
168	Gaviscon Double Action Tablets
169	Gaviscon Double Action Tablets
170	Matching placebo tablets
171	Gaviscon Double Action Tablets
172	Matching placebo tablets
173	Gaviscon Double Action Tablets
174	Matching placebo tablets
175	Gaviscon Double Action Tablets
176	Matching placebo tablets
177	Matching placebo tablets
178	Matching placebo tablets
179	Gaviscon Double Action Tablets
180	Gaviscon Double Action Tablets
181	Matching placebo tablets
182	Gaviscon Double Action Tablets
183	Gaviscon Double Action Tablets
184	Matching placebo tablets
185	Matching placebo tablets
186	Gaviscon Double Action Tablets
187	Gaviscon Double Action Tablets
188	Matching placebo tablets
189	Gaviscon Double Action Tablets
190	Gaviscon Double Action Tablets
191	Matching placebo tablets
192	Matching placebo tablets
193	Gaviscon Double Action Tablets
194	Matching placebo tablets
195	Gaviscon Double Action Tablets
196	Matching placebo tablets
197	Gaviscon Double Action Tablets
198	Gaviscon Double Action Tablets
199	Matching placebo tablets
200	Matching placebo tablets

Method of generating random numbers

A coded randomisation list was produced using SAS 9.2 software installed at RB .

The method of constructing the randomisation list was as follows :

1) Create a list of numbers at least as large as the number of patient packs to be distributed.

2) Create a blocking variable that indicates subjects in the same block with block size 4.

3) Create a treatment variable such that there is the desired number of each treatment in each block.

4) Create a random number variable using a study unique random seed number.

5) Sort subjects within each block by the random variable.

6) Create a subject number variable in ascending order of the sorted data.

16.1.8 Audit Certificates

This appendix contains the following audit certificate (1 page):

- GCP Audit Certificate dated 24 and 25 October 2012.

Reckitt Benckiser

GCP AUDIT CERTIFICATE

Project:	Shanghai
Study Number:	GA1203
Clinical Project Manager:	Nigel Levinson
Audit Date:	24th & 25th October 2012
Auditor:	A Holbrook
Auditee:	CPS Research, 3 Todd Campus, West of Scotland Science Park, Glasgow, G20 0XQ

This is to certify that a routine Investigator Site audit of CPS Research to assess the quality assurance and compliance with all applicable regulatory requirements including but not limited to ICH GCP has been performed.

Name: A Holbrook

Position: Senior Quality Associate

A Holbrook — 6th NOV 2012.

Signature Date

16.1.9 Documentation of Statistical Methods

This appendix contains:

- Final SAP, dated 22 November 2012 (17 pages).
- Final Table Shells, dated 26 September 2012 (50 pages).
- Key SAS Output, dated 11 December 2012 (6 pages).

ACCOVION

STATISTICAL ANALYSIS PLAN

A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease

GA1203 / ACC1739

FINAL VERSION

Authors: Uwe Heberle (Accovion GmbH, Marburg)

SIGNATURE PAGE

Sponsor Statistician: 23-NOV-2012

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Study biostatistician: 22-NOV-2012

Uwe Heberle
Biostatistics, Accovion GmbH, Marburg

TABLE OF CONTENTS

ABBREVIATIONS AND DEFINITIONS

ALL	all treated population
ANCOVA	analysis of covariance
BMI	body mass index
BOCF	baseline observation carried forward
CPMP	Committee for Proprietary Medicinal Products
ECG	electrocardiogram
EMA	European Medicines Agency
EWP	CHMP (Committee for medicinal products for human use) Efficacy Working Party
GERD	gastro esophageal reflux disease
IMP	Investigational Medicinal Product
ITT	intention to treat population
MedDRA	Medical Dictionary for Regulatory Activities
OTE	overall treatment evaluation
PP	per protocol population
PT	preferred term
RDQ	reflux disease questionnaire
SAF	safety population
SD	standard deviation
SOC	system organ class
WHO DD	World Health Organization Drug Dictionary

1. STUDY OBJECTIVES

1.1 Primary objective

The primary objective of this pilot study is to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the overall symptoms of heartburn, acid regurgitation and dyspepsia in patients with gastro esophageal reflux disease (GERD).

Efficacy will be measured in changes from baseline of the Reflux Disease Questionnaire (RDQ) score evaluated before and after the seven day treatment period.

1.2 Secondary objectives

The secondary objectives of this pilot study are to assess the efficacy of Gaviscon Double Action Tablets compared with placebo in reduction of the symptoms of heartburn, acid regurgitation and dyspepsia in patients with GERD.

Other secondary objectives include the efficacy of Gaviscon Double Action Tablets compared with placebo in subject responsiveness / satisfaction and comparison of safety in terms of adverse events.

2. STUDY DESIGN

This is a multi-centre, randomised (randomisation ratio 1:1 between placebo and Gaviscon Double Action tablets), double blinded, placebo-controlled, parallel group, clinical trial. After signing a written informed consent, subjects will undergo a screening period of up to 7 days. Subjects who satisfy the study entry requirements within 7 days of consent, will be randomised to receive either Gaviscon Double Action Tablets (2 tablets four times daily) or matching placebo tablets (2 tablets four times daily), for a 7-day treatment period. At the beginning and end of the treatment period, subjects will be required to complete the Reflux Disease Questionnaire (RDQ).

In addition, at the end of the 7-day treatment period, subjects will be required to complete the Overall Treatment Evaluation (OTE).

The sample size is estimated to be 45 complete subjects per treatment group. A complete subject is defined as a randomised subject who completes the study treatment period and attends the end of treatment visit. The study will aim for approximately 90 complete subjects. In order to achieve this, it is estimated that approximately 110 subjects may need to be randomised.

3. STATISTICAL AND ANALYTICAL PROCEDURES

Descriptive summary statistics will be provided for demographic characteristics for each treatment group and all subjects. For continuous parameters, mean, standard deviation, median, minimum, and maximum will be provided. For categorical parameters, the cell frequencies and percentage of subjects in each demographic category will be provided.

All statistical tests performed will be 2-tailed with significance assessed at the 5% significance level. The null hypothesis at all times will be the equality of the treatments being compared or the equality of the two visits (V2 vs V3) compared.

For those patients that do not return for the day 8 visit or are withdrawn from the study due to low efficacy, the RDQ score (and the symptom sub scores) at day 8 will be imputed as no change from the baseline values (BOCF). This procedure will be applied especially for those patients taken prohibited therapies as described in the Clinical Study Protocol Section 12.10., irrespectively whether they have a day 8 score or not.

If the number of patients where the BOCF method is used is above 5 in one of the treatment groups, a sensitivity analyses as described in chapter 3.3.3.3 will be conducted to assess the robustness of this imputation and the effect on results.

3.1 Analysis variables

3.1.1 Subject accounting and administration of study medication

- **Treatment duration** will be calculated in days as:
  (date of last intake – date of first intake) + 1
  If the date of first intake of study medication is missing, it will be assumed to be identical to the date of the RDQ questionnaire is filled in for the first time.
- **Drug accountability** will be calculated as percentage of the scheduled dose as:
  100 x (Number of tablets dispensed – number of tablets returned) /
  (treatment duration in days) x 8

3.1.2 Demographic and background characteristics

- **Sex** (male/female)
- **Race** (Caucasian/White, Asian, Afro-Caribbean, other) or any combination
- **Age** will be calculated in years as:
  (date of informed consent – birth date) / 365.25
- **Body mass index** (BMI) will be calculated as:
  weight in kg / (height in cm)^2 $\times$ 10000
- **Vital signs** (blood pressure, heart rate, temperature)
- **12 lead ECG** (normal, abnormal and not clinically relevant, abnormal and clinically relevant)
- **Smoking habits and alcohol/drug abuse in the 3 months prior to enrollment**

- **GERD status** (start of symptoms and severity of symptoms)
- **Concomitant Diseases and/or Relevant Past Diseases or Surgeries in medical history** as coded (Medical Dictionary for Regulatory Activities [latest MedDRA version])
- **Prior or concomitant medications** as documented prior to first treatment with study drug and as coded (World Health Organization Drug Reference List [latest WHO DD Classic format B])

3.1.3 Efficacy variables

Data will be recorded from the RDQ questionnaire filled in prior to treatment and after the 7-day treatment period. The RDQ questionnaire, which contains 12 items, uses a six-graded Likert scale, where 0 represents the most positive option and 5 the most negative one. A raw score is calculated for each patient.

3.1.3.1 Primary Efficacy variable

The primary endpoint is the change from baseline in the RDQ score (heartburn, regurgitation and dyspepsia combined).

3.1.3.2 Secondary Efficacy variables

The secondary endpoints will compare between the two cohorts (Gaviscon Double Action Tablets and placebo) for a 7-days treatment period the following parameters:

- Change from baseline in symptom score (frequency + intensity) for each dimension of the RDQ separately (heartburn, regurgitation, dyspepsia)
- Change score (-10 to 10) for change in frequency of each dimension (heartburn, regurgitation, dyspepsia)
- Change score (-10 to 10) for change in intensity of each dimension (heartburn, regurgitation, dyspepsia)
- Change from baseline in OTE as a measure for patient's responsiveness/satisfaction

3.1.4 Safety variables

Adverse events

All adverse events will be coded using the most up-to-date version of MedDRA.

For an individual patient, adverse events that began prior to the first dose of IMP and do not worsen after the first dose of IMP, or more than one day after the final dose of IMP will not be included in the analysis.

If the start date of an adverse event is incomplete or missing, it will be assumed to have occurred after first intake of study medication except if an incomplete date indicates that the event started prior to treatment. If severity is missing, the event will not be included in the frequency tables presenting events by intensity. If relationship to study drug is missing, the event will be assessed as unrelated if it started before first intake of study medication; in all other cases it will be assumed to be related.

Laboratory safety variables

For the purpose of analysis laboratory data, "baseline" is defined as the baseline assessment at Visit 1 (screening) and "last visit" is defined as the final visit (Visit 3) or the Early Termination Visit.

The following laboratory safety variables will be analysed:

Hematology
- Hemoglobin
- Red blood cells
- Mean cell hemoglobin concentration
- White blood cells
- Platelet count

Chemistry
- Sodium
- Potassium
- Calcium
- Urea
- Creatinine
- Uric acid
- Glucose
- Inorganic phosphorous
- Alanine transaminase
- Aspartate transaminase

Other safety variables

Vital signs

The following variables will be used for the analysis of vital signs:

- **Supine blood pressure (mmHg):** systolic and diastolic
- **Pulse rate (beats/min)**

3.2 Study populations

The following defined populations will be used for the analysis of the study data.

All patient (ALL) population: includes all patients recruited into the study.
Data presentation comprises information of patient disposition, withdrawals and protocol deviations as well as baseline data.

Safety (SAF) population: includes those patients recruited into the study and receive at least one dose of the study medication. All patients will be analysed according to the study medication that they actually received. Patients who were treated with both types of medication (IMP or placebo) will be analysed according to the medication they received the longest.

All safety analyses will be based on this population.

Intention-to-treat (ITT) population: includes those patients recruited into the study and have at least partially completed RDQ for the trial therapy period or are known to have withdrawn from the study due to poor efficacy. All subjects will be analysed according to the treatment group to which they were randomised.

Data presentation will comprise summary of efficacy endpoints.

Per protocol (PP) population: includes all patients from the ITT population who have adequate compliance with the treatment during the study (defined as ≥ 75% study medication used from the dispensed tablet count) and no major protocol deviations. This PP population will be defined based upon a review of blinded data prior to database lock.

All summaries and analyses for all primary and secondary endpoints will be additionally conducted using this population to support the corresponding ITT results.

3.3 Statistical methods

3.3.1 Subject accounting and administration of study medication

The number of patients in the two treatment groups will be presented together with the number of patients in the four patient populations. This includes the number excluded from the respective population together with the reason for exclusion.

Drug accountability will be presented as summary statistics together with the percentage of patients compliant to the study medication (≥ 75% of scheduled tablets taken by the patient).

3.3.2 Demographic and background characteristics

All variables concerning demographic and background characteristics mentioned in chapter 3.1.2 will be summarised to describe the study population.

The demographic and baseline characteristics will be presented for all subjects in the ALL-, the ITT-, and the PP-population.

Descriptive summary statistics will be provided for each treatment group and all subjects. For continuous parameters, mean, standard deviation (SD), median, minimum, and maximum will be provided. For categorical parameters, the cell frequencies and percentage of subjects in each demographic category will be provided.

Previous and concomitant illnesses and medication will be summarised by frequency distribution.

3.3.3 Efficacy analyses

Data analysed in this chapter will be presented for the ITT and the PP populations by treatment group.

Descriptive statistics include the number of observations, mean, median, SD, minimum, and maximum. Categorical variables will be presented by cell frequencies and percentages.

All statistical tests performed will be 2-tailed with significance assessed at the 5% significance level. The null hypothesis at all times will be the equality of the treatments being compared.

3.3.3.1 Primary analysis

Descriptive statistics will be generated for the baseline and the post-baseline RDQ score, as well as for the difference between the baseline and the post-baseline scores.

Additionally shift tables will be generated presenting the magnitude of change between baseline and last visit score. A scatter plot for the graphical presentation will be added.

The change in RDQ score will also be analysed using an analysis of covariance (ANCOVA) model with a fixed term for treatment and the baseline RDQ score as a covariate. Treatment group differences and 95%-confidence intervals will be estimated using the least square means and the mean square error from the ANCOVA.

Imputations of missing values (as described in detail in chapter 3.3.3.3) as well as sensitivity analyses will be performed in case of high numbers of missing values.

3.3.3.2 Secondary analyses

The OTE will be compared between treatments using the Wilcoxon Rank Sum Test.

The change in each symptom score (heartburn, dyspepsia, and regurgitation) will be analysed using descriptive statistics for the baseline and the post-baseline scores, as well as for the difference between the baseline and the post-baseline scores. Additionally shift tables will be generated presenting the magnitude of change between baseline and last visit score, separated for frequency and intensity of each of the symptoms.

As for the primary endpoint an analysis of covariance (ANCOVA) will be performed for each of the symptoms. Treatment group differences and 95%-confidence intervals will be estimated using the least square means and the mean square error from the ANCOVA.

The change scores in frequency and intensity for each symptom will be compared between treatments using the Wilcoxon Rank Sum Test.

3.3.3.3 Missing values

If there is missing data for a patient in the RDQ questionnaire at an occasion and the missing data is less than 50 % of the item scores within a dimension (heartburn, represented by questions 1a, 1b, 2a, 2b; dyspepsia represented by questions 1c, 1d, 2c, 2d; and regurgitation represented by questions 1e, 1f, 2e, 2f), the missing items will be imputed using the mean score of the non-missing item scores of the respective dimension. If more than 50 % of the item scores of one dimension are missing, no imputation will be performed.

For patients with 50 % or more missing data for one dimension in the RDQ score at one of the visits (but the patient did show up at that visit), the patient is excluded from analysis of the RDQ score.

For those patients that do not return for the day 8 visit or are withdrawn from the study for any reason, the RDQ score (and the dimension sub scores) at day 8 will be imputed as no change from the baseline values (BOCF). This procedure will be applied especially for those

patients taken prohibited therapies as described in the Clinical Study Protocol Section 12.10., irrespectively whether they have a day 8 visit score or not.

If the number of patients where the BOCF method is used is above 5 in one of the treatment groups, a sensitivity analysis of the impact of missing data on the primary analysis will be performed using multiple imputations. If the RDQ score at the last visit is completely missing, e.g. due to withdrawal of the patient, multiple imputation based on propensity scores will be used to impute missing values for the primary efficacy analysis (see EMA Guideline on missing data in confirmatory clinical trial, EMA/CPMP/EWP/1776/99 Rev. 1, effective 1 January 2011). The probability of missingness will be modeled by means of logistic regression with treatment and available values of the primary variable at baseline. Based on the propensity score, the data will be classified in quintiles and missing values will be replaced by re-sampling from the respective quintile. 10 imputations will be performed. The random seed for the re-sampling procedure was determined as the last entry in the table of 5-digit random numbers published by Machin and Campbell (1987) and is the number 53994. This seed number must be used for multiple imputation of missing values in the primary analysis.

3.3.4 Safety analyses

Adverse events

The diagnosis (syndrome) term of the adverse events will be analysed. Adverse events were coded using MedDRA in the newest version. Analysis will be performed by primary System Organ Class (SOC) and Preferred Term (PT).

The incidence of adverse events will be summarised for all adverse events, by investigator attribution of relationship to IMP and by severity.

The incidence of adverse events will be compared among (between) treatment groups using Fisher's Exact Test for all adverse events, for those adverse events classified as at least possibly related to the IMP (possibly, probably and certain) by the investigator and for severe adverse events.

Laboratory safety variables

The following approaches will be taken for the statistical analysis of the laboratory safety variables:

- Descriptive analysis (number of observations, mean, SD, median, minimum, maximum) of values at each visit and of changes from baseline by treatment group
- Shift tables showing the number of "normal", "low", and "high" laboratory values at baseline and the last study visit. Shifts between baseline and the last study value will be compared using the Wilcoxon Signed Rank test.
- Wilcoxon Signed Rank tests will be performed for within-treatment changes from baseline
- Kruskal-Wallis tests will be performed for between-treatment changes from baseline
- Scatter plots of end of treatment values versus baseline values

Data from unplanned determinations, i.e. usually determinations where the investigator felt follow-up was necessary, will be included in the data listings.

Other safety variables

Vital signs

Only blood pressure and heart rate will be documented after baseline. For these two variables the following evaluations will be done:

The analyses of variables for vital signs will focus on the evaluation of the change from baseline to endpoint. The following approaches will be taken for the statistical analysis:

- Descriptive analysis (number of observations, mean, SD, median, minimum, maximum) of values at each visit and of changes from baseline by treatment group
- Wilcoxon Signed Rank tests will be performed for within-treatment changes from baseline
- Kruskal-Wallis tests will be performed for between-treatment changes from baseline

4. INTERIM ANALYSIS

No interim analysis is planned for this study.

5. REFERENCES

1. EMA Guideline on missing data in confirmatory clinical trial, EMA/CPMP/EWP/1776/99 Rev. 1, effective 1 January 2011

2. Calculating a Nonparametric Estimate and Confidence Interval Using SAS® Software
Chris Decker, Glaxo Welcome Inc., Research Triangle Part, NC

3. Calculating the point estimate and confidence interval of Hodges-Lehmann's median using SAS® Software
Lingling Han, Merck & Co., Inc., North Wales, PA

APPENDICES

APPENDIX I: List of subjects with major protocol deviations

Screen failures:

Subject ID

1032, 1035, 1042, 1065, 1067, 1076, 1077, 1092

Patients with major protocol deviations leading to exclusion from per protocol (PP) population:

Patient no.	major protocol deviation(s)
1024	exclusion criteria no. 11 (not ticked by the investigator; subject was regarded as not fully comply with the study requirements due to alcohol abuse)
1029	exclusion criteria no. 6 (subject previously diagnosed with a hiatus hernia)
1034	exclusion criteria no. 6 (subject previously diagnosed with a hiatus hernia)
1039	discontinuation of study treatment, withdrawn due to adverse event
1017	exclusion criteria no. 6 (subject previously diagnosed with a hiatus hernia)
1071	discontinuation of study treatment, withdrawn due to lack of efficacy
1078	discontinuation of study treatment, withdrawn due to lack of efficacy
1084	exclusion criteria no. 6 (subject previously diagnosed with a hiatus hernia)

ACCOVION

TABLE SHELLS

GA 1203 / ACC1739

A multi-centred, randomised, double-blind, two arm, parallel group, placebo-controlled, pilot study to assess the effect of Gaviscon Double Action Tablets in patients with reflux disease

Reckitt Benckiser Healthcare UK

FINAL DRAFT - Version 2.0 – 26 September 2012

Table of Contents

1. SUBJECT ACCOUNTING AND ADMINISTRATION OF STUDY MEDICATION

Table 1.1: Subject accounting by treatment group and analysis population

Country Subject disposition	Statistic	Placebo	IMP treatment	Overall
UK				
All Patient set (ALL)	N			xxx
Randomized subjects	N			xxx
Safety Analysis Set (SAF)	N (%)	xxx (100.0)	xxx (100.0)	xxx (100.0)
Number of patients withdrawn	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Number of patients with protocol deviations	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Intention-to-treat Set (ITT)	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Number of patients withdrawn	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Number of patients with protocol deviations	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
Per-protocol Set (PP)	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)

Table 1.2: Administration of study medication

Drug accountability	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Amount dispensed (maximum according to CSP: 64 tablets)	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xxx	xxx	xxx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx	xxx	xxx
Amount returned (at Visit V3 or after withdrawal)	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xxx	xxx	xxx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx	xxx	xxx
Compliance per patient (compared to the individual scheduled study medication)	N	xx	xx	xxx
	Nmiss	xx	xx	xxx

	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xx.x	xx.x	xx.x
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx.x	xxx.x	xxx.x
Patients compliant to study medication				
(≥ 75% of scheduled tablets taken)	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
compliant	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Not compliant	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

2. DEMOGRAPHIC AND BACKGROUND CHARACTERISTICS

Table 2.1-1: Baseline demographics – categorical - ALL

Parameter	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Sex				
Male	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Female	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Race				
Caucasian (White)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Asian	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Afro-Caribbean	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Other	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Missing		xx (xx.x)	xx (xx.x)	xxx (xx.x)
12 lead ECG				
Normal	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Abnormal and not clinically relevant	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Abnormal and clinically relevant	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Smoking habits (in the last 3 months)				
Non-smoker	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

Smoker	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Alcohol use (in the last 3 months)				
Non-drinker	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Drinker	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Drugs of abuse (in the last 3 months)				
No	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Yes	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

Table 2.1-2: Baseline demographics – categorical – ITT

Table 2.1-3: Baseline demographics – categorical - PP

Table 2.2-1: Baseline demographics – continuous – ALL

Parameter	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Age (years)				
	N	xx	xxx	xxx
	Nmiss	xx	xxx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xx	xx	xx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx	xxx	xxx
Body mass index (kg/ cm² x 10000)				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xx.x	xx.x	xx.x
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xx.x	xx.x	xx.x
Systolic blood pressure (mmHg)				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xxx	xxx	xxx
	Q1	xx.x	xx.x	xx.x

	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx	xxx	xxx
Diastolic blood pressure (mmHg)				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xxx	xxx	xxx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx	xxx	xxx
Heart rate (bpm)				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xx	xx	xx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xxx	xxx	xxx

Table 2.2-2: Baseline demographics – continuous – ITT

Table 2.2-3: Baseline demographics – continuous – PP

Table 2.3-1: GERD status at baseline – ALL

Parameter	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Start of GERD symptoms				
> 3 months - < 1 year	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
1 year - 10 years	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
> 10 years	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Symptoms				
Acid reflux				
none	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
mild	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
moderate	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
severe	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Dyspepsia				
none	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
mild	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
moderate	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
severe	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Hearburn				
none	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
mild	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

moderate	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
severe	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
missing	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Other symptoms 1				
mild	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
moderate	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
severe	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
…				
Other symptoms n				
mild	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
moderate	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
severe	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

Table 2.3-2: GERD status at baseline – ITT

Table 2.3-3: GERD status at baseline – PP

Table 2.4-1: Medical History - ALL

System Organ Class (SOC) Preferred Term (PT)	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
SOC 1	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 1	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 2	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
…	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
SOC 2	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 1	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 2	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
…	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
…				

Table 2.4-2: Medical History – ITT

Table 2.4-3: Medical History - PP

Table 2.5-1: Prior and concomitant medication - ALL

(as documented on the pior and concomitnant medication CRF and starting before first intake of study drug)

ATC level 2 Preferred Term (PT)	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
ATC 1	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 1	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 2	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
…	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
ATC 2	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 1	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
PT 2	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
…	N (%)	xxx (xx.x)	xxx (xx.x)	xxx (xx.x)
…				

Table 2.5-2: Prior and concomitant medication – ITT

Table 2.5-3: Prior and concomitant medication - PP

3. EFFICACY ANALYSIS

3.1 Primary analyses

Table 3.1.1-1: RDQ score – all symptoms – ITT

Visit	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Baseline Visit				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	x.x	x.x	x.x
	SD	x.x	x.x	x.x
	Min	x	x	x
	Q1	x.x	x.x	x.x
	Median	x.x	x.x	x.x
	Q3	x.x	x.x	x.x
	Max	xx	xx	xx
End of Study Visit (V3 or End of treatment)				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	x.x	x.x	x.x
	SD	x.x	x.x	x.x
	Min	x	x	x
	Q1	x.x	x.x	x.x
	Median	x.x	x.x	x.x

	Q3	x.x	x.x	x.x
	Max	xx	xx	xx
Change from Baseline Visit to End of Study Visit				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xx	xx	xx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xx	xx	xx

Initial values are the raw mean scores of each patient (sum of score values 1a to 2f)/12

Table 3.1.1-2: RDQ score – all symptoms - PP

(analogous to Table 3.1.1-1)

Table 3.1.2-1: Shift Table - RDQ score - all symptoms - ITT

		Baseline Visit						
End of Study Visit (V3 or End of treatment)	Statistic	missing	0	<0 - <1.5	≥1.5 - <2.5	≥2.5 - <3.5	≥3.5 - <5	5
Placebo								
missing	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
0	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
<0 - <1.5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
≥1.5 - <2.5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
≥2.5 - <3.5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
≥3.5 - <5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
IMP treatment								
missing	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
0	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
<0 - <1.5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
≥1.5 - <2.5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
≥2.5 - <3.5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
≥3.5 - <5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
5	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Table 3.1.2-2: Shift Table - RDQ score - all symptoms - PP

(analogous to Table 3.1.2-1)

Table 3.1.3-1: ANCOVA of change in RDQ score - all symptoms – ITT

Change in RDQ score	End of Study Visit				
	N	LSMean	95% CI	p-value [1]	p-value [2]
Placebo	xx	xx.x	(xx.x, xx.x)	x.xxxx	x.xxxx
IMP treatment	xx	xx.x	(xx.x, xx.x)	x.xxxx	
Difference IMP treatment - Placebo	xx	xx.x	(xx.x, xx.x)	x.xxxx	

Note: Results are based on a covariance anaylsis model with "change in RDQ score" as dependent and "baseline RDQ score" as covariate and treatment group as fixed effects.
[1] p-value results from t-test with hypothesis that the respective LSMean difference is zero
[2] Type-III p-value from F-test that the two LSMeans are equal

Table 3.1.3-2: ANCOVA of change in RDQ score – all symptoms – PP

(analogous to Table 3.1.3-1)

3.2 Secondary analyses

Table 3.2.1-1: OTE score – Question 1 – ITT

Question 1 (rating of symptoms changes)	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Single answer analysis				
A very great deal better (+7)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A great deal better (+6)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A good deal better (+5)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Moderately better (+4)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Somewhat better (+3)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A little better (+2)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Allmost the same, hardly any better at all (+1)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
No change (0)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Allmost the same, hardly any worse at all (-1)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A little worse (-2)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Somewhat worse (-3)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Moderately worse (-4)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A good deal worse (-5)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A great deal worse (-6)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
A very great deal worse (-7)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Summary answer analysis				
Better (+1 to +7)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
No change (0)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Worse (-1 to -7)	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

Descriptive statistics analysis				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	xx.x	xx.x	xx.x
	SD	xx.x	xx.x	xx.x
	Min	xx	xx	xx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xx	xx	xx

Table 3.2.1-2: OTE score – Question 1 – PP

(analogous to Table 3.2.1-1)

Table 3.2.2-1: OTE score – Question 2 – ITT

Question 2 (importance of the change)	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Extremely important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Very important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Moderately important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Somewhat important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Slightly important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
Not important	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)
No change*	N (%)	xx (xx.x)	xx (xx.x)	xxx (xx.x)

*: patients who answered the question no. 1 with "no change" should not answer question 2, but are added to question 2 under "no change".

Table 3.2.2-2: OTE score – Question 2 – PP

(analogous to Table 3.2.2-1)

Table 3.2.3-1: Summary of OTE score – Question 1 – ITT

question 1	N	Median OTE score	p-value [1]
Placebo	xx	x.x	x.xxxx
IMP treatment	xx	x.x	

[1] p-value results from Wilcoxon rank sum test

Table 3.2.3-2: Summary of OTE score – Question 1 – PP

(analogous to Table 3.2.3-1)

Table 3.2.4-1: Summary of OTE score – Question 2 – ITT

question 2	N	Median OTE score	p-value [1]
Placebo	xx	x.x	x.xxxx
IMP treatment	xx	x.x	

[1] p-value results from Wilcoxon rank sum test

Table 3.2.4-2: Summary of OTE score – Question 2 – PP

(analogous to Table 3.2.4-1)

Table 3.2.5-1: RDQ score – heartburn – ITT

(only RDQ questions nos. 1a, 1b, 2a, 2b included)

Visit	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	Overall (N=xxx)
Baseline Visit				
	N	xx	x	xxx
	Nmiss	xx	xx	xxx
	Mean	x.x	x.x	x.x
	SD	x.x	x.x	x.x
	Min	x	x	x
	Q1	x.x	x.x	x.x
	Median	x.x	x.x	x.x
	Q3	x.x	x.x	x.x
	Max	xx	xx	xx
End of Study Visit (V3 or End of treatment)				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	x.x	x.x	x.x
	SD	x.x	x.x	x.x
	Min	x	x	x
	Q1	x.x	x.x	x.x
	Median	x.x	x.x	x.x
	Q3	x.x	x.x	x.x
	Max	xx	xx	xx
Change from Baseline Visit to End of Study Visit				

N	xx	xx	xxx
Nmiss	xx	xx	xxx
Mean	xx.x	xx.x	xx.x
SD	xx.x	xx.x	xx.x
Min	xx	xx	xx
Q1	xx.x	xx.x	xx.x
Median	xx.x	xx.x	xx.x
Q3	xx.x	xx.x	xx.x
Max	xx	xx	xx

Initial values are the raw mean scores of each patient for symptom heartburn (sum of score values 1a, 1b, 2a, 2b)/4

Table 3.2.5-2: RDQ score – heartburn – PP

(analogous to Table 3.2.5-1)

Table 3.2.6-1: ANCOVA of change in RDQ score – heartburn – ITT

Change in heartburn RDQ score	End of Study Visit				
	N	LSMean	95% CI	p-value [1]	p-value [2]
Placebo	xx	xx.x	(xx.x, xx.x)	x.xxxx	x.xxxx
IMP treatment	xx	xx.x	(xx.x, xx.x)	x.xxxx	
Difference IMP treatment - Placebo	xx	xx.x	(xx.x, xx.x)	x.xxxx	

Note: Results are based on a covariance anaylsis model with "change in RDQ symptom score" as dependent and "baseline RDQ symptom score" as covariate and treatment group as fixed effects.
[1] p-value results from t-test with hypothesis that the respective LSMean difference is zero
[2] Type-III p-value from F-test that the two LSMeans are equal

Table 3.2.6-2: ANCOVA of change in RDQ score – heartburn – PP

(analogous to Table 3.2.6-1)

Table 3.2.7-1: RDQ score – regurgitation – ITT

(only RDQ questions nos. 1e, 1f, 2e, 2f included)

(analogous to Table 3.2.5-1)

Table 3.2.7-2: RDQ score – regurgitation – PP

(analogous to Table 3.2.5-2)

Table 3.2.8-1: ANCOVA of change in RDQ score – regurgitation – ITT

(analogous to Table 3.2.6-1)

Table 3.2.8-2: ANCOVA of change in RDQ score – regurgitation – PP

(analogous to Table 3.2.6-2)

Table 3.2.9-1: RDQ score – GERD dimension – ITT

(only RDQ questions nos. 1a, 1b, 1e, 1f, 2a, 2b, 2e, 2f included)

(analogous to Table 3.2.5-1)

Table 3.2.9-2: RDQ score – GERD dimension – PP

(analogous to Table 3.2.5-2)

Table 3.2.10-1: ANCOVA of change in RDQ score – GERD dimension – ITT

(analogous to Table 3.2.6-1)

Table 3.2.10-2: ANCOVA of change in RDQ score – GERD dimension – PP

(analogous to Table 3.2.6-2)

Table 3.2.11-1: RDQ score – Dyspepsia – ITT

(only RDQ questions nos. 1c, 1d, 2c, 2d included)

(analogous to Table 3.2.5-1)

Table 3.2.11-2: RDQ score – Dyspepsia – PP

(analogous to Table 3.2.5-2)

Table 3.2.12-1: ANCOVA of change in RDQ score – Dyspepsia – ITT

(analogous to Table 3.2.6-1)

Table 3.2.12-2: ANCOVA of change in RDQ score – Dyspepsia – PP

(analogous to Table 3.2.6-2)

Table 3.2.13-1: Frequency of heartburn in RDQ score – ITT

Frequency of Heartburn (questions 1a and 1b)	Statistic	Baseline Visit	End of study visit	Change from Baseline
Placebo				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	x.x	x.x	x.x
	SD	x.x	x.x	x.x
	Min	xx	xx	xx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xx	xx	xx
IMP treatment				
	N	xx	xx	xxx
	Nmiss	xx	xx	xxx
	Mean	x.x	x.x	x.x
	SD	x.x	x.x	x.x
	Min	xx	xx	xx
	Q1	xx.x	xx.x	xx.x
	Median	xx.x	xx.x	xx.x
	Q3	xx.x	xx.x	xx.x
	Max	xx	xx	xx
	p-value [1]	x.xxx	x.xxx	x.xxx

Initial values are the raw mean scores of each patient for frequency of heartburn (sum of score values 1a, 1b)/2
[1] p-value results from Wilcoxon rank sum test

Table 3.2.13-2: Frequency of heartburn in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.14-1: Shift table - Frequency of heartburn in RDQ score – ITT

Frequency of Heartburn(questions 1a and 1b		Baseline								
		Statistic	Missing	Did not have (0)	1 day (1)	2 days (2)	3-4 days (3)	5-6 days (4)	Daily (5)	Total
End of study visit										
Placebo	Missing	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Did not have (0)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	1 day (1)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	2 days (2)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	3-4 days (3)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	5-6 days (4)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Daily (5)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Total	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
IMP treatment	Missing	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Did not have (0)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	1 day (1)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	2 days (2)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	3-4 days (3)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	5-6 days (4)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Daily (5)	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)
	Total	N (%)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)	xx (xx.x)

Table 3.2.14-2: Shift table - Frequency of heartburn in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.15-1: Intensity of heartburn in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.15-2: Intensity of heartburn in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.16-1: Shift table - Intensity of heartburn in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.16-2: Shift table - Intensity of heartburn in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.17-1: Frequency of regurgitation in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.17-2: Frequency of regurgitation in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.18-1: Shift table - Frequency of regurgitation in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.18-2: Shift table - Frequency of regurgitation in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.19-1: Intensity of regurgitation in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.19-2: Intensity of regurgitation in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.20-1: Shift table - Intensity of regurgitation in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.20-2: Shift table - Intensity of regurgitation in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.21-1: Frequency of GERD dimension in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.21-2: Frequency of GERD dimension in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.22-1: Shift table - Frequency of GERD dimension in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.22-2: Shift table - Frequency of GERD dimension in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.23-1: Intensity of GERD dimension in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.23-2: Intensity of GERD dimension in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.24-1: Shift table - Intensity of GERD dimension in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.24-2: Shift table - Intensity of GERD dimension in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.25-1: Frequency of dyspepsia in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.25-2: Frequency of dyspepsia in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.26-1: Shift table - Frequency of dyspepsia in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.26-2: Shift table - Frequency of dyspepsia in RDQ score – PP

(analogous to Table 3.2.14-1)

Table 3.2.27-1: Intensity of dyspepsia in RDQ score – ITT

(analogous to Table 3.2.13-1)

Table 3.2.27-2: Intensity of dyspepsia in RDQ score – PP

(analogous to Table 3.2.13-1)

Table 3.2.28-1: Shift table - Intensity of dyspepsia in RDQ score – ITT

(analogous to Table 3.2.14-1)

Table 3.2.28-2: Shift table - Intensity of dyspepsia in RDQ score – PP

(analogous to Table 3.2.14-1)

4. SAFETY ANALYSIS

4.1 Adverse Events

Table 4.1.1: Summary of subjects with adverse events - SAF

	Statistic	Placebo (N=xx)	IMP treatment (N=xx)
Subjects with adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with mild adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with moderate adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with severe adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with at least possibly related adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with serious adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with at least possibly related serious adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects with adverse events leading to death of the subject	N (%)	xx (xx.x)	xx (xx.x)
Subjects with at least possibly related adverse events leading to death of the subject	N (%)	xx (xx.x)	xx (xx.x)
Subjects where IMP treatment has to be permanently discontinued due to adverse events	N (%)	xx (xx.x)	xx (xx.x)
Subjects where IMP treatment has to be permanently discontinued due to at least possibly related adverse events	N (%)	xx (xx.x)	xx (xx.x)

Table 4.1.2: Incidence of adverse events by SOC and preferred term - SAF

System Organ Class (SOC)	Preferred Term (PT)	Statistic	Placebo (N=xx)	IMP treatment (N=xx)
All	All	N (%)	xx (xx.x)	xx (xx.x)
SOC 1	All	N (%)	xx (xx.x)	xx (xx.x)
	PT 1	N (%)	xx (xx.x)	xx (xx.x)
	PT 2	N (%)	xx (xx.x)	xx (xx.x)
	…	N (%)	xx (xx.x)	xx (xx.x)
SOC 2	All	N (%)	xx (xx.x)	xx (xx.x)
	PT 1	N (%)	xx (xx.x)	xx (xx.x)
	PT 2	N (%)	xx (xx.x)	xx (xx.x)
…	…	N (%)	xx (xx.x)	xx (xx.x)

Table 4.1.3: Incidence of adverse events by severity, SOC and preferred term - SAF

System Organ Class (SOC)	Preferred Term (PT) severity*	Statistic	Placebo (N=xx)	IMP treatment (N=xx)
All	All	N (%)	xx (xx.x)	xx (xx.x)
	mild	N (%)	xx (xx.x)	xx (xx.x)
	moderate	N (%)	xx (xx.x)	xx (xx.x)
	severe	N (%)	xx (xx.x)	xx (xx.x)
	missing	N (%)	xx (xx.x)	xx (xx.x)
SOC 1	All	N (%)	xx (xx.x)	xx (xx.x)
	mild	N (%)	xx (xx.x)	xx (xx.x)
	moderate	N (%)	xx (xx.x)	xx (xx.x)
	severe	N (%)	xx (xx.x)	xx (xx.x)
	missing	N (%)	xx (xx.x)	xx (xx.x)
	PT 1	N (%)	xx (xx.x)	xx (xx.x)
	mild	N (%)	xx (xx.x)	xx (xx.x)
	moderate	N (%)	xx (xx.x)	xx (xx.x)
	severe	N (%)	xx (xx.x)	xx (xx.x)
	missing	N (%)	xx (xx.x)	xx (xx.x)
	PT 2	N (%)	xx (xx.x)	xx (xx.x)
	…	N (%)	xx (xx.x)	xx (xx.x)
…	…	N (%)	xx (xx.x)	xx (xx.x)

* For each subject the highest severity per adverse event is used. For the 'All' rows the highest severity applicable is used.

Table 4.1.4: Incidence of adverse events by relationship, SOC and preferred term - SAF

System Organ Class (SOC)	Preferred Term (PT) relationship to IMP*	Statistic	Placebo (N=xx)	IMP treatment (N=xx)
All	All	N (%)	xx (xx.x)	xx (xx.x)
	unrelated or unlikely related**	N (%)	xx (xx.x)	xx (xx.x)
	at least possibly related***	N (%)	xx (xx.x)	xx (xx.x)
	missing	N (%)	xx (xx.x)	xx (xx.x)
SOC 1	All	N (%)	xx (xx.x)	xx (xx.x)
	unrelated or unlikely related**	N (%)	xx (xx.x)	xx (xx.x)
	at least possibly related***	N (%)	xx (xx.x)	xx (xx.x)
	missing	N (%)	xx (xx.x)	xx (xx.x)
	PT 1	N (%)	xx (xx.x)	xx (xx.x)
	unrelated or unlikely related**	N (%)	xx (xx.x)	xx (xx.x)
	at least possibly related***	N (%)	xx (xx.x)	xx (xx.x)
	missing	N (%)	xx (xx.x)	xx (xx.x)
	PT 2	N (%)	xx (xx.x)	xx (xx.x)
	…	N (%)	xx (xx.x)	xx (xx.x)
…	…	N (%)	xx (xx.x)	xx (xx.x)

* For each subject the highest relationship per adverse event is used. For the 'All' rows the highest relationship applicable is used
** includes the categories "Unassessable/Unclassified" and "Conditional/Unclassified"
*** includes the categories "possibly", "probable" and "certain" related

Table 4.1.5: Summary of severe and related adverse events - SAF

		Statistic	Placebo (N=xx)	IMP treatment (N=xx)	p-value [1]
Severity	Subjects with not severe adverse events*	N (%)	xx (xx.x)	xx (xx.x)	x.xxxx
	Subjects with severe adverse events	N (%)	xx (xx.x)	xx (xx.x)	
Relationship to IMP	Subjects with not related adverse events**	N (%)	xx (xx.x)	xx (xx.x)	x.xxxx
	Subjects with related adverse event***	N (%)	xx (xx.x)	xx (xx.x)	

* For each subject the highest severity and relationship of all documented adverse events is used.
* subjects do not have any severe adverse event
** subjects do not have any adverse event judged as possible, probable or certain related to IMP treatment
*** subjects do have at least one adverse events judged as possible, probable or certain related to IMP treatment
[1] Fisher's exact test

4.2 Laboratory Safety Variables

Table 4.2.1: Haemoglobin - SAF

Visit	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	p-value [1]
Baseline Visit				
	N	xx	xx	
	Nmiss	xx	xx	
	Mean	xxx.xxx	xxx.xxx	
	SD	xxx.xxx	xxx.xxx	
	Min	xxx.xxx	xxx.xxx	
	Q1	xxx.xxx	xxx.xxx	x.xxxx
	Median	xxx.xxx	xxx.xxx	
	Q3	xxx.xxx	xxx.xxx	
	Max	xxx.xxx	xxx.xxx	
Last Visit (V3 or early termination visit)				
	N	xx	xx	
	Nmiss	xx	xx	
	Mean	xxx.xxx	xxx.xxx	
	SD	xxx.xxx	xxx.xxx	
	Min	xxx.xxx	xxx.xxx	
	Q1	xxx.xxx	xxx.xxx	x.xxxx
	Median	xxx.xxx	xxx.xxx	
	Q3	xxx.xxx	xxx.xxx	
	Max	xxx.xxx	xxx.xxx	

Change from Baseline Visit to Last Visit				
	N	xx	xx	
	Nmiss	xx	xx	
	Mean	xxx.xxx	xxx.xxx	
	SD	xxx.xxx	xxx.xxx	
	Min	xxx.xxx	xxx.xxx	
	Q1	xxx.xxx	xxx.xxx	x.xxxx
	Median	xxx.xxx	xxx.xxx	
	Q3	xxx.xxx	xxx.xxx	
	Max	xxx.xxx	xxx.xxx	
p-value [2]		x.xxxx	x.xxxx	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon Signed Rank test for within-treatment changes from baseline

Table 4.2.2: Red Blood Cells - SAF

(analogous to Table 4.2.1)

Table 4.2.3: Mean Cell Haemoglobin Concentration - SAF

(analogous to Table 4.2.1)

Table 4.2.4: White Blood Cells - SAF

(analogous to Table 4.2.1)

Table 4.2.5: Platelet Count - SAF

(analogous to Table 4.2.1)

Table 4.2.6: Sodium - SAF

(analogous to Table 4.2.1)

Table 4.2.7: Potassium - SAF

(analogous to Table 4.2.1)

Table 4.2.8: Calcium - SAF

(analogous to Table 4.2.1)

Table 4.2.9: Urea - SAF

(analogous to Table 4.2.1)

Table 4.2.10: Creatinine - SAF

(analogous to Table 4.2.1)

Table 4.2.11: Uric Acid - SAF

(analogous to Table 4.2.1)

Table 4.2.12: Glucose - SAF

(analogous to Table 4.2.1)

Table 4.2.13: Inorganic Phosphorous - SAF

(analogous to Table 4.2.1)

Table 4.2.14: Alanine Transaminase (ALT) - SAF

(analogous to Table 4.2.1)

Table 4.2.15: Aspartate Transaminase (AST) - SAF

(analogous to Table 4.2.1)

Table 4.2.16: Shift Table - Haemoglobin - SAF

	Baseline Visit				
Last Visit (V3 or early termination visit)	missing	low	normal	high	total
Placebo					
…missing	xx	xx	xx	xx	xx
…low	xx	xx	xx	xx	xx
…normal	xx	xx	xx	xx	xx
…high	xx	xx	xx	xx	xx
…total	xx	xx	xx	xx	xx
p-value [1]					x.xxxx
IMP treatment					
…missing	xx	xx	xx	xx	xx
…low	xx	xx	xx	xx	xx
…normal	xx	xx	xx	xx	xx
…high	xx	xx	xx	xx	xx
p-value [1]					x.xxxx

[1] Wilcoxon Signed Rank test for changes in shifts compared to baseline

Table 4.2.17: Shift Table – Red Blood Cells – SAF

(analogous to Table 4.2.16)

Table 4.2.18: Shift Table – Mean Cell Haemoglobin concentration – SAF

(analogous to Table 4.2.16)

Table 4.2.19: Shift Table – White Blood Cells – SAF

(analogous to Table 4.2.16)

Table 4.2.20: Shift Table – Platelet Count – SAF

(analogous to Table 4.2.16)

Table 4.2.21: Shift Table – Sodium – SAF

(analogous to Table 4.2.16)

Table 4.2.22: Shift Table – Pottassium – SAF

(analogous to Table 4.2.16)

Table 4.2.23: Shift Table – Calcium – SAF

(analogous to Table 4.2.16)

Table 4.2.24: Shift Table – Urea – SAF

(analogous to Table 4.2.16)

Table 4.2.25: Shift Table – Creatinine – SAF

(analogous to Table 4.2.16)

Table 4.2.26: Shift Table – Uric Acid – SAF

(analogous to Table 4.2.16)

Table 4.2.27: Shift Table – Glucose – SAF

(analogous to Table 4.2.16)

Table 4.2.28: Shift Table – Inorganic Phosphorous – SAF

(analogous to Table 4.2.16)

Table 4.2.29: Shift Table – Alanine Transaminase (ALT) – SAF

(analogous to Table 4.2.16)

Table 4.2.30: Shift Table – Aspartate Transaminase (AST) – SAF

(analogous to Table 4.2.16)

4.3 Other Safety Variables – vital signs

Table 4.3.1: Systolic Blood Pressure - SAF

Visit	Statistic	Placebo (N=xx)	IMP treatment (N=xx)	p-value [1]
Baseline Visit				
	N	xx	xx	
	Nmiss	xx	xx	
	Mean	xxx.x	xxx.x	
	SD	xxx.x	xxx.x	
	Min	xxx	xxx	
	Q1	xxx.x	xxx.x	x.xxxx
	Median	xxx.x	xxx.x	
	Q3	xxx.x	xxx.x	
	Max	xxx.x	xxx.x	
Last Visit (V3 or early termination visit)				
	N	xx	xx	
	Nmiss	xx	xx	
	Mean	xxx.x	xxx.x	
	SD	xxx.x	xxx.x	
	Min	xxx	xxx	
	Q1	xxx.x	xxx.x	x.xxxx
	Median	xxx.x	xxx.x	
	Q3	xxx.x	xxx.x	
	Max	xxx.x	xxx.x	

Change from Baseline Visit to Last Visit				
	N	xx	xx	
	Nmiss	xx	xx	
	Mean	xxx.x	xxx.x	
	SD	xxx.x	xxx.x	
	Min	xxx	xxx	
	Q1	xxx.x	xxx.x	x.xxxx
	Median	xxx.x	xxx.x	
	Q3	xxx.x	xxx.x	
	Max	xxx.x	xxx.x	
p-value [2]		x.xxxx	x.xxxx	

[1] Kruskal-Wallis test for between-treatment changes from baseline
[2] Wilcoxon Signed Rank test for within-treatment changes from baseline

Table 4.3.2: Diastolic Blood Pressure - SAF

(analogous to Table 4.3.1)

Table 4.3.3: Heart Rate - SAF

(analogous to Table 4.3.1)

mean square errors_20121211.txt

```
1
2
3          Table 3.1.3-1: ANCOVA of change in RDQ score  -  all symptoms  -  ITT
population
           _____
           180
ERROR 180-322: Statement is not valid or it is used out of proper order.

4
5
6          Dependent Variable: QSCHGBL   Change from baseline
7
8
      Sum
8        ! of
9          Source                       DF          Squares     Mean Square    F
Value    Pr >
9        !  F
10
11         Model                         2       55.7648040      27.8824020
30.75
11       ! <.0001
12
13         Error                       107       97.0061626       0.9065997
14
15         Corrected Total             109      152.7709666
16
17
18         R-Square     Coeff Var      Root MSE    QSCHGBL Mean
19
20         0.365022     -91.54005      0.952155       -1.040152
21
22
23         Source                       DF        Type I SS     Mean Square    F
Value    Pr >
23       !  F
24
25         EXTRTN                        1        5.31243119      5.31243119
5.86
25       ! 0.0172
26         QSSCORBL                      1       50.45237281     50.45237281
55.65
□2                                        The SAS System         10:19 Wednesday,
June 12, 2013

26       ! <.0001
27
28
29         Source                       DF     Type III SS     Mean Square    F
Value    Pr >
29       !  F
30
31         EXTRTN                        1        8.21373586      8.21373586
9.06
31       ! 0.0033
32         QSSCORBL                      1       50.45237281     50.45237281
55.65
32       ! <.0001
33
34
35                                                              Standard
36          Parameter            Estimate                       Error    t Value    Pr >
|t|
37          Intercept       0.6823950488 B                   0.23906668       2.85
0.0052
38          EXTRTN    2     -.5483669007 B                   0.18218333      -3.01
```

mean square errors_20121211.txt
0.0033
39 EXTRTN 3 0.0000000000 B
40 QSSCORBL -.6364298765 0.08531346 -7.46
<.0001
41
42
43
44
The GLM
44 ! Procedure
45
Least Squares
45 ! Means
46
47 H0:LSMean1=
48 QSCHGBL
Standard
48 ! H0:LSMEAN=0 LSMean2
49 EXTRTN LSMEAN
Error
49 ! Pr > |t| Pr > |t|
50
51 2 -1.30934981
0.12743828
51 ! <.0001 0.0033
52 3 -0.76098291
0.12978437
52 ! <.0001
53
54
55
QSCHGBL
56 EXTRTN
LSMEAN
56 ! 95% Confidence Limits
57
58 2
-1.309350
58 ! -1.561981 -1.056718
59 3
-0.760983
59 ! -1.018265 -0.503701
60
61
62 Least
Squares Means
62 ! for Effect EXTRTN
63
64
Difference
65
Between 95%
65 ! Confidence Limits for
66 i j
Means
66 ! LSMean(i)-LSMean(j)
67
68 1 2
-0.548367
3 The SAS System 10:19 Wednesday,
June 12, 2013

68 ! -0.909524 -0.187210
69
70
71
The GLM
71 ! Procedure

mean square errors_20121211.txt

Dependent Variable: QSCHGBL Change from baseline

Parameter	Estimate	Standard Error	t Value	Pr ! > |t|
Difference Gaviscon - Placebo	0.54836690	0.18218333	3.01	! 0.0033

Table 3.2.8-1: ANCOVA of change in RDQ score - Dyspepsia - ITT population

The GLM Procedure

Dependent Variable: QSCHGBL Change from baseline

Source	DF	Sum of Squares	Mean Square	F Value	Pr > ! F
Model	2	78.9399838	39.4699919	31.40	! <.0001
Error	107	134.5148142	1.2571478		
Corrected Total	109	213.4547980			

R-Square	Coeff Var	Root MSE	QSCHGBL Mean
0.369821	-118.9725	1.121226	-0.942424

Source	DF	Type I SS	Mean Square	F Value	Pr > ! F
EXTRTN	1	1.85488892	1.85488892	1.48	! 0.2272
QSSCORBL	1	77.08509489	77.08509489	61.32	! <.0001

Source	DF	Type III SS	Mean Square	F Value	Pr > ! F
EXTRTN	1	5.05724850	5.05724850	4.02	

```
115       ! 0.0474
116         QSSCORBL                     1     77.08509489     77.08509489
61.32
116       ! <.0001
117
118
119                                                    Standard
120         Parameter            Estimate                 Error    t Value    Pr > |t|
121
122         Intercept         0.6563302055 B        0.24156744       2.72      0.0077
123         EXTRTN    2      -.4311472488 B        0.21496197      -2.01      0.0474
124         EXTRTN    3       0.0000000000 B
125         QSSCORBL          -.6297561121          0.08042302      -7.83      <.0001
126
127         Least Squares Means
128
129                                                                              H0:LSMean1=
130                          QSCHGBL          Standard    H0:LSMEAN=0          LSMean2
131         EXTRTN            LSMEAN             Error       Pr > |t|          Pr > |t|
132
133         2            -1.15407835       0.15021491           <.0001           0.0474
134         3            -0.72293110       0.15298587           <.0001
135
136
137                          QSCHGBL
138         EXTRTN            LSMEAN      95% Confidence Limits
139
140         2              -1.154078       -1.451862    -0.856295
141         3              -0.722931       -1.026208    -0.419654
142
143
144                 Least Squares Means for Effect EXTRTN
145
146                       Difference
147                          Between    95% Confidence Limits for
148         i    j             Means       LSMean(i)-LSMean(j)
149
150         1    2         -0.431147       -0.857284    -0.005010
151
152
153                                                                 Standard
154         Parameter                                 Estimate          Error    t
Value    Pr >
154       ! |t|
155
156         Difference Gaviscon - Placebo       0.43114725       0.21496197
2.01
156       ! 0.0474
157
158
159
160
```



```
_____________________________________________________________________________
_
160       !
_____________________________________________________________________________
161
162
163         Table 3.2.12-1: ANCOVA of change in RDQ score  -  GERD dimension  -
ITT
163       ! population
164
165
166         The GLM Procedure
167
□5                                    The SAS System         10:19 Wednesday,
June 12, 2013
```

mean square errors_20121211.txt

```
168        Dependent Variable: QSCHGBL   Change from baseline
169
170                                                 Sum of
171        Source                       DF          Squares     Mean Square    F
Value    Pr >
171      !  F
172
173        Model                         2       68.4058928      34.2029464
36.09
173      ! <.0001
174
175        Error                       107      101.4013199       0.9476759
176
177        Corrected Total             109      169.8072128
178
179
180        R-Square     Coeff Var      Root MSE    QSCHGBL Mean
181
182        0.402844     -89.39145      0.973486       -1.089015
183
184
185        Source                       DF       Type I SS     Mean Square    F
Value    Pr >
185      !  F
186
187        EXTRTN                        1       7.70803741      7.70803741
8.13
187      ! 0.0052
188        QSSCORBL                      1      60.69785544     60.69785544
64.05
188      ! <.0001
189
190
191        Source                       DF     Type III SS     Mean Square    F
Value    Pr >
191      !  F
192
193        EXTRTN                        1      10.12335315     10.12335315
10.68
193      ! 0.0015
194        QSSCORBL                      1      60.69785544     60.69785544
64.05
194      ! <.0001
195
196
197                                                   Standard
198        Parameter              Estimate              Error    t Value    Pr > |t|
199
200        Intercept           0.7191770220 B       0.23347611       3.08      0.0026
201        EXTRTN    2        -.6076696714 B       0.18592393      -3.27      0.0015
202        EXTRTN    3         0.0000000000 B
203        QSSCORBL            -.6497404433        0.08118637      -8.00      <.0001
204
205        The GLM Procedure
206        Least Squares Means
207
208                                                                          H0:LSMean1=
209                          QSCHGBL          Standard    H0:LSMEAN=0        LSMean2
210        EXTRTN             LSMEAN             Error       Pr > |t|        Pr > |t|
211
212        2            -1.38732572       0.13017591          <.0001          0.0015
213        3            -0.77965605       0.13256799          <.0001
214
215
216                          QSCHGBL
217        EXTRTN             LSMEAN      95% Confidence Limits
6                                  The SAS System          10:19 Wednesday,
```

mean square errors_20121211.txt
June 12, 2013

218				
219	2	-1.387326	-1.645384	-1.129267
220	3	-0.779656	-1.042457	-0.516855
221				
222				
223	Least Squares Means for Effect EXTRTN			
224				
225		Difference		
226		Between	95% Confidence Limits for	
227	i j	Means	LSMean(i)-LSMean(j)	
228				
229	1 2	-0.607670	-0.976242	-0.239097
230				
231				
232	Dependent Variable: QSCHGBL Change from baseline			
233				

234				Standard
235	Parameter		Estimate	Error t Value Pr > ! |t|
236				
237	Difference Gaviscon - Placebo		0.60766967	0.18592393 3.27 ! 0.0015
238				
239				
240				
241				
242				
243				
244				
245				

ERROR: Errors printed on page 1.

NOTE: SAS Institute Inc., SAS Campus Drive, Cary, NC USA 27513-2414
NOTE: The SAS System used:
real time 3.01 seconds
cpu time 0.31 seconds

16.1.10 Documentation of Inter-Laboratory Standardisation Methods and Quality Assurance Procedures if Used

This appendix contains:

- Laboratory QA accreditation certificate (1 page).

Advancing Excellence

Accredited Laboratory

The College of American Pathologists

certifies that the laboratory named below

ACM Global Central Laboratory Ltd
York, Eng, United Kingdom
John P. D'Souza, MD

LAP Number: 7191463
AU-ID: 1432088

has met all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to April 27, 2014 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Frank R Rudy
Chair, Commission on Laboratory Accreditation

President, College of American Pathologists

16.1.11 Publications Based on the Study

There are no publications based on this study, so this appendix is not applicable.

16.1.12 Important Publications Referenced in the Report

No publications referred to in the report are appended. All references are available on request.

16.2 Patient Data Listings

This appendix contains the following sections:

16.2.1 Withdrawn Patients (1 page)

16.2.2 Protocol Deviations (2 pages)

16.2.3 Patients Excluded From the Efficacy Analysis (1 page)

16.2.4 Demographic Data (49 pages)

16.2.5 Compliance and/or Drug Concentration Data (7 pages)

16.2.6 Individual Efficacy Response Data (79 pages)

16.2.7 Adverse Event Listings (each patient) (7 pages)

16.2.8 Listing of Individual Laboratory Measurements by Patient (30 pages)

16.2.9 Listing of Individual Vital Sign Measurements (10 pages)

16.2.10 Listing of Screen Failures (17 pages)

16.2.1 Withdrawn Patients

GA1203

(Data Set Identification - Listing 1, 5, 6, 9a)

LISTING OF PATIENTS WITHDRAWN FROM THERAPY

Study Treatment	Subject Number	Sex	Age	Date of Last Visit	Duration in Study	Dose	Concomitant Therapy	Reason for Withdrawal
Matching Placebo Tablets	1039	F	57	17 Sep 2012	7 Days	8 Tablets per Day	venlafaxine	Adverse Event
Matching Placebo Tablets	1071	F	44	26 Sep 2012	4 Days	8 Tablets per Day	Antacids Tablets	Lack of Efficacy
Matching Placebo Tablets	1078	M	48	01 Oct 2012	7 Days	8 Tablets per Day	amitriptyline, Antacids Tablets	Lack of Efficacy

Narrative for Adverse Event Withdrawal: 1 patient (# 1039) in the placebo group withdrew from study due to an AE. This patient was a 57 year old Caucasian woman with mild to moderate symptoms of GERD according to the investigators assessment. In the past, this patient was diagnosed with depression and drug hypersensitivity, both still ongoing. Prior and concomitant medications were Rennies and venlafaxine, respectively. From 20 to 24 September 2012, the patient suffered from moderate diarrhoea being the reason for discontinuation of study treatment. Compliance with study medication was 60.71%.

(Data Set Identification - Listing 1, 5, 6, 7, 8, 9a, 12)

The blind for the patient was not broken at the time of withdrawal.

16.2.2 Protocol Deviations

Listing 2 (Subjects with major protocol deviations – ALL population)

Listing 3 (Subjects with minor protocol deviations – ALL population)

Listing 2: Subjects with major protocol deviations - ALL population

Treatment	Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Category	Description	Details
Placebo	1029	37	F	Yes	Yes	Yes	No	Eligibility	Enrolment of an ineligible subject	Fulfilled: [6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...
	1034	56	F	Yes	Yes	Yes	No	Eligibility	Enrolment of an ineligible subject	Fulfilled: [6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...
	1071	44	F	Yes	Yes	Yes	No	Other Protocol Procedures	Use of prohibited concomitant medication	Lack of efficacy
	1078	48	M	Yes	Yes	Yes	No	Other Protocol Procedures	Use of prohibited concomitant medication	Lack of efficacy
	1084	27	F	Yes	No	No	No	Other Eligibility	Other Enrolment of an ineligible subject	Protocol deviation Fulfilled: [6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...
Gaviscon Double Action Tablets	1017	65	M	Yes	Yes	Yes	No	Eligibility	Enrolment of an ineligible subject	Fulfilled: [6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...
	1024	37	M	Yes	Yes	Yes	No	Eligibility	Enrolment of an ineligible subject	Exclusion criteria no. 11 (not ticked by the investigator) subject was regarded as not fully comply with the study requirements due to alcohol abuse)

Listing 3: Subjects with minor protocol deviations - ALL population

_____No Data_____

16.2.3 Patients Excluded from the Efficacy Analysis

GA1203

(Source Listings – Listing 1, 6)

LISTING OF PATIENTS EXCLUDED FROM EFFICACY ANALYSIS

Treatment	Patient No	Sex	Age	Observation Excluded	Reason
Gaviscon Double Action Tablets	1017	M	65	PP	Major Protocol Deviation
	1024	M	37	PP	Major Protocol Deviation

Treatment	Patient No	Sex	Age	Observation Excluded	Reason
Matching Placebo Tablets	1029	F	37	PP	Major Protocol Deviation
	1034	F	56	PP	Major Protocol Deviation
	1039	F	57	PP	Adverse Event
	1071	F	44	PP	Lack of Efficacy
	1078	M	48	PP	Lack of Efficacy
	1084	F	27	SAF, ITT, PP	Protocol Violation

16.2.4 Demographic Data

This appendix contains:

Listing 6 (Demographic and background characteristics – ALL population)

Listing 7 (GERD status – ALL population)

Listing 8 (Medical history – ALL population)

Listing 9a (Prior and concomitant medication – ALL population)

Listing 9b (ATC coding of prior and concomitant medication – ALL population)

Listing 6: Demographic and background characteristics - ALL population

Treatment	Subject	Population SAF	Population ITT	Population PP	Date of birth	Date of informed consent	Age (y)	Sex	Race	In last 3 months: Smoker	In last 3 months: No. of cigarette equivalents	In last 3 months: Alcohol drinker	In last 3 months: Drug abuse	12-Lead ECG
Placebo	1001	Yes	Yes	Yes	20DEC1948	28AUG2012	63	Male	Caucasian	No		No	No	Normal
	1002	Yes	Yes	Yes	14OCT1964	28AUG2012	47	Male	Caucasian	No		No	No	Abnormal, clinically not relevant
	1006	Yes	Yes	Yes	28MAR1952	30AUG2012	60	Male	Caucasian	No		No	No	Normal
	1007	Yes	Yes	Yes	29APR1949	30AUG2012	63	Male	Caucasian	No		No	No	Normal
	1009	Yes	Yes	Yes	25NOV1964	30AUG2012	47	Male	Caucasian	No		No	No	Normal
	1011	Yes	Yes	Yes	23AUG1963	30AUG2012	49	Male	Caucasian	No		No	No	Normal
	1013	Yes	Yes	Yes	11JAN1983	30AUG2012	29	Female	Caucasian	No		No	No	Normal
	1014	Yes	Yes	Yes	19OCT1988	04SEP2012	23	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1015	Yes	Yes	Yes	26JAN1955	04SEP2012	57	Female	Caucasian	No		No	No	Normal
	1018	Yes	Yes	Yes	03JUL1986	04SEP2012	26	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1019	Yes	Yes	Yes	04FEB1937	05SEP2012	75	Male	Caucasian	No		No	No	Normal
	1022	Yes	Yes	Yes	04NOV1955	06SEP2012	56	Male	Caucasian	No		No	No	Normal
	1026	Yes	Yes	Yes	11MAR1972	06SEP2012	40	Female	Caucasian	No		No	No	Normal
	1027	Yes	Yes	Yes	15JAN1968	06SEP2012	44	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1029	Yes	Yes	No	30OCT1974	06SEP2012	37	Female	Caucasian	No		No	No	Normal
	1031	Yes	Yes	Yes	21DEC1955	11SEP2012	56	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1034	Yes	Yes	No	09APR1956	11SEP2012	56	Female	Caucasian	No		No	No	Normal
	1037	Yes	Yes	Yes	16FEB1953	11SEP2012	59	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1039	Yes	Yes	No	15JUN1955	12SEP2012	57	Female	Caucasian	No		No	No	Normal
	1043	Yes	Yes	Yes	31OCT1964	13SEP2012	47	Female	Caucasian	No		No	No	Normal
	1045	Yes	Yes	Yes	24JUL1971	13SEP2012	41	Male	Caucasian	No		No	No	Normal
	1047	Yes	Yes	Yes	10JUL1970	13SEP2012	42	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1048	Yes	Yes	Yes	16MAY1984	13SEP2012	28	Male	Caucasian	No		No	No	Normal
	1051	Yes	Yes	Yes	29APR1958	18SEP2012	54	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1054	Yes	Yes	Yes	31AUG1983	18SEP2012	29	Female	Caucasian	No		No	No	Normal
	1056	Yes	Yes	Yes	21JAN1955	19SEP2012	57	Male	Caucasian	Yes	> 20 CEQs / day	No	No	Normal
	1057	Yes	Yes	Yes	15APR1962	19SEP2012	50	Female	Caucasian	No		No	No	Normal
	1058	Yes	Yes	Yes	21DEC1990	19SEP2012	21	Male	Caucasian	No		No	No	Normal
	1060	Yes	Yes	Yes	19OCT1977	19SEP2012	34	Male	Caucasian	No		No	No	Normal
	1061	Yes	Yes	Yes	17DEC1989	19SEP2012	22	Female	Caucasian	No		No	No	Normal
	1063	Yes	Yes	Yes	19JUN1984	19SEP2012	28	Male	Caucasian	No		No	No	Normal
	1066	Yes	Yes	Yes	06SEP1953	20SEP2012	59	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1071	Yes	Yes	No	13MAR1968	20SEP2012	44	Female	Caucasian	No		No	No	Normal
	1073	Yes	Yes	Yes	27MAR1966	20SEP2012	46	Female	Caucasian	No		No	No	Normal
	1074	Yes	Yes	Yes	20JUL1974	20SEP2012	38	Female	Caucasian	No		No	No	Normal
	1078	Yes	Yes	No	01AUG1964	25SEP2012	48	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1082	Yes	Yes	Yes	23NOV1986	25SEP2012	25	Female	Caucasian	No		No	No	Normal
	1084	No	No	No	10JUL1985	26SEP2012	27	Female	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal

Listing 6: Demographic and background characteristics - ALL population

Treatment	Subject	Population SAF	Population ITT	Population PP	Date of birth	Date of informed consent	Age (y)	Sex	Race	In last 3 months: Smoker	In last 3 months: No. of cigarette equivalents	In last 3 months: Alcohol drinker	In last 3 months: Drug abuse	12-Lead ECG
Placebo	1085	Yes	Yes	Yes	11JAN1960	27SEP2012	52	Male	Caucasian	No		No	No	Normal
	1087	Yes	Yes	Yes	30APR1964	27SEP2012	48	Male	Caucasian	No		No	No	Normal
	1088	Yes	Yes	Yes	10JUL1985	27SEP2012	27	Female	Caucasian	No		No	No	Normal
	1091	Yes	Yes	Yes	01FEB1976	02OCT2012	36	Female	Caucasian	No		No	No	Normal
	1094	Yes	Yes	Yes	26AUG1964	04OCT2012	48	Male	Caucasian	Yes	> 20 CEQs / day	No	No	Normal
	1098	Yes	Yes	Yes	25JUN1981	05OCT2012	31	Female	Caucasian	No		No	No	Normal
	1099	Yes	Yes	Yes	11APR1987	05OCT2012	25	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1101	Yes	Yes	Yes	15NOV1967	05OCT2012	44	Female	Caucasian	No		No	No	Abnormal, clinically not relevant
	1102	Yes	Yes	Yes	16FEB1976	11OCT2012	36	Male	Caucasian	No		No	No	Normal
	1103	Yes	Yes	Yes	03OCT1965	11OCT2012	47	Female	Caucasian	No		No	No	Normal
	1107	Yes	Yes	Yes	30MAR1958	16OCT2012	54	Female	Caucasian	No		No	No	Normal
	1110	Yes	Yes	Yes	24SEP1955	18OCT2012	57	Female	Caucasian	No		No	No	Normal
	1113	Yes	Yes	Yes	13MAR1973	18OCT2012	39	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1114	Yes	Yes	Yes	28APR1969	18OCT2012	43	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1115	Yes	Yes	Yes	17JUL1989	18OCT2012	23	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1117	Yes	Yes	Yes	31DEC1980	18OCT2012	31	Male	Caucasian	No		No	No	Normal
	1118	Yes	Yes	Yes	09JUN1984	18OCT2012	28	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	16OCT1972	28AUG2012	39	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1004	Yes	Yes	Yes	19SEP1959	28AUG2012	52	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1005	Yes	Yes	Yes	18MAR1952	28AUG2012	60	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1008	Yes	Yes	Yes	10OCT1948	30AUG2012	63	Male	Caucasian	No		No	No	Normal
	1010	Yes	Yes	Yes	31OCT1970	30AUG2012	41	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1012	Yes	Yes	Yes	22OCT1979	30AUG2012	32	Male	Caucasian	No		No	No	Normal
	1016	Yes	Yes	Yes	04AUG1976	04SEP2012	36	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1017	Yes	Yes	No	02FEB1947	04SEP2012	65	Male	Caucasian	No		No	No	Normal
	1020	Yes	Yes	Yes	25JAN1975	05SEP2012	37	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1021	Yes	Yes	Yes	30JAN1946	06SEP2012	66	Female	Caucasian	No		No	No	Normal
	1023	Yes	Yes	Yes	22MAY1976	06SEP2012	36	Female	Caucasian	No		No	No	Normal
	1024	Yes	Yes	No	25MAY1975	06SEP2012	37	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1025	Yes	Yes	Yes	19FEB1960	06SEP2012	52	Female	Caucasian	No		No	No	Normal
	1028	Yes	Yes	Yes	16AUG1979	06SEP2012	33	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1030	Yes	Yes	Yes	30SEP1987	11SEP2012	24	Female	Caucasian	No		No	No	Normal
	1033	Yes	Yes	Yes	07JUL1956	11SEP2012	56	Female	Caucasian	No		No	No	Normal
	1036	Yes	Yes	Yes	05AUG1955	11SEP2012	57	Male	Caucasian	No		No	No	Normal
	1038	Yes	Yes	Yes	23NOV1992	12SEP2012	19	Female	Caucasian	No		No	No	Normal
	1040	Yes	Yes	Yes	19JUN1955	13SEP2012	57	Female	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal

Listing 6: Demographic and background characteristics - ALL population

Treatment	Subject	Population SAF	Population ITT	Population PP	Date of birth	Date of informed consent	Age (y)	Sex	Race	In last 3 months: Smoker	In last 3 months: No. of cigarette equivalents	In last 3 months: Alcohol drinker	In last 3 months: Drug abuse	12-Lead ECG
Gaviscon Double Action Tablets	1041	Yes	Yes	Yes	13NOV1973	13SEP2012	38	Female	Caucasian	No		No	No	Normal
	1044	Yes	Yes	Yes	01JUL1991	13SEP2012	21	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1046	Yes	Yes	Yes	02AUG1980	13SEP2012	32	Male	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1049	Yes	Yes	Yes	05AUG1975	18SEP2012	37	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1050	Yes	Yes	Yes	16OCT1980	18SEP2012	31	Male	Caucasian	No		No	No	Normal
	1052	Yes	Yes	Yes	22FEB1952	18SEP2012	60	Female	Caucasian	No		No	No	Normal
	1053	Yes	Yes	Yes	26MAY1966	18SEP2012	46	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1055	Yes	Yes	Yes	29NOV1961	19SEP2012	50	Female	Caucasian	No		No	No	Normal
	1059	Yes	Yes	Yes	23APR1978	19SEP2012	34	Male	Caucasian	No		No	No	Normal
	1062	Yes	Yes	Yes	03JUN1978	19SEP2012	34	Female	Caucasian	No		No	No	Normal
	1064	Yes	Yes	Yes	04MAR1944	19SEP2012	68	Male	Caucasian	No		No	No	Normal
	1068	Yes	Yes	Yes	09MAY1951	20SEP2012	61	Male	Caucasian	No		No	No	Normal
	1069	Yes	Yes	Yes	02JAN1978	20SEP2012	34	Female	Caucasian	No		No	No	Normal
	1070	Yes	Yes	Yes	03AUG1986	20SEP2012	26	Female	Caucasian	No		No	No	Normal
	1072	Yes	Yes	Yes	07MAY1991	20SEP2012	21	Female	Caucasian	Yes	<= 10 CEQs / day	No	No	Normal
	1075	Yes	Yes	Yes	10DEC1964	25SEP2012	47	Female	Caucasian	No		No	No	Normal
	1079	Yes	Yes	Yes	20JUL1958	25SEP2012	54	Male	Caucasian	No		No	No	Normal
	1080	Yes	Yes	Yes	26SEP1967	25SEP2012	44	Female	Caucasian	No		No	No	Normal
	1081	Yes	Yes	Yes	07NOV1966	25SEP2012	45	Male	Asian	Yes	<= 10 CEQs / day	No	No	Normal
	1083	Yes	Yes	Yes	19AUG1976	26SEP2012	36	Female	Caucasian	No		No	No	Normal
	1086	Yes	Yes	Yes	26OCT1947	27SEP2012	64	Female	Caucasian	No		No	No	Normal
	1089	Yes	Yes	Yes	13AUG1974	27SEP2012	38	Male	Caucasian	No		No	No	Normal
	1090	Yes	Yes	Yes	02SEP1966	02OCT2012	46	Female	Caucasian	No		No	No	Normal
	1093	Yes	Yes	Yes	08JAN1968	02OCT2012	44	Female	Caucasian	No		No	No	Normal
	1095	Yes	Yes	Yes	03OCT1970	04OCT2012	42	Male	Caucasian	No		No	No	Normal
	1096	Yes	Yes	Yes	04JUN1962	04OCT2012	50	Male	Caucasian	No		No	No	Normal
	1097	Yes	Yes	Yes	03FEB1982	04OCT2012	30	Female	Caucasian	No		No	No	Normal
	1100	Yes	Yes	Yes	03MAR1976	05OCT2012	36	Female	Caucasian	No		No	No	Normal
	1104	Yes	Yes	Yes	06FEB1966	16OCT2012	46	Male	Caucasian	No		No	No	Normal
	1105	Yes	Yes	Yes	13MAY1979	16OCT2012	33	Male	Caucasian	No		No	No	Normal
	1106	Yes	Yes	Yes	25SEP1969	16OCT2012	43	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1108	Yes	Yes	Yes	28AUG1968	16OCT2012	44	Male	Caucasian	No		No	No	Normal
	1109	Yes	Yes	Yes	23OCT1954	18OCT2012	57	Male	Caucasian	No		No	No	Normal
	1111	Yes	Yes	Yes	10DEC1970	18OCT2012	41	Male	Caucasian	No		No	No	Normal
	1112	Yes	Yes	Yes	08DEC1970	18OCT2012	41	Female	Caucasian	No		No	No	Normal
	1116	Yes	Yes	Yes	17OCT1974	18OCT2012	38	Male	Caucasian	Yes	> 10-20 CEQs / day	No	No	Normal
	1119	Yes	Yes	Yes	05JAN1986	18OCT2012	26	Male	Caucasian	No		No	No	Normal

Listing 7: GERD status - ALL population

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1001	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Abdominal bloating	Moderate
	1002	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Severe
							Other symptoms	None
	1006	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1007	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Gas reflux	Severe
	1009	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Mild
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1011	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1013	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1014	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None

Listing 7: GERD status - ALL population

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1015	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None
	1018	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1019	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1022	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1026	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1027	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Severe
							Heartburn	Moderate
							Other symptoms	None
	1029	Yes	Yes	No	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1031	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None

Listing 7: GERD status - ALL population

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1034	Yes	Yes	No	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Severe
							Heartburn	Severe
							Other symptoms	None
	1037	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Mild
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1039	Yes	Yes	No	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1043	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1045	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1047	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1048	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1051	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Nausea	Mild

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1054	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1056	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	None
							Other symptoms	None
	1057	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Severe
							Pain across back	Moderate
	1058	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	None
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1060	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	None
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1061	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Severe
							Nausea	Moderate
	1063	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Mild
							Other symptoms	None
	1066	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Severe
							Heartburn	Moderate
							Other symptoms	None

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1071	Yes	Yes	No	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1073	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None
	1074	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1078	Yes	Yes	No	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Cough	Mild
	1082	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Mild
							Other symptoms	None
	1084	No	No	No	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Severe
							Heartburn	Severe
							Other symptoms	None
	1085	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1087	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None

		Population						
Treatment	Subject	SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1088	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1091	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1094	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1098	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Abdominal pain	Severe
	1099	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Moderate
							Other symptoms	None
	1101	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	None
							Nausea	Moderate
	1102	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1103	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None

		Population						
Treatment	Subject	SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Placebo	1107	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Mild
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1110	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1113	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1114	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1115	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1117	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1118	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1004	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Severe
							Heartburn	Severe
							Other symptoms	None
	1005	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Severe
							Other symptoms	None
	1008	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1010	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1012	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1016	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1017	Yes	Yes	No	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1020	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1021	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1023	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1024	Yes	Yes	No	V1	1 year - 10 years	Acid Reflux	Mild
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1025	Yes	Yes	Yes	V1	> 3 months - < 1 year	Acid Reflux	Moderate
							Dyspepsia	Severe
							Heartburn	Moderate
							Other symptoms	None
	1028	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1030	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None
	1033	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1036	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None

Listing 7: GERD status - ALL population

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1038	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Wind	Moderate
	1040	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1041	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Mild
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1044	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1046	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Mild
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1049	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Vomiting	Mild
							Abdominal pain	Moderate
	1050	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Severe
							Nausea	Moderate
	1052	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1053	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Severe
							Other symptoms	None
	1055	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Wind	Moderate
							Nausea	Moderate
	1059	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	None
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None
	1062	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Moderate
							Other symptoms	None
	1064	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Mild
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1068	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1069	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Mild
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1070	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Mild
							Other symptoms	None

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1072	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1075	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Vomiting	Moderate
	1079	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Severe
							Bloated	Moderate
	1080	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1081	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1083	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Severe
							Breathless	Moderate
	1086	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	None
							Other symptoms	None
	1089	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Mild
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None

Listing 7: GERD status - ALL population

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1090	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Severe
							Other symptoms	None
	1093	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Severe
							Heartburn	Moderate
							Other symptoms	None
	1095	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Moderate
							Dyspepsia	None
							Heartburn	Moderate
							Trapped wind	Moderate
	1096	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Moderate
							Heartburn	Moderate
							Build up of saliva	Moderate
	1097	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1100	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	None
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1104	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Moderate
							Heartburn	Severe
							Other symptoms	None
	1105	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None

Treatment	Subject	Population SAF	ITT	PP	Visit	Start of GERD symptoms	GERD symptom	Severity
Gaviscon Double Action Tablets	1106	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None
	1108	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Mild
							Dyspepsia	Moderate
							Heartburn	Moderate
							Other symptoms	None
	1109	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1111	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Moderate
							Other symptoms	None
	1112	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Severe
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None
	1116	Yes	Yes	Yes	V1	1 year - 10 years	Acid Reflux	Severe
							Dyspepsia	None
							Heartburn	Moderate
							Other symptoms	None
	1119	Yes	Yes	Yes	V1	> 10 years	Acid Reflux	Moderate
							Dyspepsia	Mild
							Heartburn	Severe
							Other symptoms	None

Treatment	Subject	Population SAF	Population ITT	Population PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Placebo	1001	Yes	Yes	Yes	V1	1	Inguinal hernia	1978-04	1978-04
	1002	Yes	Yes	Yes	V1	1	Eczema	2002	ongoing
	1006	Yes	Yes	Yes	V1	1	Hypertension	1991	ongoing
						2	Hyperlipidaemia	1991	ongoing
	1007	Yes	Yes	Yes	V1	1	Hypercholesterolaemia	2006	ongoing
						2	Dry eye / DRY EYES	2007	ongoing
						3	Upper respiratory tract infection / URTI	2012-08-31	2012-09-05
	1009	Yes	Yes	Yes	V1	1	Asthma	1969	ongoing
						2	Eczema	1969	ongoing
						3	Hypertension	2011	ongoing
	1011	Yes	Yes	Yes			< None reported >		
	1013	Yes	Yes	Yes			< None reported >		
	1014	Yes	Yes	Yes	V1	1	Psoriasis	1998	ongoing
						2	Anxiety	2009-12	2012-03-01
	1015	Yes	Yes	Yes	V1	1	Gastric ulcer	1977	1977
						2	Sterilisation	1980	1980
						3	Pain in extremity / RIGHT ARM PAIN	2012-09-05	ongoing
	1018	Yes	Yes	Yes			< None reported >		
	1019	Yes	Yes	Yes	V1	1	Type 2 diabetes mellitus / TYPE 2 DIABETES	2009	ongoing
						2	Hypertension	2005	ongoing
	1022	Yes	Yes	Yes	V1	1	Blood pressure increased / ELEVATED BLOOD PRESSURE	2012-09-06	ongoing
	1026	Yes	Yes	Yes	V1	1	Osteoarthritis / OSTEOARTHRITIS (R) ANKLE	2008	ongoing
	1027	Yes	Yes	Yes	V1	1	Depression	2005	ongoing
						2	Asthma	1983	ongoing
						3	Haemorrhoids	2010	ongoing
						4	Insomnia	2002	ongoing
						5	Gout	2006	ongoing

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Placebo	1027	Yes	Yes	Yes	V1	6	Arthritis	2006	ongoing
	1029	Yes	Yes	No	V1	1	Polycystic ovaries	1995	ongoing
						2	Endometriosis	1995	ongoing
						3	Arthritis / BILATERAL GREAT TOE ARTHRITIS	2011-11	ongoing
						4	Scar / LAPAROSCOPY SURGERY SCAR	1998-04	ongoing
						5	Depression	2011	ongoing
						6	Hiatus hernia / HIATUS HERNNIA	2009	ongoing
	1031	Yes	Yes	Yes	V1	1	Vulvovaginal pruritus / VAGINAL ITCH	2009	ongoing
	1034	Yes	Yes	No	V1	1	Hiatus hernia	1985	ongoing
						2	Hypothyroidism / UNDERACTIVE THYROID	1993	ongoing
						3	Menopause	2002	ongoing
						4	Rosacea / ROSACEA ACNE	2002	ongoing
						5	Cardiac murmur / SOFT SYSTOLIC MURMUR	1973	ongoing
						6	Upper respiratory tract infection	2012-09-15	ongoing
						7	Haemorrhoids / HAEMORROIDS	2007	ongoing
	1037	Yes	Yes	Yes	V1	1	Depression	2008	ongoing
						2	Laparotomy / LAPAROTOMY SCAR	2001-11	ongoing
	1039	Yes	Yes	No	V1	1	Depression	1984	ongoing
						2	Drug hypersensitivity / PENICILIN ALLERGY	1970	ongoing
						3	Cholecystectomy	2008	2008
	1043	Yes	Yes	Yes	V1	1	Depression	2000	ongoing
						2	Hypertension	2009	ongoing
						3	Rosacea / ACNE ROSCEA	2006	ongoing
						4	Premenstrual syndrome / PRE MENSTRUAL TENSION	2003	ongoing
						5	Caesarean section / CAESARIAN SECTION	1993-11-23	1993-11-23
						6	Scar / CAESARIAN SECTION SCAR	1993-11-23	ongoing
	1045	Yes	Yes	Yes			< None reported >		
	1047	Yes	Yes	Yes	V1	1	Headache	2012-09-09	2012-09-09
						2	Headache	2012-09-02	2012-09-02
						3	Back pain / INTERMITTENT BACKPAIN	1992	ongoing
	1048	Yes	Yes	Yes			< None reported >		

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Placebo	1051	Yes	Yes	Yes	V1	1	Abdominal pain / ABDO PAIN	2012-09-18	ongoing
						2	Osteoarthritis	2002	ongoing
	1054	Yes	Yes	Yes	V1	1	Drug hypersensitivity / ALLERGY TO AUGMENTIN	2004	ongoing
						2	Headache / INTERMITTENT HEADACHES	1998	ongoing
	1056	Yes	Yes	Yes			< None reported >		
	1057	Yes	Yes	Yes	V1	1	Multiple sclerosis / M.S. MULTIPLE SCLEROSIS	2011-11	ongoing
						2	Female sterilisation	1992	1992
						3	Headache	2012-09-21	2012-09-21
	1058	Yes	Yes	Yes	V1	1	Head injury	2011-12-25	2012-01-01
	1060	Yes	Yes	Yes			< None reported >		
	1061	Yes	Yes	Yes	V1	1	Colposcopy	2012-09-18	2012-09-18
						2	Smear cervix abnormal / ABNORMAL CERVICAL SMEAR	2012-07	2012-07
						3	Ear infection	2012-09-05	2012-09-12
						4	Upper respiratory tract infection	2012-09-05	2012-09-15
						5	Cough	2012-09-05	ongoing
	1063	Yes	Yes	Yes	V1	1	Skin papilloma / INFECTED VERUCA LEFT FOOT	2012-07-28	2012-09-01
	1066	Yes	Yes	Yes	V1	1	Pain in extremity / LEG PAIN	1985	ongoing
						2	Back pain	1985	ongoing
						3	Depression	1990	ongoing
						4	Headache / HEADACHES	2002	ongoing
	1071	Yes	Yes	No	V1	1	Upper limb fracture / FRACTURE RIGHT ELBOW	1990	1990
						2	Alopecia	2004	ongoing
						3	Haemoglobin decreased / LOW HGB LEVEL	2012-09-20	ongoing
						4	Platelet count increased / HIGH PLATELET COUNT	2012-09-20	ongoing
	1073	Yes	Yes	Yes	V1	1	Migraine	2001	ongoing
						2	Caesarean section / CAESARIAN SECTION	1991-05-07	1991-05-07
						3	Caesarean section / CAESARIAN SECTION	2001-02-26	2001-02-26
	1074	Yes	Yes	Yes	V1	1	Depression	2008	ongoing
						2	Pruritus allergic / ALLERGIC ITCH BOTH EYES	2012-05	ongoing

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Placebo	1074	Yes	Yes	Yes	V1	3	Musculoskeletal pain / LEFT SHOULDER PAIN	2011-07	ongoing
	1078	Yes	Yes	No	V1	1	Intervertebral disc protrusion / 2 SLIPPED DISCS IN BACK	1986-01-04	ongoing
						2	Insomnia	1982	ongoing
						3	Duodenal ulcer	1987	1987
	1082	Yes	Yes	Yes	V1	1	Seasonal allergy / HAY FEVER	2000-05	ongoing
						2	Skull fracture	1998-02	1998-02
	1084	No	No	No	V1	1	Hiatus hernia	2011-07	ongoing
	1085	Yes	Yes	Yes	V1	1	Type 2 diabetes mellitus / TYPE II DIABETES MELLITUS	2002	ongoing
						2	Hypertension	2005	ongoing
	1087	Yes	Yes	Yes	V1	1	Umbilical hernia repair	2012-02	2012-02
	1088	Yes	Yes	Yes	V1	1	Migraine / MIGRAINES	1997	ongoing
	1091	Yes	Yes	Yes	V1	1	Depression	2010	ongoing
	1094	Yes	Yes	Yes			< None reported >		
	1098	Yes	Yes	Yes	V1	1	Neuralgia / NERVE PAIN LEFT ARM	2012-10-01	ongoing
	1099	Yes	Yes	Yes			< None reported >		
	1101	Yes	Yes	Yes	V1	1	Headache / HEADACHES	1982	ongoing
						2	Facial bones fracture / NASAL FRACTURE	2010-10	2010-10
						3	Anxiety	2012-10-07	ongoing
	1102	Yes	Yes	Yes	V1	1	Asthma	1982	ongoing
	1103	Yes	Yes	Yes	V1	1	Appendicectomy / APPENDECTOMY	1986-06	1986-06
						2	Hysterectomy	1991-07-13	1991-07-13
						3	Laparoscopy	1983	1983
						4	Joint injury / DAMAGE TO SACRO-ILLIAC JOINT	1986-07	ongoing
						5	Limb asymmetry / SHORTENED FEMUR (R) LEG	1986-07	ongoing
						6	Hypothyroidism / UNDER ACTIVE THYROID	2008	ongoing
						7	Asthma	2007	ongoing
						8	Drug hypersensitivity / ALLERGY TO PENICILLIN	1967	ongoing

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Placebo	1103	Yes	Yes	Yes	V1	9	Dermatitis contact / ALLERGY TO ELASTOPLAST	1975	ongoing
						10	Allergy to metals / ALLERGY TO NICKEL	1982	ongoing
	1107	Yes	Yes	Yes	V1	1	Hypothyroidism / HYPOTHYROID	2010	ongoing
						2	Depressed mood / LOW MOOD	2009	ongoing
						3	Sterilisation / STERILISED	2006	ongoing
						4	Diarrhoea	2012-10-22	2012-10-29
	1110	Yes	Yes	Yes	V1	1	Joint injury / SHOULDER INJURY	2011-10	ongoing
						2	Hypothyroidism / UNDERACTIVE THYROID	1997	ongoing
						3	Migraine / MIGRAINE HEADACHES	1965	ongoing
	1113	Yes	Yes	Yes	V1	1	Depression	1989	ongoing
						2	Anxiety	1989	ongoing
						3	Asthma	1988	ongoing
						4	Menorrhagia	2008	ongoing
	1114	Yes	Yes	Yes	V1	1	Back pain / LOWER BACK PAIN	1994	ongoing
	1115	Yes	Yes	Yes			< None reported >		
	1117	Yes	Yes	Yes			< None reported >		
	1118	Yes	Yes	Yes	V1	1	Headache / MILD HEADACHE	2012-10-08	2012-10-08
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	V1	1	Back pain / LOWER BACK PAIN	2008	ongoing
						2	Depression	2000	2012-07
						3	Anxiety	1989	ongoing
	1004	Yes	Yes	Yes			< None reported >		
	1005	Yes	Yes	Yes			< None reported >		
	1008	Yes	Yes	Yes	V1	1	Type 1 diabetes mellitus / TYPE I DIABETES	1987	ongoing
	1010	Yes	Yes	Yes	V1	1	Hypertension	2011-07	ongoing
						2	Eczema	2008	ongoing
						3	Dry skin / DRY SCALP	2008	ongoing
	1012	Yes	Yes	Yes	V1	1	Ligament operation / RT LIGAMENT RECONSTRUCTION ANKLE	2007	2007

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Gaviscon Double Action Tablets	1012	Yes	Yes	Yes	V1	2	Arthralgia / RIGHT ANKLE PAIN	2007	ongoing
	1016	Yes	Yes	Yes	V1	1	Skin graft / SKIN GRAFT (R) ARM	2004	2004
						2	Depression	2008-01	2008-12
						3	Graft complication / PAIN FROM GRAFT AREA	2004	ongoing
	1017	Yes	Yes	No	V1	1	Osteoarthritis	2007	ongoing
						2	Hiatus hernia	2010	ongoing
						3	Knee arthroplasty / KNEE REPLACEMENT	2012-02	2012-02
						4	Arthrodesis / FUSED THUMB LEFT HAND	2009	2009
	1020	Yes	Yes	Yes	V1	1	Ankylosing spondylitis	2000	ongoing
						2	Lower limb fracture / FRACTURED LEFT TIBIA + FIBULA	2011-11	ongoing
	1021	Yes	Yes	Yes	V1	1	Asthma	1955	ongoing
						2	Incontinence	2010-08	ongoing
	1023	Yes	Yes	Yes	V1	1	Type 2 diabetes mellitus / TYPE 2 DIABETES	2003-02	ongoing
						2	Polycystic ovaries / POLY CYSTIC OVARIES	2006-05	ongoing
						3	Nerve injury / NERVE DAMAGE-BACK	2009-12	ongoing
						4	Cholecystectomy	2011-08	2011-08
	1024	Yes	Yes	No	V1	1	Headache / INTERMITTENT MILD HEADACHES	2000	ongoing
	1025	Yes	Yes	Yes	V1	1	Hypertension	2006	ongoing
						2	Cholecystectomy	1994-10	1994-10
	1028	Yes	Yes	Yes	V1	1	Skin graft / SKIN GRAFT RIGHT THIGH	2008-10	ongoing
						2	Skin graft / SKIN GRAFT LEFT ARM	2008-10	ongoing
						3	Laceration / LACERATION RIGHT WRIST	2005-07	ongoing
						4	Limb injury / SWOLLEN LEFT HAND (LEFT HAND INJURY)	2012-09-04	ongoing
						5	Depression	2012-04	ongoing
	1030	Yes	Yes	Yes			< None reported >		
	1033	Yes	Yes	Yes	V1	1	Hearing impaired / POOR HEARING	1972	ongoing
						2	Hysterectomy	2000	2000
						3	Hypertension / HIGH BLOOD PRESSURE	2012-06-05	ongoing
						4	Blood glucose increased / RAISED GLUCOSE LEVEL	2012-09-11	ongoing
						5	Headache	2012-09-16	2012-09-16

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Gaviscon Double Action Tablets	1036	Yes	Yes	Yes	V1	1	Epicondylitis / LATERAL EPICONDYLITIS RIGHT ELBOW	2012-01	ongoing
						2	Alanine aminotransferase increased / RAISED ALT LEVEL	2012-09-11	ongoing
						3	Aspartate aminotransferase increased / RAISED AST LEVEL	2012-09-11	ongoing
						4	Blood glucose increased / RAISED GLUCOSE LEVEL	2012-09-11	2012-09-25
	1038	Yes	Yes	Yes	V1	1	Ovarian cyst	2008-12	2009-01
						2	Headache	2012-08-26	2012-08-26
	1040	Yes	Yes	Yes	V1	1	Depression	1999	ongoing
	1041	Yes	Yes	Yes	V1	1	Caesarean section / CAESARIAN SECTION	2009-10-28	2009-10-28
						2	Scar / CAESARIAN SECTION SCAR	2009-10-28	ongoing
						3	Asthma	1992	ongoing
						4	Psoriasis	1992	ongoing
						5	Postpartum depression / POST NATAL DEPRESSION	2009-10	ongoing
						6	Rhinitis allergic / ALLERGIC RHINITIS	1992	ongoing
	1044	Yes	Yes	Yes	V1	1	Scar / SCAR RIGHT UPPER QUADRANT OF ABDOMEN	1991-10	ongoing
						2	Asthma	1996	ongoing
						3	Allergy to animal / ALLERGY TO PET HAIR	1996	ongoing
	1046	Yes	Yes	Yes			< None reported >		
	1049	Yes	Yes	Yes	V1	1	Seasonal allergy / HAY FEVER	2005-05	ongoing
	1050	Yes	Yes	Yes	V1	1	Myocardial infarction / MYOCARDIAL INFARCT	2002-12	2002-12
						2	Pneumothorax / BILATERAL PNEUMOTHORAX	2002-12	2002-12
						3	Pelvic fracture	2002-12	2002-12
						4	Hip fracture / FRACTURE RIGHT HIP	2002-12	2002-12
						5	Lower limb fracture / FRACTURE LEFT KNEE	2002-12	2002-12
	1052	Yes	Yes	Yes	V1	1	Hyperlipidaemia	2005	ongoing
						2	Umbilical hernia repair	1954	1954
						3	Scar / UMBILICAL HERNIA REPAIR SCAR	1954	ongoing
						4	Headache / OCCASIONAL HEADACHES	1968	ongoing
	1053	Yes	Yes	Yes	V1	1	Female sterilisation	1992	ongoing
						2	Type 2 diabetes mellitus / TYPE II DIABETES	2011	ongoing
						3	Restless legs syndrome / RESTLESS LEG SYNDROME	2000	ongoing
						4	Anxiety	2009	ongoing

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Gaviscon Double Action Tablets	1053	Yes	Yes	Yes	V1	5	Insomnia	2000	ongoing
						6	Constipation / INTERMITTENT CONSTIPATION	2012-05	ongoing
						7	Anaemia	2012-08	ongoing
						8	Depression	2011-10	ongoing
	1055	Yes	Yes	Yes	V1	1	Fibromyalgia	1982	ongoing
	1059	Yes	Yes	Yes	V1	1	Scar / SCAR LEFT HAND	2008-06	2008-06
	1062	Yes	Yes	Yes	V1	1	Psoriasis	1992	ongoing
	1064	Yes	Yes	Yes	V1	1	Headache / HEADACHE (MILD)	2012-09-10	2012-09-10
	1068	Yes	Yes	Yes			< None reported >		
	1069	Yes	Yes	Yes	V1	1	Psoriasis	1992	ongoing
						2	Caesarean section / CAESARIAN SECTION	2004-08-30	2004-08-30
						3	Caesarean section / CAESARIAN SECTION	2008-07-08	2008-07-08
	1070	Yes	Yes	Yes	V1	1	Asthma	1991	ongoing
	1072	Yes	Yes	Yes	V1	1	Depression	2008	2010
						2	Fatigue	2012-07	ongoing
	1075	Yes	Yes	Yes	V1	1	Cough / CHRONIC COUGH	2008	ongoing
						2	Sinusitis	1982	ongoing
						3	Arthralgia / LEFT KNEE PAIN	2012-01	ongoing
						4	Stress urinary incontinence / STRESS INCONTINENCE	2008	ongoing
						5	Pain in extremity / TOE PAIN LEFT GREAT TOE	2011-07	ongoing
						6	Arthroscopy / LEFT ARTHROSCOPY	2011-03	2011-03
						7	Meniscus removal / LEFT PARTIAL MENISCECTOMY	2011-03	2011-03
	1079	Yes	Yes	Yes	V1	1	Haemorrhoids	2009-05	ongoing
						2	Blood pressure increased / INTERMITTENT ELEVATED BLOOD PRESSURE	2002-10	ongoing
	1080	Yes	Yes	Yes	V1	1	Caesarean section / CAESARIAN SECTION	1993-01-12	1993-01-12
						2	Carpal tunnel decompression / OPERATION RIGHT WRIST (CARPAL TUNNEL RELEASE)	2005-07	2005-07
						3	Carpal tunnel syndrome / RIGHT CARPAL TUNNEL SYNDROM	2012-03	ongoing

Treatment	Subject	Population SAF	ITT	PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Gaviscon Double Action Tablets	1080	Yes	Yes	Yes	V1	4	Type 1 diabetes mellitus / TYPE I DIABETES MELLITUS	1992	ongoing
						5	Hypertension	2005	ongoing
	1081	Yes	Yes	Yes	V1	1	Arthralgia / LEFT KNEE PAIN	1995	ongoing
						2	Gastric ulcer / STOMACH ULCER	1997	1997
	1083	Yes	Yes	Yes	V1	1	Headache	2012-09-23	2012-09-23
	1086	Yes	Yes	Yes	V1	1	Hypothyroidism	1997	ongoing
						2	Hypertension	2002	ongoing
						3	Caesarean section / CAESARIAN SECTION	1977-06-21	1977-06-21
						4	Caesarean section / CAESARIAN SECTION	1979-11-07	1979-11-07
	1089	Yes	Yes	Yes			< None reported >		
	1090	Yes	Yes	Yes	V1	1	Caesarean section / CAESARIAN SECTION	2004-07-23	2004-07-23
						2	Scar / INCISIONAL HERNIA C-SECTION SCAR	2004-07-23	ongoing
						3	Incisional hernia	1120-09	ongoing
	1093	Yes	Yes	Yes	V1	1	Female sterilisation / LAPAROSCOPIC STERILISATION	1994	1994
						2	Menorrhagia	2011-08	2012-01
	1095	Yes	Yes	Yes			< None reported >		
	1096	Yes	Yes	Yes			< None reported >		
	1097	Yes	Yes	Yes	V1	1	Caesarean section / CAECARIAN SECTION	2007-09-25	2007-09-25
						2	Headache	2012-10-06	2012-10-06
	1100	Yes	Yes	Yes	V1	1	Headache / INTERMITTENT HEADACHES	1994	ongoing
	1104	Yes	Yes	Yes	V1	1	Headache	2012-10-15	2012-10-15
	1105	Yes	Yes	Yes	V1	1	Infantile asthma / CHILDHOOD ASTHMA	1984	1989
						2	Viral infection / VIRAL ILLNESS	2012-06-26	2012-06-28
	1106	Yes	Yes	Yes	V1	1	Depression	2002	ongoing
						2	Insomnia	2002	ongoing
	1108	Yes	Yes	Yes	V1	1	Acne	2006	ongoing

Treatment	Subject	Population SAF	Population ITT	Population PP	Visit	Line Number	Disease/Surgery: MedDRA Preferred term / Reported term, if different	Start date (yy-mm-dd)	End date (yy-mm-dd)
Gaviscon Double Action Tablets	1109	Yes	Yes	Yes	V1	1	Type 2 diabetes mellitus / TYPE 2 DIABETES	2009	ongoing
						2	Hypercholesterolaemia	2009	ongoing
						3	Myocardial infarction	2007-11	2007-11
	1111	Yes	Yes	Yes			< None reported >		
	1112	Yes	Yes	Yes	V1	1	Hepatitis B	1989	1989
						2	Sterilisation / STERILISED	2002-11	ongoing
	1116	Yes	Yes	Yes			< None reported >		
	1119	Yes	Yes	Yes			< None reported >		

Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1001	Yes	Yes	Yes	28AUG2012	03SEP2012	11SEP2012	< None reported >					
1002	Yes	Yes	Yes	28AUG2012	03SEP2012	11SEP2012	LANSOPRAZOLE	Yes	Prior	2010	2012-05	15 mg, PO
							RENNIES	Yes	Prior	2008	2012-07	4 TAB, PO
							RANITIDINE	Yes	Prior	2008	2012-08-02	75 mg, PO
1006	Yes	Yes	Yes	30AUG2012	03SEP2012	11SEP2012	AMLODIPINE		Conc	1991	Ongoing	10 mg, PO
							SIMVASTATIN		Conc	1991	Ongoing	40 mg, PO
							OMEPRAZOLE	Yes	Prior	2012-06-07	2012-08-16	10 mg, PO
							PEPTAC / PEPTAC LIQUID	Yes	Prior	2012-06-07	2012-09-01	10 mL, PO
							BISODOL 1 / BISODOL (CALCIUM CARBONATE, LIGHT MAGNESIUM, SODIUM BICARBONATE)	Yes	Prior	2012-02	2012-08-16	1 TAB, PO
1007	Yes	Yes	Yes	30AUG2012	03SEP2012	11SEP2012	SIMVASTATIN		Conc	2006	Ongoing	40 mg, PO
							BISODOL 1 / BISODOL (CALCIUM CARBONATE, LIGHT MAGNESIUM, SODIUM BICARBONATE)	Yes	Prior	1983-08	2012-09-01	7 TAB, PO
							CARBOMER / VISCOTEARS (unknown name)		Conc	2007	Ongoing	1 APP, TOP
							COUGH SYRUP		Conc	2012-09-03	2012-09-03	5 mL, PO
1009	Yes	Yes	Yes	30AUG2012	03SEP2012	11SEP2012	RAMIPRIL / RAMAPRIL		Conc	2011	Ongoing	10 mg, PO
							AMLODIPINE		Conc	2011	Ongoing	5 mg, PO
							SALBUTAMOL / SALBUTAMOL INHALER		Conc	1969	Ongoing	2 PRN PUFF, INH
							CLOBETASONE BUTYRATE / EUMOVATE		Conc	1969	Ongoing	1 APP, TOP
							RENNIES	Yes	Prior	2012-08-23	2012-08-29	3 TAB, PO
1011	Yes	Yes	Yes	30AUG2012	05SEP2012	12SEP2012	RENNIES / RENNIE	Yes	Prior	2009	2012-08-31	2 PRN TAB, PO
1013	Yes	Yes	Yes	30AUG2012	03SEP2012	11SEP2012	OMEPRAZOLE	Yes	Prior	2012-06-30	2012-07-30	40 mg, PO
							RANITIDINE	Yes	Prior	2012-08-20	2012-08-23	75 mg, PO
1014	Yes	Yes	Yes	04SEP2012	10SEP2012	19SEP2012	DESOGESTREL / CERAZETTE (DESOGESTREL 75 MG)		Conc	2010-07	Ongoing	1 TAB, PO
							PEPTAC / GAVISCON MELTS (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-03	2012-09-08	1-2 TAB, PO
							HYDROMOL / DOUBLE BASE CREAM		Conc	2012-09-15	Ongoing	1 AS REQUIRED APP, TOP
1015	Yes	Yes	Yes	04SEP2012	10SEP2012	18SEP2012	RANITIDINE	Yes	Prior	2011-07	2012-08-29	75 (PRN) mg, PO

[1] Prior=ended prior to or on the day of dosing of study drug Conc=ended or was ongoing on or after the day of dispensation of study drug

Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1018	Yes	Yes	Yes	04SEP2012	10SEP2012	18SEP2012	RENNIES	Yes	Prior	2004	2012-08-28	1 PRN TAB, PO
1019	Yes	Yes	Yes	05SEP2012	10SEP2012	18SEP2012	PERINDOPRIL		Conc	2005	Ongoing	8 mg, PO
							BENDROFLUMETHIAZIDE / BENDROFLUMETHIASIDE		Conc	2005	Ongoing	2.5 mg, PO
							METFORMIN		Conc	2009	Ongoing	2 g, PO
							ACETYLSALICYLIC ACID / ASPIRIN		Conc	2009	Ongoing	75 mg, PO
							RENNIES	Yes	Prior	2010	2012-09-05	1 PRN TAB, PO
1022	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	RENNIES	Yes	Prior	2007	2012-09-07	1 PRN TAB, PO
1026	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	< None reported >					
1027	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	ALLOPURINOL		Conc	2006	Ongoing	300 mg, PO
							BECLOMETASONE / BECLOMETASON DRY POWDER		Conc	1983	Ongoing	4 PUFFS PUFF, INH
							SALBUTAMOL		Conc	1983	Ongoing	2 PUFFS AS REQUIRED PUFF, INH
							MIRTAZAPINE		Conc	2012-08-23	Ongoing	15 mg, PO
							ZOPICLONE		Conc	2005	Ongoing	7.5 IF REQUIRED mg, PO
							COLCHICINE		Conc	2011	Ongoing	1 MG AS REQUIRED mg, PO
							RENNIES	Yes	Prior	2012-01	2012-08-31	1, PO
1029	Yes	Yes	No	06SEP2012	12SEP2012	20SEP2012	FLUOXETINE		Conc	2011-10	Ongoing	40 mg, PO
							PANADEINE CO / COCODAMOL		Conc	2011	Ongoing	8/500 PRN mg, PO
							BISMUTH SUBSALICYLATE / PEPTOBISMOL	Yes	Prior	UNK	2012-08-27	15 PRN mL, PO
							PANTOPRAZOLE	Yes	Prior	UNK	2012-08-27	20 mg, PO
1031	Yes	Yes	Yes	11SEP2012	17SEP2012	25SEP2012	CLOBETASONE BUTYRATE		Conc	2012-04	Ongoing	1 AS REQUIRED APP, TOP
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-02	2012-09-12	10 AS REQUIRED mL, PO
1034	Yes	Yes	No	11SEP2012	18SEP2012	26SEP2012	HYDROMOL / DOUBLEBASE GEL		Conc	2009	Ongoing	1 APP, TOP
							ACETYLSALICYLIC ACID / ASPIRIN		Conc	2012-09-26	Ongoing	300 mg, PO
							KLIOGEST / KLIOVANCE		Conc	2007	Ongoing	1 TAB, PO
							LEVOTHYROXINE		Conc	2002	Ongoing	100 mcg, PO

[1] Prior=ended prior to or on the day of dispensation of study drug Conc=ended or was ongoing on or after the day of dispensation of study drug

Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1034	Yes	Yes	No	11SEP2012	18SEP2012	26SEP2012	OXYTETRACYCLINE		Prior	2012-08-09	2012-08-11	250 mg, PO
							RANITIDINE	Yes	Prior	2012-03	2012-09-07	300 mg, PO
							PARACETAMOL		Conc	2012-09-15	Ongoing	3 g, PO
							IBUPROFEN		Conc	2012-09-19	Ongoing	600 mg, PO
							METRONIDAZOLE		Conc	2012-09-24	Ongoing	600 mg, PO
1037	Yes	Yes	Yes	11SEP2012	17SEP2012	25SEP2012	AMITRIPTYLINE / AMITRYPTILINE		Conc	2008	Ongoing	50 mg, PO
							SERTRALINE / SETRALINE		Conc	2012-06	Ongoing	20 mg, PO
							OMEPRAZOLE	Yes	Prior	2007	2012-08-29	20 PRN mg, PO
1039	Yes	Yes	No	12SEP2012	17SEP2012	25SEP2012	RENNIES	Yes	Prior	2010	2012-09-16	1 TAB, PO
							VENLAFAXINE		Conc	2005	Ongoing	75 mg, PO
1043	Yes	Yes	Yes	13SEP2012	20SEP2012	27SEP2012	VENLAFAXINE		Conc	2001	Ongoing	37.5 mg, PO
							RAMIPRIL / RAMAPRIL		Conc	2009	Ongoing	10 mg, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2011-05	2012-09-18	10 mL, PO
							LYMECYCLINE / TETRALYSAL (LYMECYCLINE 408 MG)		Conc	2006	Ongoing	300 mg, PO
							TRIFOLIUM PRATENSE / RED CLOVER		Conc	2006	Ongoing	1 g, PO
							OENOTHERA BIENNIS OIL / EVENING PRIMROSE OIL		Conc	2003	Ongoing	1 g, PO
1045	Yes	Yes	Yes	13SEP2012	19SEP2012	27SEP2012	RENNIES	Yes	Prior	2012-03	2012-09-18	5 TAB, PO
							PARACETAMOL		Conc	2012-09-24	2012-09-24	1000 mg, PO
1047	Yes	Yes	Yes	13SEP2012	18SEP2012	25SEP2012	IBUPROFEN / NUROFEN		Prior	2012-09-02	2012-09-02	400 mg, PO
							IBUPROFEN / NUROFEN		Prior	2012-09-09	2012-09-09	400 mg, PO
							PEPTAC / GAVISCON LIQUID (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2006	2012-09-13	PRN 10 mL, PO
1048	Yes	Yes	Yes	13SEP2012	18SEP2012	26SEP2012	< None reported >					
1051	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2005	2012-09-18	AS REQUIRED 5 mL, PO
							RENNIES	Yes	Prior	2005	2012-09-18	AS REQUIRED 1 TAB, PO
							IBUPROFEN		Prior	2010	2012-09-04	AS REQUIRED 400 mg, PO

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Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1051	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	PANADEINE CO / CO-CODAMOL 30/500		Conc	2004	Ongoing	AS REQUIRED 2 TAB, PO
1054	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-09-15	2012-09-18	AS REQUIRED 5 mL, PO
							PANADEINE CO / CO-CODAMOL		Prior	2012-09-15	2012-09-15	2 TAB, PO
1056	Yes	Yes	Yes	19SEP2012	25SEP2012	02OCT2012	NICOTINE / NIQUITIN PATCHES		Conc	2012-07-04	Ongoing	14 mg, TOP
							RENNIES	Yes	Prior	2010	2012-09-23	PRN 1 TAB, PO
1057	Yes	Yes	Yes	19SEP2012	26SEP2012	04OCT2012	PARACETAMOL		Conc	2000	Ongoing	2-4 PRN TAB, PO
							RENNIES / RENNIE	Yes	Prior	1990	2012-08	2-4 PRN TAB, PO
1058	Yes	Yes	Yes	19SEP2012	25SEP2012	02OCT2012	GASTROCOTE / GAVISCON CHEWABLE TABLETS	Yes	Prior	2009	2012-09-16	PRN 1 TAB, PO
1060	Yes	Yes	Yes	19SEP2012	25SEP2012	04OCT2012	< None reported >					
1061	Yes	Yes	Yes	19SEP2012	25SEP2012	02OCT2012	DESOGESTREL / CERAZETTE (DESOGESTREL 75 MCG)		Conc	2012-06	Ongoing	1 TAB, PO
							AMOXICILLIN		Prior	2012-09-05	2012-09-12	1500 mg, PO
							PARACETAMOL		Prior	2012-09-05	2012-09-15	1 g, PO
							PEPTAC / GAVISCON TABLETS (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2011	2012-09-19	PRN 1 TAB, PO
1063	Yes	Yes	Yes	19SEP2012	25SEP2012	02OCT2012	PANADEINE CO / COCODAMOL		Prior	2012-07-28	2012-08-28	64/4 mg/g, PO
							FLUCLOXACILLIN		Prior	2012-08-28	2012-09-05	1 g, PO
							RENNIES	Yes	Prior	2010	2012-09-23	6 TAB, PO
1066	Yes	Yes	Yes	20SEP2012	26SEP2012	04OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	1992	2012-09-24	PRN 20 mL, PO
							PANADEINE CO / CO CODAMOL		Conc	2002	Ongoing	PRN 8/500 mg, PO
							CITALOPRAM		Conc	2009	Ongoing	20 mg, PO
1071	Yes	Yes	No	20SEP2012	26SEP2012	01OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2010	2012-09-25	AS REQUIRED 5 mL, PO
							ANTACIDS / ASDA OWN BRAND ANTACID TABLETS	Yes	Prior	2012-03	2012-09-25	PRN 1 TAB, PO
							ANTACIDS / ASDA OWN BRAND ANTACID TABLETS	Yes	Conc	2012-09-28	Ongoing	2 PRN TAB, PO
1073	Yes	Yes	Yes	20SEP2012	26SEP2012	05OCT2012	PANADEINE CO / CO CODAMOL		Conc	2002	Ongoing	PRN 8/500 mg, PO

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Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1073	Yes	Yes	Yes	20SEP2012	26SEP2012	05OCT2012	RENNIES	Yes	Prior	2011	2012-09-22	PRN 1 TAB, PO
1074	Yes	Yes	Yes	20SEP2012	26SEP2012	04OCT2012	OMEPRAZOLE	Yes	Prior	2002	2012-09-03	20 mg, PO
							PAROXETINE		Conc	2010	Ongoing	20 mg, PO
							CETIRIZINE		Conc	2012-05	Ongoing	10 mg, PO
							RENNIES	Yes	Prior	2012-09-20	2012-09-24	6 TAB, PO
							LEVONORGESTREL / MIRENA COIL		Conc	2011-06	Ongoing	20 mcg, PUT
1078	Yes	Yes	No	25SEP2012	01OCT2012	09OCT2012	AMITRIPTYLINE		Conc	2000	Ongoing	25 mg, PO
							RENNIES	Yes	Prior	1982	2012-09-28	2 TAB, PO
							CALCIUM CARBONATE / ASDA ANTACID TABS	Yes	Conc	2012-10-05	2012-10-05	1 TAB, PO
1082	Yes	Yes	Yes	25SEP2012	02OCT2012	10OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2011-10	2012-09-30	1 PRN TAB, PO
							RENNIES	Yes	Prior	2011-10	2012-09-29	1 PRN TAB, PO
							EUGYNON / MICROGYNON		Conc	2006	Ongoing	1 TAB, PO
1084	No	No	No	26SEP2012	02OCT2012	04OCT2012	NICOTINE / NIQUITIN		Conc	2012-08-13	Ongoing	1 PATCH, TD
							RENNIES	Yes	Prior	2011-08	2012-09-28	PRN 1 TAB, PO
							RENNIES	Yes	Conc	2012-10-03	2012-10-03	2 TAB, PO
1085	Yes	Yes	Yes	27SEP2012	02OCT2012	10OCT2012	INSULIN LISPRO / HUMALOG MIX 25		Conc	2008	Ongoing	104 IU, SC
							RAMIPRIL		Conc	2005	Ongoing	5 mg, PO
							SIMVASTATIN		Conc	2005	Ongoing	20 mg, PO
							METFORMIN		Conc	2011-08	Ongoing	1000 mg, PO
							RENNIES	Yes	Prior	2002	2012-09-29	PRN 1 TAB, PO
1087	Yes	Yes	Yes	27SEP2012	01OCT2012	09OCT2012	RENNIES	Yes	Prior	2012-02	2012-09-29	20 TAB, PO
1088	Yes	Yes	Yes	27SEP2012	01OCT2012	09OCT2012	RENNIES	Yes	Prior	2012-09-29	2012-09-29	2 TAB, PO
1091	Yes	Yes	Yes	02OCT2012	08OCT2012	16OCT2012	FLUOXETINE		Conc	2012-01	Ongoing	20 mg, PO
							DESOGESTREL / CERAZETTE		Conc	2012-01	Ongoing	75 mcg, PO
							OMEPRAZOLE	Yes	Prior	2008	2012-09-21	20 mg, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-09-21	2012-10-06	PRN 10 mL, PO

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Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1094	Yes	Yes	Yes	04OCT2012	08OCT2012	16OCT2012	BISMUTH SUBSALICYLATE / PEPTO-BISMOL	Yes	Prior	2011	2012-09-21	20 mL, PO
1098	Yes	Yes	Yes	05OCT2012	08OCT2012	16OCT2012	RANITIDINE	Yes	Prior	2010	2012-09-30	150 mg, PO
							RENNIES	Yes	Prior	2007	2012-10-06	2 PRN TAB, PO
							CILEST		Conc	2012-03	Ongoing	1 TAB, PO
							AMITRIPTYLINE		Conc	2012-10-01	Ongoing	10 mg, PO
							PARACETAMOL		Conc	2012-10-15	2012-10-15	3000 mg, PO
1099	Yes	Yes	Yes	05OCT2012	08OCT2012	16OCT2012	RENNIES	Yes	Prior	2009	2012-10-07	2 PRN TAB, PO
							PARACETAMOL		Conc	2012-10-14	Ongoing	PRN 1000 mg, PO
1101	Yes	Yes	Yes	05OCT2012	08OCT2012	16OCT2012	ETONOGESTREL / IMPLANON		Conc	2010-10	Ongoing	0.062 mg, SC
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM HYDROGENCARBONATE, CALCIUM CARBONATE, ASPARTAM)	Yes	Prior	2010-06	2012-09-20	1 TAB, PO
							PROPRANOLOL / PROPANOLOL		Conc	2012-10-08	2012-10-08	1 TAB, PO
							MERSYNDOL / SYNDOL		Conc	2012-10-08	2012-10-08	2 TAB, PO
1102	Yes	Yes	Yes	11OCT2012	16OCT2012	24OCT2012	SALBUTAMOL / VENTOLIN INHALER		Conc	1982	Ongoing	2 PRN PUFF, INH
							RANITIDINE	Yes	Prior	2012-08-15	2012-09-01	300 mg, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM HYDROGENCARBONATE, CALCIUM CARBONATE, ASPARTAM)	Yes	Prior	2012-08-15	2012-10-03	2 PRN TAB, PO
1103	Yes	Yes	Yes	11OCT2012	15OCT2012	23OCT2012	PREGABALIN		Conc	2011-10	Ongoing	400 mg, PO
							TRAMADOL		Conc	2010	Ongoing	250-300 mg, PO
							LEVOTHYROXINE SODIUM / THYROXINE		Conc	2008	Ongoing	50 mcg, PO
							FESOTERODINE FUMARATE		Conc	2006	Ongoing	4 mg, PO
							BECLOMETASONE DIPROPIONATE / BECLOTIDE		Conc		Ongoing	2 AS REQUIRED PUFF, INH
							SALBUTAMOL		Conc		Ongoing	1 AS REQUIRED PUFF, INH
							ANTACIDS / ASDA ANTACIDS	Yes	Prior	2010	2012-10-10	2 PRN TAB, PO
1107	Yes	Yes	Yes	16OCT2012	23OCT2012	30OCT2012	LEVOTHYROXINE SODIUM / THYROXINE		Conc	2010	Ongoing	125 mcg, PO
							FLUOXETINE		Conc	2010	Ongoing	20 mg, PO

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Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1107	Yes	Yes	Yes	16OCT2012	23OCT2012	30OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-08	2012-10-20	10 PRN mL, PO
							RENNIES	Yes	Prior	2010	2012-10-20	1 PRN TAB, PO
1110	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	CALCIUM CARBONATE / TUMS	Yes	Prior	2012-07	2012-10-19	1 PRN TAB, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2011-08	2012-10-19	10 PRN mL, PO
							LEVOTHYROXINE SODIUM / THYROXINE		Conc	1997	Ongoing	125 mcg, PO
							PANADEINE CO / COCODAMOL 30/500		Conc	1992	Ongoing	2 PRN TAB, PO
							PANADEINE CO / COCODAMOL 8/500		Conc	1992	Ongoing	2 PRN TAB, PO
							IBUPROFEN		Prior	2011-03	2012-10-13	400 PRN mg, PO
1113	Yes	Yes	Yes	18OCT2012	24OCT2012	30OCT2012	VENLAFAXINE		Conc	2009	Ongoing	150 mg, PO
							PROPRANOLOL		Conc	2011-09	Ongoing	30 mg, PO
							SALBUTAMOL / VENTOLIN		Conc	1988	Ongoing	2 PRN PUFF, INH
							RENNIES	Yes	Prior	2012-07	2012-10-22	2 PRN TAB, PO
							RANITIDINE	Yes	Prior	2012-07	2012-10-12	75 mg, PO
1114	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	DIHYDROCODEINE		Conc	2011-08	Ongoing	30 PRN mg, PO
							OMEPRAZOLE	Yes	Prior	2012-09	2012-10-02	20 PRN mg, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2002	2012-10-20	10 PRN mL, PO
1115	Yes	Yes	Yes	18OCT2012	22OCT2012	31OCT2012	< None reported >					
1117	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	RENNIES	Yes	Prior	2012-09-01	2012-10-19	1 PRN TAB, PO
1118	Yes	Yes	Yes	18OCT2012	22OCT2012	31OCT2012	PARACETAMOL		Prior	2012-10-08	2012-10-08	1000 mg, PO
							RENNIES	Yes	Prior	2007	2012-10-17	1 PRN TAB, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-10-10	10 PRN mL, PO

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Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Date Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1003	Yes	Yes	Yes	28AUG2012	03SEP2012	11SEP2012	PARACETAMOL		Conc	2011-12	Ongoing	4 g, PO
							DIHYDROCODEINE		Conc	2011-12	Ongoing	240 mg, PO
1004	Yes	Yes	Yes	28AUG2012	03SEP2012	11SEP2012	RENNIES	Yes	Prior	2012-08-20	2012-08-22	3 TAB, PO
1005	Yes	Yes	Yes	28AUG2012	03SEP2012	11SEP2012	BISODOL 1 / BISODOL (CALCIUM CARBONATE, LIGHT MAGNESIUM, SODIUM BICARBONATE)	Yes	Prior	1992	2012-09-01	2 PRN TAB, PO
1008	Yes	Yes	Yes	30AUG2012	03SEP2012	12SEP2012	INSULIN ASPART / NOVORAPID		Conc	2006	Ongoing	OTHER VARIABLE IU, SC
							INSULIN DETEMIR / LEVEMIR		Conc	2006	Ongoing	OTHER VARIABLE IU, SC
							RENNIES	Yes	Prior	2003	2012-09-01	1 OR 2 PRN TAB, PO
1010	Yes	Yes	Yes	30AUG2012	03SEP2012	11SEP2012	AMLODIPINE		Conc	2011-07	Ongoing	10 mg, PO
							ENALAPRIL		Conc	2012-04	Ongoing	30 mg, PO
							HYDROCORTISONE / HYDROCORTISONE CREAM 1%		Conc	2010	Ongoing	1 APP, TOP
							KETOCONAZOLE		Conc	2008	Ongoing	1 APP, TOP
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-08-30	20 mL, PO
							BISMUTH SUBSALICYLATE / PEPTOBISMAL	Yes	Prior	2008	2012-08-02	5 mL, PO
							PANSORAL / BONJELA		Conc	2012-09-04	2012-09-05	1 PRN APP, PO
1012	Yes	Yes	Yes	30AUG2012	03SEP2012	11SEP2012	PANADEINE CO / COCODAMOL		Conc	2012-02	Ongoing	60/1 mg/g, PO
							RANITIDINE	Yes	Prior	2012	2012-08-19	300 mg, PO
1016	Yes	Yes	Yes	04SEP2012	10SEP2012	18SEP2012	DIHYDROCODEINE / DIHYDROCODIENE		Conc	2004	Ongoing	120 IF REQUIRED mg, PO
							GABAPENTIN		Conc	2004	Ongoing	200 mg, PO
							RENNIES	Yes	Prior	2012-08-24	2012-09-04	1 TAB, PO
1017	Yes	Yes	No	04SEP2012	10SEP2012	18SEP2012	PEPTAC / PEPTAC LIQUID	Yes	Prior	2011	2012-08-28	40 mL, PO
1020	Yes	Yes	Yes	05SEP2012	10SEP2012	18SEP2012	ETORICOXIB / ARCOXIA		Prior	2008	2012-08-16	60 PRN mg, PO
							PEPTAC / PEPTAC LIQUID	Yes	Prior	2012-02	2012-09-09	5 PRN mL, PO
							SODIUM ALGINATE / BOOTS CHEWABLE SODIUM ALGINATE TABLETS	Yes	Prior	2012-05	2012-09-07	2 PRN TAB, PO
							OMEPRAZOLE	Yes	Prior	2012-02	2012-08-12	PRN 20 mg, PO

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Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Date Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1021	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	SERETIDE / SERETIDE 250		Conc	2012-02	Ongoing	2 PUFF, INH
							PEPTAC / PEPTAC LIQUID	Yes	Prior	2012-01	2012-09-08	20 mL, PO
							SOLIFENACIN		Conc	2012-08-06	Ongoing	10 mg, PO
							TOLTERODINE L-TARTRATE / DETRUSITOL		Prior	2011-06	2012-08-05	4 mg, PO
							LEKOVIT CA / ADCAL DX3		Conc	2008	Ongoing	1 TAB, PO
1023	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	LIRAGLUTIDE		Conc	2010	Ongoing	1-2 mg, SC
							LEVONORGESTREL / MIRENA COIL		Conc	2011-03	Ongoing	20 mcg, PUT
1024	Yes	Yes	No	06SEP2012	10SEP2012	18SEP2012	RENNIES	Yes	Prior	2002	2012-09-07	1 PRN TAB, PO
							PANADEINE CO / COCODAMOL		Conc	2012-01	Ongoing	8/500 PRN TAB, PO
1025	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	MAGNESIA KOMP N / SETTLERS	Yes	Prior	2007	2012-09-08	1 PRN TAB, PO
							BENDROFLUMETHIAZIDE / BENDROFLUAZIDE		Conc	2006	Ongoing	2.5 mg, PO
							CANDESARTAN		Conc	2006	Ongoing	16 mg, PO
1028	Yes	Yes	Yes	06SEP2012	10SEP2012	18SEP2012	TRAZODONE		Conc	2012-04	Ongoing	200 mg, PO
							PANADEINE CO / COCODAMOL		Conc	2012-09-04	Ongoing	PRN 8/500 mg, PO
							RENNIES	Yes	Prior	2009	2012-09-07	PRN 2 TAB, PO
							PEPTAC / CHEWABLE GAVISCON PEPPERMINT TABLETS (SODIUM ALGINATE, SODIUM HYDROGEN CARBONATE, CALCIUM CARBONATE, ASPARTAME)	Yes	Prior	2009	2012-09-07	PRN 1 TAB, PO
1030	Yes	Yes	Yes	11SEP2012	17SEP2012	25SEP2012	RENNIES	Yes	Prior	2010	2012-09-15	4 TAB, PO
							LEVONORGESTREL / MIRENA COIL		Conc	2010	Ongoing	40 mcg, PUT
1033	Yes	Yes	Yes	11SEP2012	17SEP2012	25SEP2012	RENNIES	Yes	Prior	2006	2012-09-16	1 AS REQUIRED TAB, PO
							RAMIPRIL		Conc	2012-09-19	Ongoing	10 mg, PO
1036	Yes	Yes	Yes	11SEP2012	17SEP2012	25SEP2012	RANITIDINE	Yes	Prior	2011-11	2012-09-01	AS REQUIRED 120 mg, PO
							RENNIES	Yes	Prior	2011	2012-09-09	AS REQUIRED 1 TAB, PO
							PEPTAC / GAVISCON (CALCIUM CARBONATE; SODIUM ALGINATE, SODIUM BICARBONATE)	Yes	Prior	2011	2012-09-11	AS REQUIRED 5 mL, PO
							CHOLAKTOL / PEPPERMINT CARBONATE (CALCIUM CARBONATE 500 MG, PEPPERMINT OIL, SUCROSE SACCHARIN, MAIZE, STARCH)	Yes	Prior	2011	2012-09-16	AS REQUIRED 1 TAB, PO

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Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Date Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1038	Yes	Yes	Yes	12SEP2012	17SEP2012	25SEP2012	EUGYNON / MICROGYNON		Conc	2010	Ongoing	1 TAB, PO
							LANSOPRAZOLE	Yes	Prior	2011-10	2012-08-31	30 mg, PO
							PEPTAC / GAVISCON LIQUID (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-08-31	2012-09-15	PRN 10 mL, PO
1040	Yes	Yes	Yes	13SEP2012	19SEP2012	27SEP2012	FLUOXETINE		Conc	2002	Ongoing	10 mg, PO
							OMEPRAZOLE	Yes	Prior	2011	2012-08-21	AS REQUIRED 10 mg, PO
1041	Yes	Yes	Yes	13SEP2012	17SEP2012	25SEP2012	CETIRIZINE HYDROCHLORIDE		Conc	2012-03	Ongoing	10 mg, PO
							BECLOMETASONE DIPROPIONATE / CLENIL MODULITE		Conc	2002	Ongoing	2 PUFF, INH
							SALBUTAMOL		Conc	1992	Ongoing	PRN 1 PUFF, INH
							SOFT PARAFFIN AND FAT PRODUCTS / DIPROBASE CREAM		Conc	1992	Ongoing	PRN 1 APP, TOP
							FLUOXETINE HYDROCHLORIDE		Conc	2009-10	Ongoing	40 mg, PO
							NEDOCROMIL SODIUM / RAPITIL AQUEOUS (EYE DROPS)		Conc	2012-03	Ongoing	PRN 1 DRP, OCU
							PEPTAC / PEPTAC LIQUID	Yes	Prior	2008	2012-09-15	PRN 10 mL, PO
							RANITIDINE HYDROCHLORIDE / ZANTAC	Yes	Prior	2012-08-31	2012-09-06	75 mg, PO
1044	Yes	Yes	Yes	13SEP2012	19SEP2012	27SEP2012	LORATADINE		Prior	2012-09-10	2012-09-10	10 mg, PO
							LORATADINE		Conc	2012-09-25	2012-09-25	10 mg, PO
1046	Yes	Yes	Yes	13SEP2012	17SEP2012	25SEP2012	OMEPRAZOLE	Yes	Prior	2011-08	2012-08-28	20 mg, PO
							PEPTAC / GAVISCON TABLETS (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2009	2012-09-10	PRN 1 TAB, PO
1049	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	CETIRIZINE		Conc	2005-05	2012-09-29	10 mg, PO
1050	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	OMEPRAZOLE	Yes	Prior	2010	2012-07-19	40 mg, PO
1052	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	SIMVASTATIN		Conc	2005	Ongoing	40 mg, PO
							OMEPRAZOLE	Yes	Prior	2012-02	2012-08-30	40 mg, PO
							SOLPADEINE / SOLPADEINE PLUS		Conc	1990	Ongoing	PRN 2 TAB, PO
1053	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	OMEPRAZOLE	Yes	Prior	2010	2012-09-04	40 mg, PO
							VENLAFAXINE		Conc	2011-10	Ongoing	75 mg, PO
							METFORMIN		Conc	2011	Ongoing	2 g, PO

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Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Date Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1053	Yes	Yes	Yes	18SEP2012	25SEP2012	02OCT2012	SENNA ALEXANDRINA / SENNA		Conc	2012-05	Ongoing	15 PRN mg, PO
							PROMETHAZINE HYDROCHLORIDE		Conc	2011	Ongoing	25 mg, PO
							PROPRANOLOL / PROPANOLOL		Conc	2009	Ongoing	40 mg, PO
							PRAMIPEXOLE DIHYDROCHLORIDE		Conc	2012-05-30	Ongoing	125 mcg, PO
							FERROUS SULFATE / FERROUS SULPHATE		Conc	2012-08	Ongoing	600 mg, PO
							RENNIES	Yes	Prior	2012-09-04	2012-09-24	PRN 1 TAB, PO
1055	Yes	Yes	Yes	19SEP2012	25SEP2012	02OCT2012	PANADEINE CO / CO-CODAMOL 8/500		Conc	2011-03	Ongoing	2-4 TAB, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-09-19	20 PRN mL, PO
1059	Yes	Yes	Yes	19SEP2012	26SEP2012	04OCT2012	MULTIVITAMINS, PLAIN / MULTIVITAMEN		Conc	2007-10	Ongoing	1 TAB, PO
							OMEPRAZOLE	Yes	Prior	2012-08-04	2012-09-04	20 mg, PO
1062	Yes	Yes	Yes	19SEP2012	25SEP2012	02OCT2012	EUGYNON / MICROGYNON 30		Conc	2002	Ongoing	1 TAB, PO
							OMEPRAZOLE	Yes	Prior	2009	2012-09-01	20 mg, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2012-09-23	2012-09-23	1 TAB, PO
							DAIVOBET / DOVOBET		Conc	2011	Ongoing	1 APP, TOP
							VITAMIN B COMPLEX		Conc	2012-09-22	Ongoing	1 TAB, PO
							OENOTHERA BIENNIS OIL / EVENING PRIMROSE OIL		Conc	2012-09-22	Ongoing	1 TAB, PO
1064	Yes	Yes	Yes	19SEP2012	26SEP2012	04OCT2012	ANTACIDS / SAINSBURYS ANTACID TABLETS	Yes	Prior	2012-08-01	2012-09-24	PRN 1 TAB, PO
							ACETYLSALICYLIC ACID / ASPIRIN		Prior	2012-09-10	2012-09-10	600 mg, PO
1068	Yes	Yes	Yes	20SEP2012	25SEP2012	02OCT2012	RENNIES	Yes	Prior	2009	2012-09-24	4 TAB, PO
1069	Yes	Yes	Yes	20SEP2012	26SEP2012	04OCT2012	BETAMETHASONE VALERATE / BETNOVATE CREAM		Conc	1992	Ongoing	PRN 1 APP, TOP
							RANITIDINE	Yes	Prior	2007	2012-09-06	150 mg, PO
							RENNIES	Yes	Prior	2010	2012-09-21	PRN 1 TAB, PO
1070	Yes	Yes	Yes	20SEP2012	26SEP2012	05OCT2012	RENNIES	Yes	Prior	2011-09	2012-09-19	1 PRN TAB, PO
							SALBUTAMOL		Conc	2011-10	Ongoing	2 PRN PUFF, INH
							EUGYNON / MICROGYNON		Conc	2012-01	Ongoing	1 TAB, PO
1072	Yes	Yes	Yes	20SEP2012	26SEP2012	05OCT2012	ETONOGESTREL / IMPLANON		Conc	2010-10	Ongoing	30-40 mg, SC
							RENNIES	Yes	Prior	2011-09	2012-09-24	6 TAB, PO

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Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1072	Yes	Yes	Yes	20SEP2012	26SEP2012	05OCT2012	PARACETAMOL		Conc	2012-10-03	2012-10-03	1 g, PO
1075	Yes	Yes	Yes	25SEP2012	28SEP2012	05OCT2012	LEVONORGESTREL / MIRENA COIL		Conc	2007	Ongoing	20 mcg, PUT
							LANSOPRAZOLE	Yes	Prior	2010	2012-09-02	PRN 30 mg, PO
							PANADEINE CO / CO-CODAMOL 30/500		Conc	2012-03	Ongoing	PRN 2 TAB, PO
1079	Yes	Yes	Yes	25SEP2012	01OCT2012	09OCT2012	RENNIES	Yes	Prior	1992	2012-09-27	2 TAB, PO
							SODIUM BICARBONATE / BICARBONATE OF SODA	Yes	Prior	1992	2012-09-27	0.5 TSP, PO
1080	Yes	Yes	Yes	25SEP2012	01OCT2012	10OCT2012	PEPTAC / GAVISCON LIQUID (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-09-28	PRN 10-20 mL, PO
							INSULIN LISPRO / (INSULIN) HUMALOG 25		Conc	2004	Ongoing	32 IU, SC
							INSULIN LISPRO / (INSULIN) HUMALOG 25		Conc	2012-05	Ongoing	24 IU, SC
							AMLODIPINE		Conc	2005	Ongoing	5 mg, PO
							RAMIPRIL		Conc	2009	Ongoing	10 mg, PO
							ATORVASTATIN		Conc	2005	Ongoing	40 mg, PO
1081	Yes	Yes	Yes	25SEP2012	02OCT2012	10OCT2012	PARACETAMOL		Conc	1995	Ongoing	PRN 1 g, PO
							MACROCYSTIS PYRIFERA / SEA KELP		Conc	2012-07	Ongoing	2 TAB, PO
1083	Yes	Yes	Yes	26SEP2012	01OCT2012	10OCT2012	PARACETAMOL		Prior	2012-09-23	2012-09-23	PRN 1 g, PO
							MEDROXYPROGESTERONE ACETATE / (DEPO PROVERA INJECTION) MEDROXYPROGESTERONE ACETATE		Conc	2012-08	Ongoing	(3 MONTHLY INJ.) 150 mg, IM
							CITRIC ACID MONOHYDRATE / SIMPLE LINCTUS		Conc	2012-10-08	Ongoing	40 mL, PO
							PARACETAMOL		Conc	2012-10-08	Ongoing	2 g, PO
1086	Yes	Yes	Yes	27SEP2012	04OCT2012	11OCT2012	LEVOTHYROXINE SODIUM / THYROXINE		Conc	1997	Ongoing	100 mcg, PO
							BENDROFLUMETHIAZIDE / BENDROFLUAZIDE		Conc	2002	Ongoing	2.5 mg, PO
							FELODIPINE / CARDIOPLEN XL		Conc	2002	Ongoing	10 mg, PO
1089	Yes	Yes	Yes	27SEP2012	01OCT2012	10OCT2012	CALCIUM CARBONATE / ASDA FRUIT FLAVOURED ANTACID	Yes	Prior	2010	2012-09-25	3 TAB, PO
1090	Yes	Yes	Yes	02OCT2012	04OCT2012	11OCT2012	RENNIES	Yes	Prior	2002	2012-10-02	1 AS REQUIRED TAB, PO
1093	Yes	Yes	Yes	02OCT2012	08OCT2012	16OCT2012	LEVONORGESTREL / MIRENA COIL		Conc	2012-01	Ongoing	20 mcg, PUT
							OMEPRAZOLE	Yes	Prior	2008	2012-09-08	20 mg, PO

[1] Prior=ended prior to the day of dispensation of study drug Conc=ended or was ongoing on or after the day of dispensation of study drug

Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1093	Yes	Yes	Yes	02OCT2012	08OCT2012	16OCT2012	PEPTAC / GAVISCON LIQUID (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	1992	2012-10-06	PRN 10 mL, PO
							PEPTAC / GAVISCON TABLETS (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-10-06	PRN 1 TAB, PO
							PARACETAMOL		Conc	2012-10-13	2012-10-13	1000 mg, PO
1095	Yes	Yes	Yes	04OCT2012	08OCT2012	16OCT2012	< None reported >					
1096	Yes	Yes	Yes	04OCT2012	08OCT2012	16OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM HYDROGENCARBONATE, CALCIUM CARBONATE, ASPARTAME)	Yes	Prior	2010	2012-10-07	2 AS REQUIRED TAB, PO
1097	Yes	Yes	Yes	04OCT2012	08OCT2012	16OCT2012	OMEPRAZOLE	Yes	Prior	2010	2012-09	20 mg, PO
							PEPTAC / GAVISCON LIQUID (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-10-06	10 mL, PO
							PARACETAMOL		Prior	2012-10-06	2012-10-06	1 g, PO
1100	Yes	Yes	Yes	05OCT2012	08OCT2012	16OCT2012	PARACETAMOL		Conc	1994	Ongoing	PRN 1000 mg, PO
							OMEPRAZOLE	Yes	Prior	2009	2012-09-10	PRN 20 mg, PO
							PEPTAC / PEPTAC LIQUID	Yes	Prior	2009	2012-10-05	PRN 10 mL, PO
1104	Yes	Yes	Yes	16OCT2012	22OCT2012	29OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-10-20	10 mL, PO
							RENNIES	Yes	Prior	2012-10-03	2012-10-05	2 PRN TAB, PO
							IBUPROFEN / IBRUPROFEN		Prior	2012-10-15	2012-10-15	400 mg, PO
							PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Conc	2012-10-29	2012-10-29	5 mL, PO
1105	Yes	Yes	Yes	16OCT2012	23OCT2012	30OCT2012	OMEPRAZOLE	Yes	Prior	2011	2012-10-02	20 PRN mg, PO
1106	Yes	Yes	Yes	16OCT2012	22OCT2012	30OCT2012	RANITIDINE	Yes	Prior	2002	2012-10-10	300 mg, PO
							PEPTAC	Yes	Prior	2011-07	2012-10-21	30 mL, PO
							MIRTAZAPINE / MIRTAZIPINE		Conc	2008-06	Ongoing	15 mg, PO
1108	Yes	Yes	Yes	16OCT2012	22OCT2012	30OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2010	2012-10-18	10 mL, PO
							RENNIES / RENNIE	Yes	Prior	2010	2012-10-18	1-2 PRN TAB, PO

[1] Prior=ended prior to or on the day of dispensation of study drug Conc=ended or was ongoing on or after the day of dispensation of study drug

Listing 9.a: Prior and concomitant medication - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Date Informed consent	Drug dispensed	Visit 3	Concomitant medication: WHO DRL Preferred term / Reported term, if different	GERD treat-ment	Period [1]	Start date (yy-mm-dd)	Stop date (yy-mm-dd)	Total daily dose, Route
1109	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	METFORMIN		Conc	2009	Ongoing	2 g, PO
							RENNIES	Yes	Prior	2002	2012-10-19	1 PRN TAB, PO
							GLICLAZIDE		Conc	2009	Ongoing	160 mg, PO
							SITAGLIPTIN PHOSPHATE / JANUVIA		Conc	2012-08	Ongoing	100 mg, PO
							ATORVASTATIN		Conc	2009	Ongoing	80 mg, PO
							RAMIPRIL / RAMAPRIL		Conc	2009	Ongoing	2.5 mg, PO
							BISOPROLOL		Conc	2012-08	Ongoing	5 mg, PO
1111	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	< None reported >					
1112	Yes	Yes	Yes	18OCT2012	23OCT2012	30OCT2012	PEPTAC / GAVISCON LIQUID (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2002	2012-10-21	10 PRN mL, PO
1116	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2007	2012-10-11	10 PRN mL, PO
1119	Yes	Yes	Yes	18OCT2012	22OCT2012	30OCT2012	PEPTAC / GAVISCON (SODIUM ALGINATE, SODIUM BICARBONATE, CALCIUM CARBONATE)	Yes	Prior	2002	2012-10-20	10 PRN mL, PO
							CALCIUM CARBONATE / ASDA ANTACID TABS	Yes	Prior	2010	2012-10-18	1 PRN TAB, PO

[1] Prior=ended prior to the day of dispensation of study drug Conc=ended or was ongoing on or after the day of dispensation of study drug

Listing 9.b: ATC coding of Prior and Concomitant medication - ALL population

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
ACETYLSALICYLIC ACID	STOMATOLOGICAL PREPARATIONS# ANTITHROMBOTIC AGENTS# TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN# ANALGESICS	ASPIRIN	1019, 1034, 1064
ALLOPURINOL	ANTIGOUT PREPARATIONS	ALLOPURINOL	1027
AMITRIPTYLINE	PSYCHOANALEPTICS	AMITRIPTYLINE	1078
		AMITRYPTILINE	1037
		amitriptyline	1098
AMLODIPINE	CALCIUM CHANNEL BLOCKERS	AMLODIPINE	1006, 1009, 1080
		Amlodipine	1010
AMOXICILLIN	ANTIBACTERIALS FOR SYSTEMIC USE	AMOXICILLIN	1061
ANTACIDS	DRUGS FOR ACID RELATED DISORDERS	ASDA ANTACIDS	1103
		ASDA OWN BRAND ANTACID TABLETS	1071
		SAINSBURYS ANTACID TABLETS	1064
ATORVASTATIN	LIPID MODIFYING AGENTS	ATORVASTATIN	1080, 1109
BECLOMETASONE	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS# VASOPROTECTIVES# CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS# CORTICOSTEROIDS FOR SYSTEMIC USE# NASAL PREPARATIONS# DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	BECLOMETASON DRY POWDER	1027
BECLOMETASONE DIPROPIONATE	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS# VASOPROTECTIVES# CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS# CORTICOSTEROIDS FOR SYSTEMIC USE# NASAL PREPARATIONS# DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	Beclotide	1103
		CLENIL MODULITE	1041
BENDROFLUMETHIAZIDE	DIURETICS	BENDROFLUAZIDE	1025
		BENDROFLUMETHIASIDE	1019
		Bendrofluazide	1086

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
BETAMETHASONE VALERATE	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS# VASOPROTECTIVES# CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS# CORTICOSTEROIDS FOR SYSTEMIC USE# NASAL PREPARATIONS# DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES# OPHTHALMOLOGICALS# OTOLOGICALS	BETNOVATE CREAM	1069
BISMUTH SUBSALICYLATE	DRUGS FOR ACID RELATED DISORDERS# ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS	PEPTO-BISMOL	1094
		PEPTOBISMOL	1029
		Peptobismal	1010
BISODOL 1	DRUGS FOR ACID RELATED DISORDERS	BISODOL (CALCIUM CARBONATE, LIGHT MAGNESIUM, SODIUM BICARBONATE)	1005, 1006, 1007
BISOPROLOL	BETA BLOCKING AGENTS	BISOPROLOL	1109
CALCIUM CARBONATE	DRUGS FOR ACID RELATED DISORDERS# MINERAL SUPPLEMENTS	ASDA ANTACID TABS	1078, 1119
		ASDA FRUIT FLAVOURED ANTACID	1089
		TUMS	1110
CANDESARTAN	AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	CANDESARTAN	1025
CARBOMER	STOMATOLOGICAL PREPARATIONS# OPHTHALMOLOGICALS	VISCOTEARS	1007
CETIRIZINE	ANTIHISTAMINES FOR SYSTEMIC USE	CETIRIZINE	1049, 1074
CETIRIZINE HYDROCHLORIDE	ANTIHISTAMINES FOR SYSTEMIC USE	CETIRIZINE HYDROCHLORIDE	1041
CHOLAKTOL	DRUGS FOR ACID RELATED DISORDERS	Peppermint Carbonate (Calcium Carbonate 500 mg, peppermint oil, sucrose saccharin, maize, starch)	1036
CILEST	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	Cilest	1098
CITALOPRAM	PSYCHOANALEPTICS	CITALOPRAM	1066
CITRIC ACID MONOHYDRATE	COUGH AND COLD PREPARATIONS	SIMPLE LINCTUS	1083

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
CLOBETASONE BUTYRATE	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS# OPHTHALMOLOGICALS	Clobetasone butyrate	1031
		EUMOVATE	1009
COLCHICINE	ANTIGOUT PREPARATIONS	COLCHICINE	1027
COUGH SYRUP	COUGH AND COLD PREPARATIONS	COUGH SYRUP	1007
DAIVOBET	ANTIPSORIATICS	DOVOBET	1062
DESOGESTREL	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	CERAZETTE	1091
		CERAZETTE (DESOGESTREL 75 MCG)	1061
		Cerazette (Desogestrel 75 mg)	1014
DIHYDROCODEINE	ANALGESICS	DIHYDROCODEINE	1003, 1114
		Dihydrocodiene	1016
ENALAPRIL	AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	Enalapril	1010
ETONOGESTREL	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	IMPLANON	1072, 1101
ETORICOXIB	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS	ARCOXIA	1020
EUGYNON	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	MICROGYNON	1038, 1070, 1082
		Microgynon 30	1062
FELODIPINE	CALCIUM CHANNEL BLOCKERS	Cardioplen XL	1086
FERROUS SULFATE	ANTIANEMIC PREPARATIONS	Ferrous Sulphate	1053
FESOTERODINE FUMARATE	UROLOGICALS	FESOTERODINE Fumarate	1103
FLUCLOXACILLIN	ANTIBACTERIALS FOR SYSTEMIC USE	Flucloxacillin	1063
FLUOXETINE	PSYCHOANALEPTICS	FLUOXETINE	1029, 1040, 1091, 1107
FLUOXETINE HYDROCHLORIDE	PSYCHOANALEPTICS	FLUOXETINE HYDROCHLORIDE	1041
GABAPENTIN	ANALGESICS# ANTIEPILEPTICS	Gabapentin	1016
GASTROCOTE	DRUGS FOR ACID RELATED DISORDERS	GAVISCON CHEWABLE TABLETS	1058
GLICLAZIDE	DRUGS USED IN DIABETES	GLICLAZIDE	1109
HYDROCORTISONE	STOMATOLOGICAL PREPARATIONS# ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS# VASOPROTECTIVES# CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS# CORTICOSTEROIDS FOR SYSTEMIC USE# OPHTHALMOLOGICALS# OTOLOGICALS	Hydrocortisone cream 1%	1010

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
HYDROMOL	EMOLLIENTS AND PROTECTIVES	Double base cream	1014
		Doublebase Gel	1034
IBUPROFEN	CARDIAC THERAPY# OTHER GYNECOLOGICALS# ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS# TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN	IBRUPROFEN	1104
		IBUPROFEN	1034, 1110
		Ibuprofen	1051
		NUROFEN	1047
INSULIN ASPART	DRUGS USED IN DIABETES	NOVORAPID	1008
INSULIN DETEMIR	DRUGS USED IN DIABETES	LEVEMIR	1008
INSULIN LISPRO	DRUGS USED IN DIABETES	(INSULIN) HUMALOG 25	1080
		HUMALOG MIX 25	1085
KETOCONAZOLE	ANTIFUNGALS FOR DERMATOLOGICAL USE# GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS# ANTIMYCOTICS FOR SYSTEMIC USE	Ketoconazole	1010
KLIOGEST	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	KLIOVANCE	1034
LANSOPRAZOLE	DRUGS FOR ACID RELATED DISORDERS	LANSOPRAZOLE	1002, 1038, 1075
LEKOVIT CA	MINERAL SUPPLEMENTS	ADCAL DX3	1021
LEVONORGESTREL	OTHER GYNECOLOGICALS# SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM	MIRENA COIL	1023, 1074, 1075, 1093
		Mirena coil	1030
LEVOTHYROXINE	THYROID THERAPY	LEVOTHYROXINE	1034
LEVOTHYROXINE SODIUM	THYROID THERAPY	THYROXINE	1107, 1110
		Thyroxine	1086, 1103
LIRAGLUTIDE	DRUGS USED IN DIABETES	Liraglutide	1023
LORATADINE	ANTIHISTAMINES FOR SYSTEMIC USE	LORATADINE	1044
LYMECYCLINE	ANTIBACTERIALS FOR SYSTEMIC USE	TETRALYSAL (Lymecycline 408 mg)	1043
MACROCYSTIS PYRIFERA	UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	SEA KELP	1081
MAGNESIA KOMP N	DRUGS FOR ACID RELATED DISORDERS# MINERAL SUPPLEMENTS	SETTLERS	1025

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
MEDROXYPROGESTERONE ACETATE	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM# ENDOCRINE THERAPY	(DEPO PROVERA INJECTION) MEDROXYPROGESTERONE ACETATE	1083
MERSYNDOL	ANALGESICS	Syndol	1101
METFORMIN	DRUGS USED IN DIABETES	METFORMIN	1019, 1085, 1109
		Metformin	1053
METRONIDAZOLE	STOMATOLOGICAL PREPARATIONS# ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE# GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS# ANTIBACTERIALS FOR SYSTEMIC USE# ANTIPROTOZOALS	METRONIDAZOLE	1034
MIRTAZAPINE	PSYCHOANALEPTICS	MIRTAZAPINE	1027
		MIRTAZIPINE	1106
MULTIVITAMINS, PLAIN	VITAMINS	MULTIVITAMEN	1059
NEDOCROMIL SODIUM	NASAL PREPARATIONS# DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES# OPHTHALMOLOGICALS	RAPITIL AQUEOUS (EYE DROPS)	1041
NICOTINE	OTHER NERVOUS SYSTEM DRUGS	NIQUITIN	1084
		NIQUITIN PATCHES	1056
OENOTHERA BIENNIS OIL	UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	EVENING PRIMROSE OIL	1043, 1062
OMEPRAZOLE	DRUGS FOR ACID RELATED DISORDERS	OMEPRAZOLE	1006, 1013, 1020, 1040, 1046, 1050, 1052, 1059, 1074, 1091, 1093, 1097, 1100, 1114
		Omeprazole	1037
		omeprazole	1053, 1062, 1105
OXYTETRACYCLINE	ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE# GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS# ANTIBACTERIALS FOR SYSTEMIC USE# THROAT PREPARATIONS# OPHTHALMOLOGICALS# OTOLOGICALS	OXYTETRACYCLINE	1034
PANADEINE CO	ANALGESICS	CO CODAMOL	1066, 1073
		CO-CODAMOL 30/500	1075
		COCODAMOL	1012, 1024, 1028, 1029, 1063
		COCODAMOL 30/500	1110
		COCODAMOL 8/500	1110

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
PANADEINE CO	ANALGESICS	Co-Codamol 8/500	1055
		Co-codamol	1054
		Co-codamol 30/500	1051
PANSORAL	STOMATOLOGICAL PREPARATIONS# ANALGESICS	BONJELA	1010
PANTOPRAZOLE	DRUGS FOR ACID RELATED DISORDERS	PANTOPRAZOLE	1029
PARACETAMOL	ANALGESICS	PARACETAMOL	1003, 1034, 1045, 1061, 1072, 1081, 1083, 1093, 1099, 1100, 1118
		Paracetamol	1057, 1097, 1098
PAROXETINE	PSYCHOANALEPTICS	PAROXETINE	1074
PEPTAC	DRUGS FOR ACID RELATED DISORDERS	CHEWABLE GAVISCON PEPPERMINT TABLETS (SODIUM ALGINATE, SODIUM HYDROGEN CARBONATE, CALCIUM CARBONATE, ASPARTAME)	1028
		GAVISCON (Calcium Carbonate; Sodium Alginate, Sodium Bicarbonate)	1036
		GAVISCON (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	1031, 1043, 1051, 1054, 1055, 1062, 1066, 1082, 1091, 1104
		GAVISCON (Sodium Alginate, Sodium Hydrogencarbonate, Calcium Carbonate, Aspartam)	1101, 1102
		GAVISCON (Sodium Alginate, Sodium Hydrogencarbonate, Calcium Carbonate, Aspartame)	1096
		GAVISCON LIQUID (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	1038, 1047, 1080, 1093, 1097
		GAVISCON TABLETS (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	1046, 1061, 1093
		Gaviscon (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	1010, 1071, 1107, 1108, 1110, 1114, 1116, 1118, 1119
		Gaviscon Liquid (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	1112

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
PEPTAC	DRUGS FOR ACID RELATED DISORDERS	Gaviscon Melts (Sodium Alginate, Sodium Bicarbonate, Calcium carbonate)	1014
		PEPTAC	1106
		PEPTAC LIQUID	1006, 1017, 1020, 1021, 1041, 1100
PERINDOPRIL	AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	PERINDOPRIL	1019
PRAMIPEXOLE DIHYDROCHLORIDE	ANTI-PARKINSON DRUGS	Pramipexole DIHYDROCHLORIDE	1053
PREGABALIN	ANALGESICS# ANTIEPILEPTICS	Pregabalin	1103
PROMETHAZINE HYDROCHLORIDE	ANTIEMETICS AND ANTINAUSEANTS# ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.# PSYCHOLEPTICS# ANTIHISTAMINES FOR SYSTEMIC USE	Promethazine Hydrochloride	1053
PROPRANOLOL	BETA BLOCKING AGENTS	Propanolol	1053, 1101
		Propranolol	1113
RAMIPRIL	AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM	RAMAPRIL	1009, 1043, 1109
		RAMIPRIL	1080, 1085
		Ramipril	1033
RANITIDINE	DRUGS FOR ACID RELATED DISORDERS	RANITIDINE	1002, 1013, 1015, 1034, 1069, 1102, 1106
		Ranitidine	1012, 1036, 1098, 1113
RANITIDINE HYDROCHLORIDE	DRUGS FOR ACID RELATED DISORDERS	ZANTAC	1041
RENNIES	DRUGS FOR ACID RELATED DISORDERS	RENNIE	1011
		RENNIES	1002, 1004, 1008, 1009, 1018, 1019, 1022, 1024, 1027, 1028, 1030, 1039, 1045, 1053, 1056, 1063, 1069, 1070, 1072, 1073, 1074, 1078, 1079, 1082, 1084, 1085, 1087, 1104, 1107, 1109, 1117, 1118
		Rennie	1057, 1108
		Rennies	1016, 1033, 1036, 1051, 1068, 1088, 1090, 1098, 1099, 1113
SALBUTAMOL	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	SALBUTAMOL	1027, 1041, 1070
		SALBUTAMOL INHALER	1009

WHO DRL Preferred term	ATC level 2	Reported term	Subjects
SALBUTAMOL	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	Salbutamol	1103
		VENTOLIN INHALER	1102
		Ventolin	1113
SENNA ALEXANDRINA	UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	Senna	1053
SERETIDE	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES	SERETIDE 250	1021
SERTRALINE	PSYCHOANALEPTICS	SETRALINE	1037
SIMVASTATIN	LIPID MODIFYING AGENTS	SIMVASTATIN	1006, 1007, 1052, 1085
SITAGLIPTIN PHOSPHATE	DRUGS USED IN DIABETES	JANUVIA	1109
SODIUM ALGINATE	DRUGS FOR ACID RELATED DISORDERS# CARDIAC THERAPY# MEDICATED DRESSINGS	BOOTS CHEWABLE SODIUM ALGINATE TABLETS	1020
SODIUM BICARBONATE	DRUGS FOR ACID RELATED DISORDERS# OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS# BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS# OTHER HEMATOLOGICAL AGENTS# OTHER DERMATOLOGICAL PREPARATIONS# OTHER GYNECOLOGICALS# NASAL PREPARATIONS	BICARBONATE OF SODA	1079
SOFT PARAFFIN AND FAT PRODUCTS	EMOLLIENTS AND PROTECTIVES	DIPROBASE CREAM	1041
SOLIFENACIN	UROLOGICALS	SOLIFENACIN	1021
SOLPADEINE	ANALGESICS	SOLPADEINE PLUS	1052
TOLTERODINE L-TARTRATE	UROLOGICALS	DETRUSITOL	1021
TRAMADOL	ANALGESICS	Tramadol	1103
TRAZODONE	PSYCHOANALEPTICS	TRAZODONE	1028
TRIFOLIUM PRATENSE	UNSPECIFIED HERBAL AND TRADITIONAL MEDICINE	RED CLOVER	1043
VENLAFAXINE	PSYCHOANALEPTICS	VENLAFAXINE	1039, 1043, 1053
		Venlafaxine	1113
VITAMIN B COMPLEX	VITAMINS	VITAMIN B COMPLEX	1062
ZOPICLONE	PSYCHOLEPTICS	ZOPICLONE	1027

16.2.5 Compliance and/or Drug Concentration Data

This appendix contains:

- Listing 1 (Disposition of subjects - ALL population).
- Listing 5 (Study medication – ALL population).

Listing 1: Disposition of subjects - ALL population

Treatment	Subject	Randomised	Study completed	Reason for non-completion	AE No.	Compliance >= 75%	Compliance (%)	Major protocol deviation	Population			
									ALL	SAF	ITT	PP
Placebo	1001	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1002	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1006	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1007	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1009	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1011	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1013	Yes	Yes			Yes	92.86	No	Yes	Yes	Yes	Yes
	1014	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1015	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1018	Yes	Yes			Yes	92.86	No	Yes	Yes	Yes	Yes
	1019	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1022	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1026	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1027	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1029	Yes	Yes			Yes	107.14	Yes	Yes	Yes	Yes	No
	1031	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1034	Yes	Yes			Yes	103.57	Yes	Yes	Yes	Yes	No
	1037	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1039	Yes	No	AE	01	No	60.71	No	Yes	Yes	Yes	No
	1043	Yes	Yes			Yes	112.50	No	Yes	Yes	Yes	Yes
	1045	Yes	Yes			Yes	89.29	No	Yes	Yes	Yes	Yes
	1047	Yes	Yes			Yes	112.50	No	Yes	Yes	Yes	Yes
	1048	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1051	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1054	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1056	Yes	Yes			Yes	104.17	No	Yes	Yes	Yes	Yes
	1057	Yes	Yes			Yes	110.71	No	Yes	Yes	Yes	Yes
	1058	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1060	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1061	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1063	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1066	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1071	Yes	No	Lack of efficacy		No	43.75	Yes	Yes	Yes	Yes	No
	1073	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1074	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1078	Yes	No	Lack of efficacy		Yes	114.29	Yes	Yes	Yes	Yes	No
	1082	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1084	Yes	No	Protocol Violation		No	0.00	Yes	Yes	No	No	No
	1085	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes

Listing 1: Disposition of subjects - ALL population

Treatment	Subject	Randomised	Study completed	Reason for non-completion	AE No.	Compliance >= 75%	Compliance (%)	Major protocol deviation	Population			
									ALL	SAF	ITT	PP
Placebo	1087	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1088	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1091	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1094	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1098	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1099	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1101	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1102	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1103	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1107	Yes	Yes			Yes	129.17	No	Yes	Yes	Yes	Yes
	1110	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1113	Yes	Yes			Yes	110.00	No	Yes	Yes	Yes	Yes
	1114	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1115	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1117	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1118	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
Gaviscon Double Action Tablets	1003	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1004	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1005	Yes	Yes			Yes	85.71	No	Yes	Yes	Yes	Yes
	1008	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1010	Yes	Yes			Yes	98.21	No	Yes	Yes	Yes	Yes
	1012	Yes	Yes			Yes	89.29	No	Yes	Yes	Yes	Yes
	1016	Yes	Yes			Yes	101.79	No	Yes	Yes	Yes	Yes
	1017	Yes	Yes			Yes	114.29	Yes	Yes	Yes	Yes	No
	1020	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1021	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1023	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1024	Yes	Yes			Yes	103.57	Yes	Yes	Yes	Yes	No
	1025	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1028	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1030	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1033	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1036	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1038	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1040	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1041	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1044	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1046	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1049	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes

Listing 1: Disposition of subjects - ALL population

Treatment	Subject	Randomised	Study completed	Reason for non-completion	AE No.	Compliance >= 75%	Compliance (%)	Major protocol deviation	Population			
									ALL	SAF	ITT	PP
Gaviscon Double Action Tablets	1050	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1052	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1053	Yes	Yes			Yes	122.92	No	Yes	Yes	Yes	Yes
	1055	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1059	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1062	Yes	Yes			Yes	104.17	No	Yes	Yes	Yes	Yes
	1064	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1068	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1069	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1070	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1072	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1075	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1079	Yes	Yes			Yes	101.79	No	Yes	Yes	Yes	Yes
	1080	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1081	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1083	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1086	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1089	Yes	Yes			Yes	114.29	No	Yes	Yes	Yes	Yes
	1090	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1093	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1095	Yes	Yes			Yes	103.57	No	Yes	Yes	Yes	Yes
	1096	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1097	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1100	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1104	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1105	Yes	Yes			Yes	108.33	No	Yes	Yes	Yes	Yes
	1106	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1108	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1109	Yes	Yes			Yes	107.14	No	Yes	Yes	Yes	Yes
	1111	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1112	Yes	Yes			Yes	104.17	No	Yes	Yes	Yes	Yes
	1116	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes
	1119	Yes	Yes			Yes	100.00	No	Yes	Yes	Yes	Yes

Listing 5: Study medication - ALL population

Treatment	Subject	Population			Tablets dispensed		Tablets returned		Calculated duration of treatment (days)*	Compliance compared to the individual scheduled study medication (%)	Patient compliant regarding study medication (>= 75% of scheduled tablets taken)
		SAF	ITT	PP	Date	Number of tablets	Date	Number of tablets			
Placebo	1001	Yes	Yes	Yes	03SEP2012	64	11SEP2012	8	7	100.00	Compliant
	1002	Yes	Yes	Yes	03SEP2012	64	11SEP2012	8	7	100.00	Compliant
	1006	Yes	Yes	Yes	03SEP2012	64	11SEP2012	8	7	100.00	Compliant
	1007	Yes	Yes	Yes	03SEP2012	64	11SEP2012	8	7	100.00	Compliant
	1009	Yes	Yes	Yes	03SEP2012	64	14SEP2012	0	10	114.29	Compliant
	1011	Yes	Yes	Yes	05SEP2012	64	12SEP2012	16	6	100.00	Compliant
	1013	Yes	Yes	Yes	03SEP2012	64	11SEP2012	12	7	92.86	Compliant
	1014	Yes	Yes	Yes	10SEP2012	64	19SEP2012	6	8	103.57	Compliant
	1015	Yes	Yes	Yes	10SEP2012	64	18SEP2012	4	7	107.14	Compliant
	1018	Yes	Yes	Yes	10SEP2012	64	18SEP2012	12	7	92.86	Compliant
	1019	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1022	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1026	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1027	Yes	Yes	Yes	10SEP2012	64	18SEP2012	6	7	103.57	Compliant
	1029	Yes	Yes	No	12SEP2012	64	20SEP2012	4	7	107.14	Compliant
	1031	Yes	Yes	Yes	17SEP2012	64	25SEP2012	8	7	100.00	Compliant
	1034	Yes	Yes	No	18SEP2012	64	26SEP2012	6	7	103.57	Compliant
	1037	Yes	Yes	Yes	17SEP2012	64	25SEP2012	6	7	103.57	Compliant
	1039	Yes	Yes	No	17SEP2012	64	25SEP2012	30	7	60.71	Non-compliant
	1043	Yes	Yes	Yes	20SEP2012	64	27SEP2012	10	6	112.50	Compliant
	1045	Yes	Yes	Yes	19SEP2012	64	27SEP2012	14	7	89.29	Compliant
	1047	Yes	Yes	Yes	18SEP2012	64	25SEP2012	10	6	112.50	Compliant
	1048	Yes	Yes	Yes	18SEP2012	64	26SEP2012	8	7	100.00	Compliant
	1051	Yes	Yes	Yes	25SEP2012	64	02OCT2012	16	6	100.00	Compliant
	1054	Yes	Yes	Yes	25SEP2012	64	02OCT2012	12	6	108.33	Compliant
	1056	Yes	Yes	Yes	25SEP2012	64	02OCT2012	14	6	104.17	Compliant
	1057	Yes	Yes	Yes	26SEP2012	64	04OCT2012	2	7	110.71	Compliant
	1058	Yes	Yes	Yes	25SEP2012	64	02OCT2012	12	6	108.33	Compliant
	1060	Yes	Yes	Yes	25SEP2012	64	04OCT2012	8	8	100.00	Compliant
	1061	Yes	Yes	Yes	25SEP2012	64	02OCT2012	16	6	100.00	Compliant
	1063	Yes	Yes	Yes	25SEP2012	64	02OCT2012	12	6	108.33	Compliant
	1066	Yes	Yes	Yes	26SEP2012	64	04OCT2012	4	7	107.14	Compliant
	1071	Yes	Yes	No	26SEP2012	64	01OCT2012	50	4	43.75	Non-compliant
	1073	Yes	Yes	Yes	26SEP2012	64	05OCT2012	0	8	114.29	Compliant
	1074	Yes	Yes	Yes	26SEP2012	64	04OCT2012	4	7	107.14	Compliant
	1078	Yes	Yes	No	01OCT2012	64	09OCT2012	0	7	114.29	Compliant
	1082	Yes	Yes	Yes	02OCT2012	64	10OCT2012	8	7	100.00	Compliant

* From date of dispensing to date of return, days (as scheduled) were taken into account for the compliance calculation

Listing 5: Study medication - ALL population

Treatment	Subject	Population SAF	Population ITT	Population PP	Tablets dispensed Date	Tablets dispensed Number of tablets	Tablets returned Date	Tablets returned Number of tablets	Calculated duration of treatment (days)*	Compliance compared to the individual scheduled study medication (%)	Patient compliant regarding study medication (>= 75% of scheduled tablets taken)
Placebo	1084	No	No	No	02OCT2012	64	04OCT2012	64	1	0.00	Non-compliant
	1085	Yes	Yes	Yes	02OCT2012	64	10OCT2012	8	7	100.00	Compliant
	1087	Yes	Yes	Yes	01OCT2012	64	09OCT2012	6	7	103.57	Compliant
	1088	Yes	Yes	Yes	01OCT2012	64	09OCT2012	6	7	103.57	Compliant
	1091	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1094	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1098	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1099	Yes	Yes	Yes	08OCT2012	64	16OCT2012	4	7	107.14	Compliant
	1101	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1102	Yes	Yes	Yes	16OCT2012	64	24OCT2012	8	7	100.00	Compliant
	1103	Yes	Yes	Yes	15OCT2012	64	23OCT2012	8	7	100.00	Compliant
	1107	Yes	Yes	Yes	23OCT2012	64	30OCT2012	2	6	129.17	Compliant
	1110	Yes	Yes	Yes	22OCT2012	64	30OCT2012	4	7	107.14	Compliant
	1113	Yes	Yes	Yes	24OCT2012	64	30OCT2012	20	5	110.00	Compliant
	1114	Yes	Yes	Yes	22OCT2012	64	30OCT2012	8	7	100.00	Compliant
	1115	Yes	Yes	Yes	22OCT2012	64	31OCT2012	8	8	100.00	Compliant
	1117	Yes	Yes	Yes	22OCT2012	64	30OCT2012	4	7	107.14	Compliant
	1118	Yes	Yes	Yes	22OCT2012	64	31OCT2012	8	8	100.00	Compliant
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	03SEP2012	64	11SEP2012	6	7	103.57	Compliant
	1004	Yes	Yes	Yes	03SEP2012	64	11SEP2012	8	7	100.00	Compliant
	1005	Yes	Yes	Yes	03SEP2012	64	11SEP2012	16	7	85.71	Compliant
	1008	Yes	Yes	Yes	03SEP2012	64	12SEP2012	0	8	114.29	Compliant
	1010	Yes	Yes	Yes	03SEP2012	64	11SEP2012	9	7	98.21	Compliant
	1012	Yes	Yes	Yes	03SEP2012	64	11SEP2012	14	7	89.29	Compliant
	1016	Yes	Yes	Yes	10SEP2012	64	18SEP2012	7	7	101.79	Compliant
	1017	Yes	Yes	No	10SEP2012	64	18SEP2012	0	7	114.29	Compliant
	1020	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1021	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1023	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1024	Yes	Yes	No	10SEP2012	64	18SEP2012	6	7	103.57	Compliant
	1025	Yes	Yes	Yes	10SEP2012	64	18SEP2012	8	7	100.00	Compliant
	1028	Yes	Yes	Yes	10SEP2012	64	18SEP2012	6	7	103.57	Compliant
	1030	Yes	Yes	Yes	17SEP2012	64	25SEP2012	6	7	103.57	Compliant
	1033	Yes	Yes	Yes	17SEP2012	64	25SEP2012	8	7	100.00	Compliant
	1036	Yes	Yes	Yes	17SEP2012	64	25SEP2012	6	7	103.57	Compliant
	1038	Yes	Yes	Yes	17SEP2012	64	25SEP2012	8	7	100.00	Compliant

* For more than 7 days of treatment, 7 days (as scheduled) were taken into account for the compliance calculation

 -continued on next page-

Listing 5: Study medication - ALL population

Treatment	Subject	Population			Tablets dispensed		Tablets returned		Calculated duration of treatment (days)*	Compliance compared to the individual scheduled study medication (%)	Patient compliant regarding study medication (>= 75% of scheduled tablets taken)
		SAF	ITT	PP	Date	Number of tablets	Date	Number of tablets			
Gaviscon Double Action Tablets	1040	Yes	Yes	Yes	19SEP2012	64	27SEP2012	6	7	103.57	Compliant
	1041	Yes	Yes	Yes	17SEP2012	64	25SEP2012	6	7	103.57	Compliant
	1044	Yes	Yes	Yes	19SEP2012	64	27SEP2012	8	7	100.00	Compliant
	1046	Yes	Yes	Yes	17SEP2012	64	25SEP2012	8	7	100.00	Compliant
	1049	Yes	Yes	Yes	25SEP2012	64	02OCT2012	16	6	100.00	Compliant
	1050	Yes	Yes	Yes	25SEP2012	64	02OCT2012	16	6	100.00	Compliant
	1052	Yes	Yes	Yes	25SEP2012	64	02OCT2012	12	6	108.33	Compliant
	1053	Yes	Yes	Yes	25SEP2012	64	02OCT2012	5	6	122.92	Compliant
	1055	Yes	Yes	Yes	25SEP2012	64	02OCT2012	12	6	108.33	Compliant
	1059	Yes	Yes	Yes	26SEP2012	64	04OCT2012	8	7	100.00	Compliant
	1062	Yes	Yes	Yes	25SEP2012	64	02OCT2012	14	6	104.17	Compliant
	1064	Yes	Yes	Yes	26SEP2012	64	04OCT2012	8	7	100.00	Compliant
	1068	Yes	Yes	Yes	25SEP2012	64	02OCT2012	12	6	108.33	Compliant
	1069	Yes	Yes	Yes	26SEP2012	64	04OCT2012	0	7	114.29	Compliant
	1070	Yes	Yes	Yes	26SEP2012	64	05OCT2012	0	8	114.29	Compliant
	1072	Yes	Yes	Yes	26SEP2012	64	05OCT2012	0	8	114.29	Compliant
	1075	Yes	Yes	Yes	28SEP2012	64	05OCT2012	12	6	108.33	Compliant
	1079	Yes	Yes	Yes	01OCT2012	64	09OCT2012	7	7	101.79	Compliant
	1080	Yes	Yes	Yes	01OCT2012	64	10OCT2012	0	8	114.29	Compliant
	1081	Yes	Yes	Yes	02OCT2012	64	10OCT2012	4	7	107.14	Compliant
	1083	Yes	Yes	Yes	01OCT2012	64	10OCT2012	8	8	100.00	Compliant
	1086	Yes	Yes	Yes	04OCT2012	64	11OCT2012	12	6	108.33	Compliant
	1089	Yes	Yes	Yes	01OCT2012	64	10OCT2012	0	8	114.29	Compliant
	1090	Yes	Yes	Yes	04OCT2012	64	11OCT2012	12	6	108.33	Compliant
	1093	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1095	Yes	Yes	Yes	08OCT2012	64	16OCT2012	6	7	103.57	Compliant
	1096	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1097	Yes	Yes	Yes	08OCT2012	64	16OCT2012	4	7	107.14	Compliant
	1100	Yes	Yes	Yes	08OCT2012	64	16OCT2012	8	7	100.00	Compliant
	1104	Yes	Yes	Yes	22OCT2012	64	29OCT2012	12	6	108.33	Compliant
	1105	Yes	Yes	Yes	23OCT2012	64	30OCT2012	12	6	108.33	Compliant
	1106	Yes	Yes	Yes	22OCT2012	64	30OCT2012	8	7	100.00	Compliant
	1108	Yes	Yes	Yes	22OCT2012	64	30OCT2012	8	7	100.00	Compliant
	1109	Yes	Yes	Yes	22OCT2012	64	30OCT2012	4	7	107.14	Compliant
	1111	Yes	Yes	Yes	22OCT2012	64	30OCT2012	8	7	100.00	Compliant
	1112	Yes	Yes	Yes	23OCT2012	64	30OCT2012	14	6	104.17	Compliant
	1116	Yes	Yes	Yes	22OCT2012	64	30OCT2012	8	7	100.00	Compliant

* From date of dispensation, days (as scheduled) were taken into account for the compliance calculation

Listing 5: Study medication - ALL population

Treatment	Subject	Population			Tablets dispensed		Tablets returned		Calculated duration of treatment (days)*	Compliance compared to the individual scheduled study medication (%)	Patient compliant regarding study medication (>= 75% of scheduled tablets taken)
		SAF	ITT	PP	Date	Number of tablets	Date	Number of tablets			
Gaviscon Double Action Tablets	1119	Yes	Yes	Yes	22OCT2012	64	30OCT2012	8	7	100.00	Compliant

* For more than 7 days of treatment, 7 days (as scheduled) were taken into account for the compliance calculation

16.2.6 Individual Efficacy Response Data

This appendix contains:

Listing 10 (RDQ scores at baseline and at study end including calculated and LOCF [last observation carried forward] values – ALL population).

Listing 11 (OTE score – ALL population).

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1001	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	1	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	1	0	
					1d. A pain in the centre of the upper stomach	4	2	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	4	1	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	1.00	0.00	
					Dyspepsia	3.00	0.75	
					Regurgitation	1.00	0.00	
					RDQ score	1.67	0.25	
					GERD dimension	1.00	0.00	
					Frequency of heartburn	0.50	0.00	
					Frequency of dyspepsia	2.50	1.00	
					Frequency of regurgitation	1.00	0.00	
					Frequency of GERD dimension	0.75	0.00	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	3.50	0.50	
					Intensity of regurgitation	1.00	0.00	
					Intensity of GERD dimension	1.25	0.00	
	1002	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	5	0	
					1c. A burning feeling in the centre of the upper stomach	5	0	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	5	0	
					1f. Unpleasant movement of material upwards from the stomach	5	0	
					2a. A burning feeling behind your breastbone	5	0	
					2b. Pain behind your breastbone	5	0	
					2c. A burning feeling in the centre of the upper stomach	5	0	
					2d. A pain in the centre of the upper stomach	5	0	
					2e. An acid taste in your mouth	5	0	
					2f. Unpleasant movement of material upwards from the stomach	5	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1002	Yes	Yes	Yes	Heartburn	5.00	0.00	
					Dyspepsia	5.00	0.00	
					Regurgitation	5.00	0.00	
					RDQ score	5.00	0.00	
					GERD dimension	5.00	0.00	
					Frequency of heartburn	5.00	0.00	
					Frequency of dyspepsia	5.00	0.00	
					Frequency of regurgitation	5.00	0.00	
					Frequency of GERD dimension	5.00	0.00	
					Intensity of heartburn	5.00	0.00	
					Intensity of dyspepsia	5.00	0.00	
					Intensity of regurgitation	5.00	0.00	
					Intensity of GERD dimension	5.00	0.00	
	1006	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	1	
					1b. Pain behind your breastbone	0	1	
					1c. A burning feeling in the centre of the upper stomach	1	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	3	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.25	2.00	
					Dyspepsia	1.00	0.00	
					Regurgitation	0.00	0.00	
					RDQ score	0.75	0.67	
					GERD dimension	0.63	1.00	
					Frequency of heartburn	1.00	1.00	
					Frequency of dyspepsia	0.50	0.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.50	0.50	
					Intensity of heartburn	1.50	3.00	
					Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	0.00	0.00	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1006	Yes	Yes	Yes	Intensity of GERD dimension	0.75	1.50	
	1007	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	4	5	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	5	
					1f. Unpleasant movement of material upwards from the stomach	2	5	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	4	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	3	4	
					Heartburn	0.00	0.00	
					Dyspepsia	1.75	2.25	
					Regurgitation	2.75	4.50	
					RDQ score	1.50	2.25	
					GERD dimension	1.38	2.25	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	2.00	2.50	
					Frequency of regurgitation	2.50	5.00	
					Frequency of GERD dimension	1.25	2.50	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	1.50	2.00	
					Intensity of regurgitation	3.00	4.00	
					Intensity of GERD dimension	1.50	2.00	
	1009	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	0	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1009	Yes	Yes	Yes	2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.75	1.00	
					Dyspepsia	1.75	1.00	
					Regurgitation	0.00	0.00	
					RDQ score	1.17	0.67	
					GERD dimension	0.88	0.50	
					Frequency of heartburn	2.00	1.00	
					Frequency of dyspepsia	2.00	1.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	1.00	0.50	
					Intensity of heartburn	1.50	1.00	
					Intensity of dyspepsia	1.50	1.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	0.75	0.50	
	1011	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	1	1	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	1	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	2	1	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	2	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	1	1	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	0.75	0.50	
					Dyspepsia	1.00	0.50	
					Regurgitation	1.75	0.50	
					RDQ score	1.17	0.50	
					GERD dimension	1.25	0.50	
					Frequency of heartburn	0.50	0.50	
					Frequency of dyspepsia	1.00	0.50	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	1.25	0.50	
					Intensity of heartburn	1.00	0.50	

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Questions 2a to 2f: 0=Did not have 1=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1011	Yes	Yes	Yes	Intensity of dyspepsia	1.00	0.50	
					Intensity of regurgitation	1.50	0.50	
					Intensity of GERD dimension	1.25	0.50	
	1013	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	2	
					1b. Pain behind your breastbone	3	2	
					1c. A burning feeling in the centre of the upper stomach	2	2	
					1d. A pain in the centre of the upper stomach	2	2	
					1e. An acid taste in your mouth	3	2	
					1f. Unpleasant movement of material upwards from the stomach	3	2	
					2a. A burning feeling behind your breastbone	4	4	
					2b. Pain behind your breastbone	4	4	
					2c. A burning feeling in the centre of the upper stomach	2	4	
					2d. A pain in the centre of the upper stomach	2	4	
					2e. An acid taste in your mouth	4	3	
					2f. Unpleasant movement of material upwards from the stomach	4	3	
					Heartburn	3.50	3.00	
					Dyspepsia	2.00	3.00	
					Regurgitation	3.50	2.50	
					RDQ score	3.00	2.83	
					GERD dimension	3.50	2.75	
					Frequency of heartburn	3.00	2.00	
					Frequency of dyspepsia	2.00	2.00	
					Frequency of regurgitation	3.00	2.00	
					Frequency of GERD dimension	3.00	2.00	
					Intensity of heartburn	4.00	4.00	
					Intensity of dyspepsia	2.00	4.00	
					Intensity of regurgitation	4.00	3.00	
					Intensity of GERD dimension	4.00	3.50	
	1014	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	4	3	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	4	2	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	4	3	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	4	3	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1014	Yes	Yes	Yes	2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	3	2	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	4	3	
					Heartburn	4.00	3.00	
					Dyspepsia	3.75	2.25	
					Regurgitation	3.50	1.50	
					RDQ score	3.75	2.25	
					GERD dimension	3.75	2.25	
					Frequency of heartburn	4.00	3.00	
					Frequency of dyspepsia	4.00	2.00	
					Frequency of regurgitation	3.50	1.50	
					Frequency of GERD dimension	3.75	2.25	
					Intensity of heartburn	4.00	3.00	
					Intensity of dyspepsia	3.50	2.50	
					Intensity of regurgitation	3.50	1.50	
					Intensity of GERD dimension	3.75	2.25	
	1015	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	4	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	5	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	2	4	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.75	1.50	
					Dyspepsia	2.25	1.75	
					Regurgitation	1.00	2.25	
					RDQ score	1.67	1.83	
					GERD dimension	1.38	1.88	
					Frequency of heartburn	2.00	1.50	
					Frequency of dyspepsia	2.50	2.00	
					Frequency of regurgitation	1.00	2.50	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1015	Yes	Yes	Yes	Frequency of GERD dimension	1.50	2.00	
					Intensity of heartburn	1.50	1.50	
					Intensity of dyspepsia	2.00	1.50	
					Intensity of regurgitation	1.00	2.00	
					Intensity of GERD dimension	1.25	1.75	
	1018	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	2	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	1	
					1f. Unpleasant movement of material upwards from the stomach	0	2	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	2	1	
					2f. Unpleasant movement of material upwards from the stomach	0	2	
					Heartburn	2.00	1.50	
					Dyspepsia	1.50	1.00	
					Regurgitation	1.25	1.50	
					RDQ score	1.58	1.33	
					GERD dimension	1.63	1.50	
					Frequency of heartburn	2.00	1.50	
					Frequency of dyspepsia	1.50	1.00	
					Frequency of regurgitation	1.50	1.50	
					Frequency of GERD dimension	1.75	1.50	
					Intensity of heartburn	2.00	1.50	
					Intensity of dyspepsia	1.50	1.00	
					Intensity of regurgitation	1.00	1.50	
					Intensity of GERD dimension	1.50	1.50	
	1019	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	5	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	4	5	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	1	1	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1019	Yes	Yes	Yes	2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	3	3	
					Heartburn	1.75	2.00	
					Dyspepsia	1.75	2.00	
					Regurgitation	1.00	1.00	
					RDQ score	1.50	1.67	
					GERD dimension	1.38	1.50	
					Frequency of heartburn	2.00	2.50	
					Frequency of dyspepsia	2.00	2.50	
					Frequency of regurgitation	0.50	0.50	
					Frequency of GERD dimension	1.25	1.50	
					Intensity of heartburn	1.50	1.50	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	1.50	1.50	
					Intensity of GERD dimension	1.50	1.50	
	1022	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	4	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	3	4	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	4	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	3.50	1.75	
					Dyspepsia	3.00	1.75	
					Regurgitation	3.00	0.00	
					RDQ score	3.17	1.17	
					GERD dimension	3.25	0.88	
					Frequency of heartburn	3.00	2.00	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1022	Yes	Yes	Yes	Frequency of dyspepsia	3.00	2.00	
					Frequency of regurgitation	3.00	0.00	
					Frequency of GERD dimension	3.00	1.00	
					Intensity of heartburn	4.00	1.50	
					Intensity of dyspepsia	3.00	1.50	
					Intensity of regurgitation	3.00	0.00	
					Intensity of GERD dimension	3.50	0.75	
	1026	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	1	1	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	1	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.50	0.00	
					Dyspepsia	1.00	0.50	
					Regurgitation	1.50	0.50	
					RDQ score	1.33	0.33	
					GERD dimension	1.50	0.25	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	0.50	0.50	
					Frequency of regurgitation	1.00	0.50	
					Frequency of GERD dimension	1.25	0.25	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	1.50	0.50	
					Intensity of regurgitation	2.00	0.50	
					Intensity of GERD dimension	1.75	0.25	
	1027	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	0	0	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1027	Yes	Yes	Yes	1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	1	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	1.25	0.00	
					Dyspepsia	1.25	0.00	
					Regurgitation	3.00	0.50	
					RDQ score	1.83	0.17	
					GERD dimension	2.13	0.25	
					Frequency of heartburn	1.00	0.00	
					Frequency of dyspepsia	1.00	0.00	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	1.50	0.25	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	4.00	0.50	
					Intensity of GERD dimension	2.75	0.25	
	1029	Yes	Yes	No	1a. A burning feeling behind your breastbone	5	5	
					1b. Pain behind your breastbone	5	4	
					1c. A burning feeling in the centre of the upper stomach	5	5	
					1d. A pain in the centre of the upper stomach	3	4	
					1e. An acid taste in your mouth	5	5	
					1f. Unpleasant movement of material upwards from the stomach	0	3	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	3	3	
					2c. A burning feeling in the centre of the upper stomach	4	4	
					2d. A pain in the centre of the upper stomach	3	2	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	0	2	
					Heartburn	4.25	3.75	
					Dyspepsia	3.75	3.75	
					Regurgitation	2.00	3.50	
					RDQ score	3.33	3.67	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1029	Yes	Yes	No	GERD dimension	3.13	3.63	
					Frequency of heartburn	5.00	4.50	
					Frequency of dyspepsia	4.00	4.50	
					Frequency of regurgitation	2.50	4.00	
					Frequency of GERD dimension	3.75	4.25	
					Intensity of heartburn	3.50	3.00	
					Intensity of dyspepsia	3.50	3.00	
					Intensity of regurgitation	1.50	3.00	
					Intensity of GERD dimension	2.50	3.00	
	1031	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	2	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	4	0	
					1f. Unpleasant movement of material upwards from the stomach	4	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	5	0	
					2e. An acid taste in your mouth	4	0	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	1.75	0.00	
					Dyspepsia	3.75	1.00	
					Regurgitation	4.00	0.00	
					RDQ score	3.17	0.33	
					GERD dimension	2.88	0.00	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	3.50	1.00	
					Frequency of regurgitation	4.00	0.00	
					Frequency of GERD dimension	2.75	0.00	
					Intensity of heartburn	2.00	0.00	
					Intensity of dyspepsia	4.00	1.00	
					Intensity of regurgitation	4.00	0.00	
					Intensity of GERD dimension	3.00	0.00	
	1034	Yes	Yes	No	1a. A burning feeling behind your breastbone	2	2	
					1b. Pain behind your breastbone	2	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1034	Yes	Yes	No	1c. A burning feeling in the centre of the upper stomach	0	3	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	0	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	2	1	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	2.50	1.00	
					Dyspepsia	0.00	1.50	
					Regurgitation	2.00	0.50	
					RDQ score	1.50	1.00	
					GERD dimension	2.25	0.75	
					Frequency of heartburn	2.00	1.00	
					Frequency of dyspepsia	0.00	1.50	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	2.00	0.75	
					Intensity of heartburn	3.00	1.00	
					Intensity of dyspepsia	0.00	1.50	
					Intensity of regurgitation	2.00	0.50	
					Intensity of GERD dimension	2.50	0.75	
	1037	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	3	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	0	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	0.00	1.50	
					Dyspepsia	3.50	1.50	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1037	Yes	Yes	Yes	Regurgitation	3.00	0.00	
					RDQ score	2.17	1.00	
					GERD dimension	1.50	0.75	
					Frequency of heartburn	0.00	1.50	
					Frequency of dyspepsia	3.00	1.50	
					Frequency of regurgitation	3.00	0.00	
					Frequency of GERD dimension	1.50	0.75	
					Intensity of heartburn	0.00	1.50	
					Intensity of dyspepsia	4.00	1.50	
					Intensity of regurgitation	3.00	0.00	
					Intensity of GERD dimension	1.50	0.75	
	1039	Yes	Yes	No	1a. A burning feeling behind your breastbone	2	3	
					1b. Pain behind your breastbone	2	2	
					1c. A burning feeling in the centre of the upper stomach	2	2	
					1d. A pain in the centre of the upper stomach	2	2	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	3	2	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	3	2	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	2.50	2.25	
					Dyspepsia	2.50	2.00	
					Regurgitation	0.00	0.00	
					RDQ score	1.67	1.42	
					GERD dimension	1.25	1.13	
					Frequency of heartburn	2.00	2.50	
					Frequency of dyspepsia	2.00	2.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	1.00	1.25	
					Intensity of heartburn	3.00	2.00	
					Intensity of dyspepsia	3.00	2.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.50	1.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1043	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	2	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	5	0	
					1f. Unpleasant movement of material upwards from the stomach	5	0	
					2a. A burning feeling behind your breastbone	5	0	
					2b. Pain behind your breastbone	2	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	3.50	0.00	
					Dyspepsia	0.00	0.00	
					Regurgitation	4.25	0.00	
					RDQ score	2.58	0.00	
					GERD dimension	3.88	0.00	
					Frequency of heartburn	3.50	0.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	5.00	0.00	
					Frequency of GERD dimension	4.25	0.00	
					Intensity of heartburn	3.50	0.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	3.50	0.00	
					Intensity of GERD dimension	3.50	0.00	
	1045	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	4	3	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	4	4	
					1f. Unpleasant movement of material upwards from the stomach	4	4	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	5	4	
					2f. Unpleasant movement of material upwards from the stomach	5	4	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1045	Yes	Yes	Yes	Heartburn	1.75	1.50	
					Dyspepsia	1.75	1.50	
					Regurgitation	4.50	4.00	
					RDQ score	2.67	2.33	
					GERD dimension	3.13	2.75	
					Frequency of heartburn	2.00	1.50	
					Frequency of dyspepsia	2.00	1.50	
					Frequency of regurgitation	4.00	4.00	
					Frequency of GERD dimension	3.00	2.75	
					Intensity of heartburn	1.50	1.50	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	5.00	4.00	
					Intensity of GERD dimension	3.25	2.75	
	1047	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	1	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	2	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	2	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	1.25	0.75	
					Dyspepsia	1.50	0.75	
					Regurgitation	2.50	0.50	
					RDQ score	1.75	0.67	
					GERD dimension	1.88	0.63	
					Frequency of heartburn	1.50	0.50	
					Frequency of dyspepsia	1.50	1.00	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	1.75	0.50	
					Intensity of heartburn	1.00	1.00	
					Intensity of dyspepsia	1.50	0.50	
					Intensity of regurgitation	3.00	0.50	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1047	Yes	Yes	Yes	Intensity of GERD dimension	2.00	0.75	
	1048	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	5	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	5	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	2	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	1	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	2	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	1	1	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	2.00	1.50	
					Dyspepsia	1.00	1.50	
					Regurgitation	0.75	0.75	
					RDQ score	1.25	1.25	
					GERD dimension	1.38	1.13	
					Frequency of heartburn	2.50	2.50	
					Frequency of dyspepsia	1.00	2.50	
					Frequency of regurgitation	1.00	1.00	
					Frequency of GERD dimension	1.75	1.75	
					Intensity of heartburn	1.50	0.50	
					Intensity of dyspepsia	1.00	0.50	
					Intensity of regurgitation	0.50	0.50	
					Intensity of GERD dimension	1.00	0.50	
	1051	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	3	2	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	2	2	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	4	2	
					2b. Pain behind your breastbone	4	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	3	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1051	Yes	Yes	Yes	2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	3.50	1.25	
					Dyspepsia	3.00	1.00	
					Regurgitation	2.50	1.00	
					RDQ score	3.00	1.08	
					GERD dimension	3.00	1.13	
					Frequency of heartburn	3.00	1.50	
					Frequency of dyspepsia	3.00	1.00	
					Frequency of regurgitation	2.00	1.00	
					Frequency of GERD dimension	2.50	1.25	
					Intensity of heartburn	4.00	1.00	
					Intensity of dyspepsia	3.00	1.00	
					Intensity of regurgitation	3.00	1.00	
					Intensity of GERD dimension	3.50	1.00	
	1054	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	5	
					1d. A pain in the centre of the upper stomach	1	2	
					1e. An acid taste in your mouth	5	5	
					1f. Unpleasant movement of material upwards from the stomach	5	3	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	4	
					2d. A pain in the centre of the upper stomach	3	3	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	3	5	
					Heartburn	0.00	0.00	
					Dyspepsia	3.00	3.50	
					Regurgitation	4.00	4.25	
					RDQ score	2.33	2.58	
					GERD dimension	2.00	2.13	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	3.00	3.50	
					Frequency of regurgitation	5.00	4.00	
					Frequency of GERD dimension	2.50	2.00	
					Intensity of heartburn	0.00	0.00	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1054	Yes	Yes	Yes	Intensity of dyspepsia	3.00	3.50	
					Intensity of regurgitation	3.00	4.50	
					Intensity of GERD dimension	1.50	2.25	
	1056	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	3	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	2	0	
					1e. An acid taste in your mouth	3	3	
					1f. Unpleasant movement of material upwards from the stomach	0	2	
					2a. A burning feeling behind your breastbone	0	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	2	0	
					2e. An acid taste in your mouth	3	3	
					2f. Unpleasant movement of material upwards from the stomach	0	1	
					Heartburn	0.00	1.50	
					Dyspepsia	2.50	1.50	
					Regurgitation	1.50	2.25	
					RDQ score	1.33	1.75	
					GERD dimension	0.75	1.88	
					Frequency of heartburn	0.00	1.50	
					Frequency of dyspepsia	2.50	1.50	
					Frequency of regurgitation	1.50	2.50	
					Frequency of GERD dimension	0.75	2.00	
					Intensity of heartburn	0.00	1.50	
					Intensity of dyspepsia	2.50	1.50	
					Intensity of regurgitation	1.50	2.00	
					Intensity of GERD dimension	0.75	1.75	
	1057	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	5	0	
					1c. A burning feeling in the centre of the upper stomach	5	1	
					1d. A pain in the centre of the upper stomach	5	1	
					1e. An acid taste in your mouth	5	1	
					1f. Unpleasant movement of material upwards from the stomach	5	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	3	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1057	Yes	Yes	Yes	2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	3	1	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	4.25	0.00	
					Dyspepsia	4.00	1.00	
					Regurgitation	4.00	0.50	
					RDQ score	4.08	0.50	
					GERD dimension	4.13	0.25	
					Frequency of heartburn	5.00	0.00	
					Frequency of dyspepsia	5.00	1.00	
					Frequency of regurgitation	5.00	0.50	
					Frequency of GERD dimension	5.00	0.25	
					Intensity of heartburn	3.50	0.00	
					Intensity of dyspepsia	3.00	1.00	
					Intensity of regurgitation	3.00	0.50	
					Intensity of GERD dimension	3.25	0.25	
	1058	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	4	
					1b. Pain behind your breastbone	3	2	
					1c. A burning feeling in the centre of the upper stomach	3	1	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	1	2	
					2b. Pain behind your breastbone	3	2	
					2c. A burning feeling in the centre of the upper stomach	1	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	2.75	2.50	
					Dyspepsia	1.00	0.50	
					Regurgitation	2.00	0.00	
					RDQ score	1.92	1.00	
					GERD dimension	2.38	1.25	
					Frequency of heartburn	3.50	3.00	
					Frequency of dyspepsia	1.50	0.50	
					Frequency of regurgitation	1.50	0.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1058	Yes	Yes	Yes	Frequency of GERD dimension	2.50	1.50	
					Intensity of heartburn	2.00	2.00	
					Intensity of dyspepsia	0.50	0.50	
					Intensity of regurgitation	2.50	0.00	
					Intensity of GERD dimension	2.25	1.00	
	1060	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	5	
					1b. Pain behind your breastbone	5	5	
					1c. A burning feeling in the centre of the upper stomach	5	5	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	3	3	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	4.00	4.00	
					Dyspepsia	2.00	2.00	
					Regurgitation	0.00	0.00	
					RDQ score	2.00	2.00	
					GERD dimension	2.00	2.00	
					Frequency of heartburn	5.00	5.00	
					Frequency of dyspepsia	2.50	2.50	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	2.50	2.50	
					Intensity of heartburn	3.00	3.00	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.50	1.50	
	1061	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	5	
					1b. Pain behind your breastbone	2	5	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1061	Yes	Yes	Yes	2a. A burning feeling behind your breastbone	3	5	
					2b. Pain behind your breastbone	2	5	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	2.25	5.00	
					Dyspepsia	0.00	0.00	
					Regurgitation	1.00	0.00	
					RDQ score	1.08	1.67	
					GERD dimension	1.63	2.50	
					Frequency of heartburn	2.00	5.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	0.50	0.00	
					Frequency of GERD dimension	1.25	2.50	
					Intensity of heartburn	2.50	5.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	2.00	2.50	
	1063	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	3	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	4	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	1	1	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	3	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	0.75	0.75	
					Dyspepsia	2.00	1.50	
					Regurgitation	1.50	1.75	
					RDQ score	1.42	1.33	
					GERD dimension	1.13	1.25	
					Frequency of heartburn	1.00	1.00	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1063	Yes	Yes	Yes	Frequency of dyspepsia	2.50	1.50	
					Frequency of regurgitation	1.50	2.00	
					Frequency of GERD dimension	1.25	1.50	
					Intensity of heartburn	0.50	0.50	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	1.50	1.50	
					Intensity of GERD dimension	1.00	1.00	
	1066	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	3	3	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	3	3	
					1e. An acid taste in your mouth	3	3	
					1f. Unpleasant movement of material upwards from the stomach	2	3	
					2a. A burning feeling behind your breastbone	4	4	
					2b. Pain behind your breastbone	3	4	
					2c. A burning feeling in the centre of the upper stomach	3	4	
					2d. A pain in the centre of the upper stomach	3	4	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	3	4	
					Heartburn	3.25	3.50	
					Dyspepsia	3.00	3.50	
					Regurgitation	2.75	3.50	
					RDQ score	3.00	3.50	
					GERD dimension	3.00	3.50	
					Frequency of heartburn	3.00	3.00	
					Frequency of dyspepsia	3.00	3.00	
					Frequency of regurgitation	2.50	3.00	
					Frequency of GERD dimension	2.75	3.00	
					Intensity of heartburn	3.50	4.00	
					Intensity of dyspepsia	3.00	4.00	
					Intensity of regurgitation	3.00	4.00	
					Intensity of GERD dimension	3.25	4.00	
	1071	Yes	Yes	No	1a. A burning feeling behind your breastbone	5	5	5
					1b. Pain behind your breastbone	5	5	5
					1c. A burning feeling in the centre of the upper stomach	5	5	5
					1d. A pain in the centre of the upper stomach	5	5	5

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1071	Yes	Yes	No	1e. An acid taste in your mouth	5	5	5
					1f. Unpleasant movement of material upwards from the stomach	5	5	5
					2a. A burning feeling behind your breastbone	5	5	5
					2b. Pain behind your breastbone	5	5	5
					2c. A burning feeling in the centre of the upper stomach	5	5	5
					2d. A pain in the centre of the upper stomach	5	5	5
					2e. An acid taste in your mouth	5	5	5
					2f. Unpleasant movement of material upwards from the stomach	5	5	5
					Heartburn	5.00	5.00	
					Dyspepsia	5.00	5.00	
					Regurgitation	5.00	5.00	
					RDQ score	5.00	5.00	
					GERD dimension	5.00	5.00	
					Frequency of heartburn	5.00	5.00	
					Frequency of dyspepsia	5.00	5.00	
					Frequency of regurgitation	5.00	5.00	
					Frequency of GERD dimension	5.00	5.00	
					Intensity of heartburn	5.00	5.00	
					Intensity of dyspepsia	5.00	5.00	
					Intensity of regurgitation	5.00	5.00	
					Intensity of GERD dimension	5.00	5.00	
	1073	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	2	
					1b. Pain behind your breastbone	1	0	
					1c. A burning feeling in the centre of the upper stomach	3	2	
					1d. A pain in the centre of the upper stomach	1	0	
					1e. An acid taste in your mouth	3	2	
					1f. Unpleasant movement of material upwards from the stomach	3	2	
					2a. A burning feeling behind your breastbone	4	4	
					2b. Pain behind your breastbone	2	0	
					2c. A burning feeling in the centre of the upper stomach	4	4	
					2d. A pain in the centre of the upper stomach	1	0	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	4	4	
					Heartburn	2.50	1.50	
					Dyspepsia	2.25	1.50	
					Regurgitation	3.25	2.50	
					RDQ score	2.67	1.83	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1073	Yes	Yes	Yes	GERD dimension	2.88	2.00	
					Frequency of heartburn	2.00	1.00	
					Frequency of dyspepsia	2.00	1.00	
					Frequency of regurgitation	3.00	2.00	
					Frequency of GERD dimension	2.50	1.50	
					Intensity of heartburn	3.00	2.00	
					Intensity of dyspepsia	2.50	2.00	
					Intensity of regurgitation	3.50	3.00	
					Intensity of GERD dimension	3.25	2.50	
	1074	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	0	
					1b. Pain behind your breastbone	4	0	
					1c. A burning feeling in the centre of the upper stomach	3	0	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	5	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	4	0	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	5	0	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	4.00	0.00	
					Dyspepsia	3.50	0.00	
					Regurgitation	4.25	0.00	
					RDQ score	3.92	0.00	
					GERD dimension	4.13	0.00	
					Frequency of heartburn	4.00	0.00	
					Frequency of dyspepsia	3.00	0.00	
					Frequency of regurgitation	4.00	0.00	
					Frequency of GERD dimension	4.00	0.00	
					Intensity of heartburn	4.00	0.00	
					Intensity of dyspepsia	4.00	0.00	
					Intensity of regurgitation	4.50	0.00	
					Intensity of GERD dimension	4.25	0.00	
	1078	Yes	Yes	No	1a. A burning feeling behind your breastbone	4	4	1
					1b. Pain behind your breastbone	0	0	0

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1078	Yes	Yes	No	1c. A burning feeling in the centre of the upper stomach	4	4	1
					1d. A pain in the centre of the upper stomach	0	0	0
					1e. An acid taste in your mouth	4	4	1
					1f. Unpleasant movement of material upwards from the stomach	0	0	0
					2a. A burning feeling behind your breastbone	4	4	3
					2b. Pain behind your breastbone	0	0	0
					2c. A burning feeling in the centre of the upper stomach	3	3	3
					2d. A pain in the centre of the upper stomach	0	0	0
					2e. An acid taste in your mouth	5	5	4
					2f. Unpleasant movement of material upwards from the stomach	0	0	0
					Heartburn	2.00	2.00	
					Dyspepsia	1.75	1.75	
					Regurgitation	2.25	2.25	
					RDQ score	2.00	2.00	
					GERD dimension	2.13	2.13	
					Frequency of heartburn	2.00	2.00	
					Frequency of dyspepsia	2.00	2.00	
					Frequency of regurgitation	2.00	2.00	
					Frequency of GERD dimension	2.00	2.00	
					Intensity of heartburn	2.00	2.00	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	2.50	2.50	
					Intensity of GERD dimension	2.25	2.25	
	1082	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	2	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	3	3	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	4	
					2f. Unpleasant movement of material upwards from the stomach	4	4	
					Heartburn	0.00	0.00	
					Dyspepsia	1.25	1.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1082	Yes	Yes	Yes	Regurgitation	3.75	3.50	
					RDQ score	1.67	1.50	
					GERD dimension	1.88	1.75	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	1.00	1.00	
					Frequency of regurgitation	3.50	3.00	
					Frequency of GERD dimension	1.75	1.50	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	1.50	1.00	
					Intensity of regurgitation	4.00	4.00	
					Intensity of GERD dimension	2.00	2.00	
	1084	No	No	No	1a. A burning feeling behind your breastbone	2		
					1b. Pain behind your breastbone	0		
					1c. A burning feeling in the centre of the upper stomach	3		
					1d. A pain in the centre of the upper stomach	0		
					1e. An acid taste in your mouth	3		
					1f. Unpleasant movement of material upwards from the stomach	0		
					2a. A burning feeling behind your breastbone	3		
					2b. Pain behind your breastbone	0		
					2c. A burning feeling in the centre of the upper stomach	4		
					2d. A pain in the centre of the upper stomach	0		
					2e. An acid taste in your mouth	3		
					2f. Unpleasant movement of material upwards from the stomach	0		
					Heartburn	1.25		
					Dyspepsia	1.75		
					Regurgitation	1.50		
					RDQ score	1.50		
					GERD dimension	1.38		
					Frequency of heartburn	1.00		
					Frequency of dyspepsia	1.50		
					Frequency of regurgitation	1.50		
					Frequency of GERD dimension	1.25		
					Intensity of heartburn	1.50		
					Intensity of dyspepsia	2.00		
					Intensity of regurgitation	1.50		
					Intensity of GERD dimension	1.50		

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1085	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	4	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	5	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	4	4	
					1f. Unpleasant movement of material upwards from the stomach	4	3	
					2a. A burning feeling behind your breastbone	5	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	5	4	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	4	
					2f. Unpleasant movement of material upwards from the stomach	4	4	
					Heartburn	2.25	1.75	
					Dyspepsia	2.00	2.25	
					Regurgitation	4.00	3.75	
					RDQ score	2.75	2.58	
					GERD dimension	3.13	2.75	
					Frequency of heartburn	2.00	2.00	
					Frequency of dyspepsia	1.50	2.50	
					Frequency of regurgitation	4.00	3.50	
					Frequency of GERD dimension	3.00	2.75	
					Intensity of heartburn	2.50	1.50	
					Intensity of dyspepsia	2.50	2.00	
					Intensity of regurgitation	4.00	4.00	
					Intensity of GERD dimension	3.25	2.75	
	1087	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1087	Yes	Yes	Yes	Heartburn	1.75	0.00	
					Dyspepsia	1.50	0.00	
					Regurgitation	1.50	0.00	
					RDQ score	1.58	0.00	
					GERD dimension	1.63	0.00	
					Frequency of heartburn	2.00	0.00	
					Frequency of dyspepsia	1.00	0.00	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	1.75	0.00	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	2.00	0.00	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	1.50	0.00	
	1088	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	1	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	1	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	4	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	2	2	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	1.50	1.00	
					Dyspepsia	2.00	1.50	
					Regurgitation	2.00	0.75	
					RDQ score	1.83	1.08	
					GERD dimension	1.75	0.88	
					Frequency of heartburn	1.50	0.50	
					Frequency of dyspepsia	2.00	1.00	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	1.75	0.50	
					Intensity of heartburn	1.50	1.50	
					Intensity of dyspepsia	2.00	2.00	
					Intensity of regurgitation	2.00	1.00	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1088	Yes	Yes	Yes	Intensity of GERD dimension	1.75	1.25	
	1091	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	5	
					1b. Pain behind your breastbone	5	5	
					1c. A burning feeling in the centre of the upper stomach	5	5	
					1d. A pain in the centre of the upper stomach	5	5	
					1e. An acid taste in your mouth	5	5	
					1f. Unpleasant movement of material upwards from the stomach	5	5	
					2a. A burning feeling behind your breastbone	4	4	
					2b. Pain behind your breastbone	2	5	
					2c. A burning feeling in the centre of the upper stomach	3	4	
					2d. A pain in the centre of the upper stomach	2	4	
					2e. An acid taste in your mouth	2	4	
					2f. Unpleasant movement of material upwards from the stomach	3	4	
					Heartburn	4.00	4.75	
					Dyspepsia	3.75	4.50	
					Regurgitation	3.75	4.50	
					RDQ score	3.83	4.58	
					GERD dimension	3.88	4.63	
					Frequency of heartburn	5.00	5.00	
					Frequency of dyspepsia	5.00	5.00	
					Frequency of regurgitation	5.00	5.00	
					Frequency of GERD dimension	5.00	5.00	
					Intensity of heartburn	3.00	4.50	
					Intensity of dyspepsia	2.50	4.00	
					Intensity of regurgitation	2.50	4.00	
					Intensity of GERD dimension	2.75	4.25	
	1094	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	1	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	3	0	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	0	1	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	0	1	
					2b. Pain behind your breastbone	2	0	
					2c. A burning feeling in the centre of the upper stomach	2	0	
					2d. A pain in the centre of the upper stomach	2	0	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1094	Yes	Yes	Yes	2e. An acid taste in your mouth	0	1	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.25	0.50	
					Dyspepsia	2.50	0.00	
					Regurgitation	0.00	0.50	
					RDQ score	1.25	0.33	
					GERD dimension	0.63	0.50	
					Frequency of heartburn	1.50	0.50	
					Frequency of dyspepsia	3.00	0.00	
					Frequency of regurgitation	0.00	0.50	
					Frequency of GERD dimension	0.75	0.50	
					Intensity of heartburn	1.00	0.50	
					Intensity of dyspepsia	2.00	0.00	
					Intensity of regurgitation	0.00	0.50	
					Intensity of GERD dimension	0.50	0.50	
	1098	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	2	
					1d. A pain in the centre of the upper stomach	2	1	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	3	2	
					2a. A burning feeling behind your breastbone	2	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	2	1	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	3	2	
					Heartburn	1.00	1.00	
					Dyspepsia	2.50	1.75	
					Regurgitation	3.25	2.25	
					RDQ score	2.25	1.67	
					GERD dimension	2.13	1.63	
					Frequency of heartburn	1.00	1.00	
					Frequency of dyspepsia	2.50	1.50	
					Frequency of regurgitation	3.50	2.50	
					Frequency of GERD dimension	2.25	1.75	
					Intensity of heartburn	1.00	1.00	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1098	Yes	Yes	Yes	Intensity of dyspepsia	2.50	2.00	
					Intensity of regurgitation	3.00	2.00	
					Intensity of GERD dimension	2.00	1.50	
	1099	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	5	3	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	4	0	
					1e. An acid taste in your mouth	5	1	
					1f. Unpleasant movement of material upwards from the stomach	3	1	
					2a. A burning feeling behind your breastbone	5	2	
					2b. Pain behind your breastbone	5	2	
					2c. A burning feeling in the centre of the upper stomach	5	1	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	5	1	
					Heartburn	4.75	2.50	
					Dyspepsia	4.25	0.75	
					Regurgitation	4.00	1.00	
					RDQ score	4.33	1.42	
					GERD dimension	4.38	1.75	
					Frequency of heartburn	4.50	3.00	
					Frequency of dyspepsia	4.00	1.00	
					Frequency of regurgitation	4.00	1.00	
					Frequency of GERD dimension	4.25	2.00	
					Intensity of heartburn	5.00	2.00	
					Intensity of dyspepsia	4.50	0.50	
					Intensity of regurgitation	4.00	1.00	
					Intensity of GERD dimension	4.50	1.50	
	1101	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	5	
					1d. A pain in the centre of the upper stomach	5	5	
					1e. An acid taste in your mouth	3	4	
					1f. Unpleasant movement of material upwards from the stomach	0	4	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	

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Questions 2a to 2f: 0=None 1=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1101	Yes	Yes	Yes	2c. A burning feeling in the centre of the upper stomach	4	5	
					2d. A pain in the centre of the upper stomach	4	4	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	0	3	
					Heartburn	0.00	0.00	
					Dyspepsia	4.50	4.75	
					Regurgitation	1.50	3.75	
					RDQ score	2.00	2.83	
					GERD dimension	0.75	1.88	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	5.00	5.00	
					Frequency of regurgitation	1.50	4.00	
					Frequency of GERD dimension	0.75	2.00	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	4.00	4.50	
					Intensity of regurgitation	1.50	3.50	
					Intensity of GERD dimension	0.75	1.75	
	1102	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	2	3	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	3	3	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	4	2	
					2a. A burning feeling behind your breastbone	3	4	
					2b. Pain behind your breastbone	4	3	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	3	3	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	4	4	
					Heartburn	3.00	3.25	
					Dyspepsia	3.00	3.00	
					Regurgitation	3.75	2.75	
					RDQ score	3.25	3.00	
					GERD dimension	3.38	3.00	
					Frequency of heartburn	2.50	3.00	
					Frequency of dyspepsia	3.00	3.00	
					Frequency of regurgitation	4.00	2.50	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1102	Yes	Yes	Yes	Frequency of GERD dimension	3.25	2.75	
					Intensity of heartburn	3.50	3.50	
					Intensity of dyspepsia	3.00	3.00	
					Intensity of regurgitation	3.50	3.00	
					Intensity of GERD dimension	3.50	3.25	
	1103	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	2	
					1c. A burning feeling in the centre of the upper stomach	4	0	
					1d. A pain in the centre of the upper stomach	4	2	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	4	3	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	3	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	4	2	
					2e. An acid taste in your mouth	4	3	
					2f. Unpleasant movement of material upwards from the stomach	3	2	
					Heartburn	0.00	1.25	
					Dyspepsia	3.75	1.00	
					Regurgitation	3.75	2.75	
					RDQ score	2.50	1.67	
					GERD dimension	1.88	2.00	
					Frequency of heartburn	0.00	1.00	
					Frequency of dyspepsia	4.00	1.00	
					Frequency of regurgitation	4.00	3.00	
					Frequency of GERD dimension	2.00	2.00	
					Intensity of heartburn	0.00	1.50	
					Intensity of dyspepsia	3.50	1.00	
					Intensity of regurgitation	3.50	2.50	
					Intensity of GERD dimension	1.75	2.00	
	1107	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	2	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	

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Questions 2a to 2f: 0=None 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1107	Yes	Yes	Yes	2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	2	0	
					2d. A pain in the centre of the upper stomach	2	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	3.00	0.00	
					Dyspepsia	2.00	0.00	
					Regurgitation	1.50	0.00	
					RDQ score	2.17	0.00	
					GERD dimension	2.25	0.00	
					Frequency of heartburn	3.00	0.00	
					Frequency of dyspepsia	2.00	0.00	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	2.25	0.00	
					Intensity of heartburn	3.00	0.00	
					Intensity of dyspepsia	2.00	0.00	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	2.25	0.00	
	1110	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	2	
					1b. Pain behind your breastbone	5	2	
					1c. A burning feeling in the centre of the upper stomach	5	0	
					1d. A pain in the centre of the upper stomach	5	2	
					1e. An acid taste in your mouth	5	1	
					1f. Unpleasant movement of material upwards from the stomach	5	1	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	4	3	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	4	4	
					2e. An acid taste in your mouth	5	2	
					2f. Unpleasant movement of material upwards from the stomach	4	1	
					Heartburn	4.50	2.50	
					Dyspepsia	4.25	1.50	
					Regurgitation	4.75	1.25	
					RDQ score	4.50	1.75	
					GERD dimension	4.63	1.88	
					Frequency of heartburn	5.00	2.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1110	Yes	Yes	Yes	Frequency of dyspepsia	5.00	1.00	
					Frequency of regurgitation	5.00	1.00	
					Frequency of GERD dimension	5.00	1.50	
					Intensity of heartburn	4.00	3.00	
					Intensity of dyspepsia	3.50	2.00	
					Intensity of regurgitation	4.50	1.50	
					Intensity of GERD dimension	4.25	2.25	
	1113	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	5	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	3	
					1f. Unpleasant movement of material upwards from the stomach	5	3	
					2a. A burning feeling behind your breastbone	5	5	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	3	
					2f. Unpleasant movement of material upwards from the stomach	4	3	
					Heartburn	2.50	2.50	
					Dyspepsia	0.00	0.00	
					Regurgitation	3.75	3.00	
					RDQ score	2.08	1.83	
					GERD dimension	3.13	2.75	
					Frequency of heartburn	2.50	2.50	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	4.00	3.00	
					Frequency of GERD dimension	3.25	2.75	
					Intensity of heartburn	2.50	2.50	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	3.50	3.00	
					Intensity of GERD dimension	3.00	2.75	
	1114	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	3	3	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	3	3	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1114	Yes	Yes	Yes	1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	3	3	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	3	3	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	3.00	3.00	
					Dyspepsia	3.00	3.00	
					Regurgitation	0.00	0.00	
					RDQ score	2.00	2.00	
					GERD dimension	1.50	1.50	
					Frequency of heartburn	3.00	3.00	
					Frequency of dyspepsia	3.00	3.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	1.50	1.50	
					Intensity of heartburn	3.00	3.00	
					Intensity of dyspepsia	3.00	3.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.50	1.50	
	1115	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	4	
					1b. Pain behind your breastbone	0	3	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	3	3	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	3	4	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	2	
					2c. A burning feeling in the centre of the upper stomach	2	2	
					2d. A pain in the centre of the upper stomach	2	2	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	2	3	
					Heartburn	1.75	3.00	
					Dyspepsia	2.50	2.50	
					Regurgitation	3.00	3.00	
					RDQ score	2.42	2.83	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1115	Yes	Yes	Yes	GERD dimension	2.38	3.00	
					Frequency of heartburn	2.00	3.50	
					Frequency of dyspepsia	3.00	3.00	
					Frequency of regurgitation	3.50	3.50	
					Frequency of GERD dimension	2.75	3.50	
					Intensity of heartburn	1.50	2.50	
					Intensity of dyspepsia	2.00	2.00	
					Intensity of regurgitation	2.50	2.50	
					Intensity of GERD dimension	2.00	2.50	
	1117	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	3	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	3	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	5	2	
					1f. Unpleasant movement of material upwards from the stomach	5	3	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	3	
					2f. Unpleasant movement of material upwards from the stomach	3	3	
					Heartburn	2.25	1.50	
					Dyspepsia	2.25	1.50	
					Regurgitation	4.00	2.75	
					RDQ score	2.83	1.92	
					GERD dimension	3.13	2.13	
					Frequency of heartburn	2.50	1.50	
					Frequency of dyspepsia	2.50	1.50	
					Frequency of regurgitation	5.00	2.50	
					Frequency of GERD dimension	3.75	2.00	
					Intensity of heartburn	2.00	1.50	
					Intensity of dyspepsia	2.00	1.50	
					Intensity of regurgitation	3.00	3.00	
					Intensity of GERD dimension	2.50	2.25	
	1118	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	2	
					1b. Pain behind your breastbone	1	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Placebo	1118	Yes	Yes	Yes	1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	4	1	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	3.00	0.75	
					Dyspepsia	0.00	0.00	
					Regurgitation	0.00	0.00	
					RDQ score	1.00	0.25	
					GERD dimension	1.50	0.38	
					Frequency of heartburn	2.50	1.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	1.25	0.50	
					Intensity of heartburn	3.50	0.50	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.75	0.25	
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	2	0	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	3	2	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	4	3	
					2e. An acid taste in your mouth	1	2	
					2f. Unpleasant movement of material upwards from the stomach	1	0	
					Heartburn	2.75	1.50	
					Dyspepsia	3.50	2.75	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	Regurgitation	1.50	0.75	
					RDQ score	2.58	1.67	
					GERD dimension	2.13	1.13	
					Frequency of heartburn	2.50	1.50	
					Frequency of dyspepsia	3.00	2.50	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	2.25	1.00	
					Intensity of heartburn	3.00	1.50	
					Intensity of dyspepsia	4.00	3.00	
					Intensity of regurgitation	1.00	1.00	
					Intensity of GERD dimension	2.00	1.25	
	1004	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	3	
					1d. A pain in the centre of the upper stomach	2	3	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	3	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	4	
					2d. A pain in the centre of the upper stomach	3	4	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	4	
					Heartburn	0.00	0.00	
					Dyspepsia	2.50	3.50	
					Regurgitation	0.00	1.75	
					RDQ score	0.83	1.75	
					GERD dimension	0.00	0.88	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	2.00	3.00	
					Frequency of regurgitation	0.00	1.50	
					Frequency of GERD dimension	0.00	0.75	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	3.00	4.00	
					Intensity of regurgitation	0.00	2.00	
					Intensity of GERD dimension	0.00	1.00	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1005	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	4	3	
					1c. A burning feeling in the centre of the upper stomach	4	0	
					1d. A pain in the centre of the upper stomach	4	0	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	4	0	
					2a. A burning feeling behind your breastbone	4	2	
					2b. Pain behind your breastbone	4	2	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	4	3	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	4.00	2.50	
					Dyspepsia	4.00	0.00	
					Regurgitation	4.00	1.50	
					RDQ score	4.00	1.33	
					GERD dimension	4.00	2.00	
					Frequency of heartburn	4.00	3.00	
					Frequency of dyspepsia	4.00	0.00	
					Frequency of regurgitation	4.00	1.50	
					Frequency of GERD dimension	4.00	2.25	
					Intensity of heartburn	4.00	2.00	
					Intensity of dyspepsia	4.00	0.00	
					Intensity of regurgitation	4.00	1.50	
					Intensity of GERD dimension	4.00	1.75	
	1008	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1008	Yes	Yes	Yes	Heartburn	1.50	0.00	
					Dyspepsia	0.00	0.00	
					Regurgitation	0.00	0.00	
					RDQ score	0.50	0.00	
					GERD dimension	0.75	0.00	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.75	0.00	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	0.75	0.00	
	1010	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	1	
					1b. Pain behind your breastbone	2	missing	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	2	0	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	4	1	
					2b. Pain behind your breastbone	4	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	3.25	0.67	
					Dyspepsia	2.50	0.00	
					Regurgitation	2.25	0.75	
					RDQ score	2.67	0.47	
					GERD dimension	2.75	0.71	
					Frequency of heartburn	2.50	not calc.	
					Frequency of dyspepsia	2.00	0.00	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	2.25	not calc.	
					Intensity of heartburn	4.00	0.50	
					Intensity of dyspepsia	3.00	0.00	
					Intensity of regurgitation	2.50	1.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1010	Yes	Yes	Yes	Intensity of GERD dimension	3.25	0.75	
	1012	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	4	
					1b. Pain behind your breastbone	4	4	
					1c. A burning feeling in the centre of the upper stomach	5	4	
					1d. A pain in the centre of the upper stomach	4	4	
					1e. An acid taste in your mouth	5	5	
					1f. Unpleasant movement of material upwards from the stomach	4	5	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	3	3	
					2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	3	3	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	3	4	
					Heartburn	4.00	3.50	
					Dyspepsia	4.00	3.50	
					Regurgitation	3.75	4.50	
					RDQ score	3.92	3.83	
					GERD dimension	3.88	4.00	
					Frequency of heartburn	4.50	4.00	
					Frequency of dyspepsia	4.50	4.00	
					Frequency of regurgitation	4.50	5.00	
					Frequency of GERD dimension	4.50	4.50	
					Intensity of heartburn	3.50	3.00	
					Intensity of dyspepsia	3.50	3.00	
					Intensity of regurgitation	3.00	4.00	
					Intensity of GERD dimension	3.25	3.50	
	1016	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	4	
					1b. Pain behind your breastbone	2	3	
					1c. A burning feeling in the centre of the upper stomach	1	3	
					1d. A pain in the centre of the upper stomach	1	4	
					1e. An acid taste in your mouth	1	2	
					1f. Unpleasant movement of material upwards from the stomach	2	2	
					2a. A burning feeling behind your breastbone	2	2	
					2b. Pain behind your breastbone	2	2	
					2c. A burning feeling in the centre of the upper stomach	1	3	
					2d. A pain in the centre of the upper stomach	2	2	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1016	Yes	Yes	Yes	2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	2	1	
					Heartburn	2.00	2.75	
					Dyspepsia	1.25	3.00	
					Regurgitation	2.00	1.50	
					RDQ score	1.75	2.42	
					GERD dimension	2.00	2.13	
					Frequency of heartburn	2.00	3.50	
					Frequency of dyspepsia	1.00	3.50	
					Frequency of regurgitation	1.50	2.00	
					Frequency of GERD dimension	1.75	2.75	
					Intensity of heartburn	2.00	2.00	
					Intensity of dyspepsia	1.50	2.50	
					Intensity of regurgitation	2.50	1.00	
					Intensity of GERD dimension	2.25	1.50	
	1017	Yes	Yes	No	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	1	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	0.00	0.00	
					Dyspepsia	1.00	0.00	
					Regurgitation	0.75	0.00	
					RDQ score	0.58	0.00	
					GERD dimension	0.38	0.00	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	0.50	0.00	
					Frequency of regurgitation	0.50	0.00	
					Frequency of GERD dimension	0.25	0.00	
					Intensity of heartburn	0.00	0.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1017	Yes	Yes	No	Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	1.00	0.00	
					Intensity of GERD dimension	0.50	0.00	
	1020	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	5	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	0	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	2.25	1.25	
					Dyspepsia	0.00	0.00	
					Regurgitation	3.50	0.00	
					RDQ score	1.92	0.42	
					GERD dimension	2.88	0.63	
					Frequency of heartburn	2.00	1.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	3.00	0.00	
					Frequency of GERD dimension	2.50	0.50	
					Intensity of heartburn	2.50	1.50	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	4.00	0.00	
					Intensity of GERD dimension	3.25	0.75	
	1021	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	0	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1021	Yes	Yes	Yes	2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	1.50	1.00	
					Dyspepsia	1.50	0.00	
					Regurgitation	1.75	0.00	
					RDQ score	1.58	0.33	
					GERD dimension	1.63	0.50	
					Frequency of heartburn	1.50	1.00	
					Frequency of dyspepsia	1.50	0.00	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	1.50	0.50	
					Intensity of heartburn	1.50	1.00	
					Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	2.00	0.00	
					Intensity of GERD dimension	1.75	0.50	
	1023	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	5	
					1b. Pain behind your breastbone	5	0	
					1c. A burning feeling in the centre of the upper stomach	5	5	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	5	1	
					1f. Unpleasant movement of material upwards from the stomach	5	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	4.00	1.75	
					Dyspepsia	4.00	1.75	
					Regurgitation	4.00	0.50	
					RDQ score	4.00	1.33	
					GERD dimension	4.00	1.13	
					Frequency of heartburn	5.00	2.50	
					Frequency of dyspepsia	5.00	2.50	
					Frequency of regurgitation	5.00	0.50	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1023	Yes	Yes	Yes	Frequency of GERD dimension	5.00	1.50	
					Intensity of heartburn	3.00	1.00	
					Intensity of dyspepsia	3.00	1.00	
					Intensity of regurgitation	3.00	0.50	
					Intensity of GERD dimension	3.00	0.75	
	1024	Yes	Yes	No	1a. A burning feeling behind your breastbone	3	1	
					1b. Pain behind your breastbone	5	1	
					1c. A burning feeling in the centre of the upper stomach	3	1	
					1d. A pain in the centre of the upper stomach	5	1	
					1e. An acid taste in your mouth	3	1	
					1f. Unpleasant movement of material upwards from the stomach	3	1	
					2a. A burning feeling behind your breastbone	3	1	
					2b. Pain behind your breastbone	4	1	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	4	1	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	3	1	
					Heartburn	3.75	1.00	
					Dyspepsia	3.75	1.00	
					Regurgitation	3.00	1.00	
					RDQ score	3.50	1.00	
					GERD dimension	3.38	1.00	
					Frequency of heartburn	4.00	1.00	
					Frequency of dyspepsia	4.00	1.00	
					Frequency of regurgitation	3.00	1.00	
					Frequency of GERD dimension	3.50	1.00	
					Intensity of heartburn	3.50	1.00	
					Intensity of dyspepsia	3.50	1.00	
					Intensity of regurgitation	3.00	1.00	
					Intensity of GERD dimension	3.25	1.00	
	1025	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	0	
					1b. Pain behind your breastbone	1	0	
					1c. A burning feeling in the centre of the upper stomach	2	1	
					1d. A pain in the centre of the upper stomach	2	1	
					1e. An acid taste in your mouth	3	1	
					1f. Unpleasant movement of material upwards from the stomach	3	0	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1025	Yes	Yes	Yes	2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	3	1	
					2e. An acid taste in your mouth	4	1	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	2.25	0.00	
					Dyspepsia	2.50	1.00	
					Regurgitation	3.25	0.50	
					RDQ score	2.67	0.50	
					GERD dimension	2.75	0.25	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	2.00	1.00	
					Frequency of regurgitation	3.00	0.50	
					Frequency of GERD dimension	2.25	0.25	
					Intensity of heartburn	3.00	0.00	
					Intensity of dyspepsia	3.00	1.00	
					Intensity of regurgitation	3.50	0.50	
					Intensity of GERD dimension	3.25	0.25	
	1028	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	4	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	4	
					1d. A pain in the centre of the upper stomach	missing	0	
					1e. An acid taste in your mouth	5	4	
					1f. Unpleasant movement of material upwards from the stomach	5	4	
					2a. A burning feeling behind your breastbone	2	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	3	2	
					Heartburn	1.75	1.50	
					Dyspepsia	2.67	1.75	
					Regurgitation	4.00	3.00	
					RDQ score	2.81	2.08	
					GERD dimension	2.88	2.25	
					Frequency of heartburn	2.50	2.00	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1028	Yes	Yes	Yes	Frequency of dyspepsia	not calc.	2.00	
					Frequency of regurgitation	5.00	4.00	
					Frequency of GERD dimension	3.75	3.00	
					Intensity of heartburn	1.00	1.00	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	3.00	2.00	
					Intensity of GERD dimension	2.00	1.50	
	1030	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	5	0	
					1c. A burning feeling in the centre of the upper stomach	5	1	
					1d. A pain in the centre of the upper stomach	5	1	
					1e. An acid taste in your mouth	5	1	
					1f. Unpleasant movement of material upwards from the stomach	5	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	4	0	
					2c. A burning feeling in the centre of the upper stomach	4	1	
					2d. A pain in the centre of the upper stomach	4	1	
					2e. An acid taste in your mouth	4	1	
					2f. Unpleasant movement of material upwards from the stomach	4	0	
					Heartburn	4.50	0.00	
					Dyspepsia	4.50	1.00	
					Regurgitation	4.50	0.50	
					RDQ score	4.50	0.50	
					GERD dimension	4.50	0.25	
					Frequency of heartburn	5.00	0.00	
					Frequency of dyspepsia	5.00	1.00	
					Frequency of regurgitation	5.00	0.50	
					Frequency of GERD dimension	5.00	0.25	
					Intensity of heartburn	4.00	0.00	
					Intensity of dyspepsia	4.00	1.00	
					Intensity of regurgitation	4.00	0.50	
					Intensity of GERD dimension	4.00	0.25	
	1033	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	1	
					1d. A pain in the centre of the upper stomach	0	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1033	Yes	Yes	Yes	1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	2	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.75	0.00	
					Dyspepsia	1.00	0.50	
					Regurgitation	0.00	0.00	
					RDQ score	0.92	0.17	
					GERD dimension	0.88	0.00	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	1.00	0.50	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.75	0.00	
					Intensity of heartburn	2.00	0.00	
					Intensity of dyspepsia	1.00	0.50	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.00	0.00	
	1036	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	1	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	0	
					1f. Unpleasant movement of material upwards from the stomach	2	1	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	3	1	
					Heartburn	1.25	0.00	
					Dyspepsia	1.25	0.50	
					Regurgitation	2.50	0.50	
					RDQ score	1.67	0.33	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1036	Yes	Yes	Yes	GERD dimension	1.88	0.25	
					Frequency of heartburn	1.00	0.00	
					Frequency of dyspepsia	1.00	0.50	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	1.50	0.25	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	1.50	0.50	
					Intensity of regurgitation	3.00	0.50	
					Intensity of GERD dimension	2.25	0.25	
	1038	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	4	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	3	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	3	2	
					2a. A burning feeling behind your breastbone	2	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	2	2	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	2	2	
					Heartburn	1.25	1.50	
					Dyspepsia	1.00	1.25	
					Regurgitation	1.25	1.00	
					RDQ score	1.17	1.25	
					GERD dimension	1.25	1.25	
					Frequency of heartburn	1.50	2.00	
					Frequency of dyspepsia	1.00	1.50	
					Frequency of regurgitation	1.50	1.00	
					Frequency of GERD dimension	1.50	1.50	
					Intensity of heartburn	1.00	1.00	
					Intensity of dyspepsia	1.00	1.00	
					Intensity of regurgitation	1.00	1.00	
					Intensity of GERD dimension	1.00	1.00	
	1040	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	4	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1040	Yes	Yes	Yes	1c. A burning feeling in the centre of the upper stomach	3	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	5	3	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	3.75	1.50	
					Dyspepsia	1.50	0.00	
					Regurgitation	3.75	1.50	
					RDQ score	3.00	1.00	
					GERD dimension	3.75	1.50	
					Frequency of heartburn	4.00	1.50	
					Frequency of dyspepsia	1.50	0.00	
					Frequency of regurgitation	3.50	1.50	
					Frequency of GERD dimension	3.75	1.50	
					Intensity of heartburn	3.50	1.50	
					Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	4.00	1.50	
					Intensity of GERD dimension	3.75	1.50	
	1041	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	2	
					1b. Pain behind your breastbone	3	1	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	2	0	
					1e. An acid taste in your mouth	1	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	2	1	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	2	0	
					2e. An acid taste in your mouth	2	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	3.25	1.50	
					Dyspepsia	2.75	1.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1041	Yes	Yes	Yes	Regurgitation	1.50	0.00	
					RDQ score	2.50	0.83	
					GERD dimension	2.38	0.75	
					Frequency of heartburn	4.00	1.50	
					Frequency of dyspepsia	3.00	1.00	
					Frequency of regurgitation	1.00	0.00	
					Frequency of GERD dimension	2.50	0.75	
					Intensity of heartburn	2.50	1.50	
					Intensity of dyspepsia	2.50	1.00	
					Intensity of regurgitation	2.00	0.00	
					Intensity of GERD dimension	2.25	0.75	
	1044	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	1	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	4	1	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	1.75	0.50	
					Dyspepsia	1.25	0.00	
					Regurgitation	2.25	0.50	
					RDQ score	1.75	0.33	
					GERD dimension	2.00	0.50	
					Frequency of heartburn	1.50	0.50	
					Frequency of dyspepsia	1.00	0.00	
					Frequency of regurgitation	2.00	0.50	
					Frequency of GERD dimension	1.75	0.50	
					Intensity of heartburn	2.00	0.50	
					Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	2.50	0.50	
					Intensity of GERD dimension	2.25	0.50	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1046	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	1	
					1b. Pain behind your breastbone	2	1	
					1c. A burning feeling in the centre of the upper stomach	2	1	
					1d. A pain in the centre of the upper stomach	2	1	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	1	
					2a. A burning feeling behind your breastbone	2	1	
					2b. Pain behind your breastbone	2	1	
					2c. A burning feeling in the centre of the upper stomach	2	1	
					2d. A pain in the centre of the upper stomach	2	1	
					2e. An acid taste in your mouth	2	1	
					2f. Unpleasant movement of material upwards from the stomach	2	1	
					Heartburn	2.00	1.00	
					Dyspepsia	2.00	1.00	
					Regurgitation	2.00	1.00	
					RDQ score	2.00	1.00	
					GERD dimension	2.00	1.00	
					Frequency of heartburn	2.00	1.00	
					Frequency of dyspepsia	2.00	1.00	
					Frequency of regurgitation	2.00	1.00	
					Frequency of GERD dimension	2.00	1.00	
					Intensity of heartburn	2.00	1.00	
					Intensity of dyspepsia	2.00	1.00	
					Intensity of regurgitation	2.00	1.00	
					Intensity of GERD dimension	2.00	1.00	
	1049	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	1	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	4	2	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	3	2	
					2f. Unpleasant movement of material upwards from the stomach	2	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1049	Yes	Yes	Yes	Heartburn	1.25	0.00	
					Dyspepsia	2.75	0.75	
					Regurgitation	2.75	1.00	
					RDQ score	2.25	0.58	
					GERD dimension	2.00	0.50	
					Frequency of heartburn	1.00	0.00	
					Frequency of dyspepsia	2.50	0.50	
					Frequency of regurgitation	3.00	1.00	
					Frequency of GERD dimension	2.00	0.50	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	3.00	1.00	
					Intensity of regurgitation	2.50	1.00	
					Intensity of GERD dimension	2.00	0.50	
	1050	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	5	0	
					1c. A burning feeling in the centre of the upper stomach	5	0	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	5	0	
					1f. Unpleasant movement of material upwards from the stomach	2	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	2	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	4.00	0.00	
					Dyspepsia	4.50	0.00	
					Regurgitation	2.75	0.00	
					RDQ score	3.75	0.00	
					GERD dimension	3.38	0.00	
					Frequency of heartburn	5.00	0.00	
					Frequency of dyspepsia	5.00	0.00	
					Frequency of regurgitation	3.50	0.00	
					Frequency of GERD dimension	4.25	0.00	
					Intensity of heartburn	3.00	0.00	
					Intensity of dyspepsia	4.00	0.00	
					Intensity of regurgitation	2.00	0.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1050	Yes	Yes	Yes	Intensity of GERD dimension	2.50	0.00	
	1052	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	1	1	
					1b. Pain behind your breastbone	2	1	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	2	0	
					1e. An acid taste in your mouth	1	0	
					1f. Unpleasant movement of material upwards from the stomach	1	1	
					2a. A burning feeling behind your breastbone	2	3	
					2b. Pain behind your breastbone	2	2	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	2	0	
					2f. Unpleasant movement of material upwards from the stomach	3	2	
					Heartburn	1.75	1.75	
					Dyspepsia	1.25	0.00	
					Regurgitation	1.75	0.75	
					RDQ score	1.58	0.83	
					GERD dimension	1.75	1.25	
					Frequency of heartburn	1.50	1.00	
					Frequency of dyspepsia	1.00	0.00	
					Frequency of regurgitation	1.00	0.50	
					Frequency of GERD dimension	1.25	0.75	
					Intensity of heartburn	2.00	2.50	
					Intensity of dyspepsia	1.50	0.00	
					Intensity of regurgitation	2.50	1.00	
					Intensity of GERD dimension	2.25	1.75	
	1053	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	2	
					1b. Pain behind your breastbone	4	2	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	4	2	
					1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	4	2	
					2a. A burning feeling behind your breastbone	4	4	
					2b. Pain behind your breastbone	4	3	
					2c. A burning feeling in the centre of the upper stomach	4	3	
					2d. A pain in the centre of the upper stomach	4	3	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1053	Yes	Yes	Yes	2e. An acid taste in your mouth	3	3	
					2f. Unpleasant movement of material upwards from the stomach	3	3	
					Heartburn	4.00	2.75	
					Dyspepsia	4.00	2.50	
					Regurgitation	3.50	2.75	
					RDQ score	3.83	2.67	
					GERD dimension	3.75	2.75	
					Frequency of heartburn	4.00	2.00	
					Frequency of dyspepsia	4.00	2.00	
					Frequency of regurgitation	4.00	2.50	
					Frequency of GERD dimension	4.00	2.25	
					Intensity of heartburn	4.00	3.50	
					Intensity of dyspepsia	4.00	3.00	
					Intensity of regurgitation	3.00	3.00	
					Intensity of GERD dimension	3.50	3.25	
	1055	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	0	2	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	0	1	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	3.00	0.00	
					Dyspepsia	1.50	0.75	
					Regurgitation	1.50	0.00	
					RDQ score	2.00	0.25	
					GERD dimension	2.25	0.00	
					Frequency of heartburn	3.00	0.00	
					Frequency of dyspepsia	1.50	1.00	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	2.25	0.00	
					Intensity of heartburn	3.00	0.00	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1055	Yes	Yes	Yes	Intensity of dyspepsia	1.50	0.50	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	2.25	0.00	
	1059	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	2	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	3	3	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	2	
					1f. Unpleasant movement of material upwards from the stomach	5	1	
					2a. A burning feeling behind your breastbone	5	1	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	4	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	1	
					2f. Unpleasant movement of material upwards from the stomach	4	1	
					Heartburn	4.00	0.75	
					Dyspepsia	1.75	1.00	
					Regurgitation	4.00	1.25	
					RDQ score	3.25	1.00	
					GERD dimension	4.00	1.00	
					Frequency of heartburn	4.00	1.00	
					Frequency of dyspepsia	1.50	1.50	
					Frequency of regurgitation	4.00	1.50	
					Frequency of GERD dimension	4.00	1.25	
					Intensity of heartburn	4.00	0.50	
					Intensity of dyspepsia	2.00	0.50	
					Intensity of regurgitation	4.00	1.00	
					Intensity of GERD dimension	4.00	0.75	
	1062	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	3	2	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1062	Yes	Yes	Yes	2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	4	2	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	0.00	0.00	
					Dyspepsia	1.75	1.00	
					Regurgitation	0.00	0.00	
					RDQ score	0.58	0.33	
					GERD dimension	0.00	0.00	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	1.50	1.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.00	0.00	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	2.00	1.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	0.00	0.00	
	1064	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.50	0.00	
					Dyspepsia	0.00	0.00	
					Regurgitation	0.00	0.00	
					RDQ score	0.50	0.00	
					GERD dimension	0.75	0.00	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	0.00	0.00	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1064	Yes	Yes	Yes	Frequency of GERD dimension	0.75	0.00	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	0.75	0.00	
	1068	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	5	0	
					1c. A burning feeling in the centre of the upper stomach	5	0	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	1	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	5	0	
					2b. Pain behind your breastbone	4	0	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	1	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	4.75	0.00	
					Dyspepsia	4.50	0.00	
					Regurgitation	1.75	0.00	
					RDQ score	3.67	0.00	
					GERD dimension	3.25	0.00	
					Frequency of heartburn	5.00	0.00	
					Frequency of dyspepsia	5.00	0.00	
					Frequency of regurgitation	2.00	0.00	
					Frequency of GERD dimension	3.50	0.00	
					Intensity of heartburn	4.50	0.00	
					Intensity of dyspepsia	4.00	0.00	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	3.00	0.00	
	1069	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	2	2	
					1f. Unpleasant movement of material upwards from the stomach	0	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1069	Yes	Yes	Yes	2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	1	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.75	0.00	
					Dyspepsia	0.00	0.00	
					Regurgitation	1.50	0.75	
					RDQ score	1.08	0.25	
					GERD dimension	1.63	0.38	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	1.00	1.00	
					Frequency of GERD dimension	1.25	0.50	
					Intensity of heartburn	2.00	0.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	2.00	0.50	
					Intensity of GERD dimension	2.00	0.25	
	1070	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	1	
					1b. Pain behind your breastbone	4	1	
					1c. A burning feeling in the centre of the upper stomach	4	0	
					1d. A pain in the centre of the upper stomach	4	0	
					1e. An acid taste in your mouth	4	0	
					1f. Unpleasant movement of material upwards from the stomach	4	0	
					2a. A burning feeling behind your breastbone	4	1	
					2b. Pain behind your breastbone	3	1	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	2	0	
					2e. An acid taste in your mouth	2	0	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	3.75	1.00	
					Dyspepsia	3.25	0.00	
					Regurgitation	3.25	0.00	
					RDQ score	3.42	0.33	
					GERD dimension	3.50	0.50	
					Frequency of heartburn	4.00	1.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1070	Yes	Yes	Yes	Frequency of dyspepsia	4.00	0.00	
					Frequency of regurgitation	4.00	0.00	
					Frequency of GERD dimension	4.00	0.50	
					Intensity of heartburn	3.50	1.00	
					Intensity of dyspepsia	2.50	0.00	
					Intensity of regurgitation	2.50	0.00	
					Intensity of GERD dimension	3.00	0.50	
	1072	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	1	
					1d. A pain in the centre of the upper stomach	3	1	
					1e. An acid taste in your mouth	2	0	
					1f. Unpleasant movement of material upwards from the stomach	3	1	
					2a. A burning feeling behind your breastbone	5	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	5	3	
					2d. A pain in the centre of the upper stomach	5	3	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	4	4	
					Heartburn	2.00	0.00	
					Dyspepsia	4.00	2.00	
					Regurgitation	3.00	1.25	
					RDQ score	3.00	1.08	
					GERD dimension	2.50	0.63	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	3.00	1.00	
					Frequency of regurgitation	2.50	0.50	
					Frequency of GERD dimension	2.00	0.25	
					Intensity of heartburn	2.50	0.00	
					Intensity of dyspepsia	5.00	3.00	
					Intensity of regurgitation	3.50	2.00	
					Intensity of GERD dimension	3.00	1.00	
	1075	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	1	5	
					1d. A pain in the centre of the upper stomach	0	5	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1075	Yes	Yes	Yes	1e. An acid taste in your mouth	4	3	
					1f. Unpleasant movement of material upwards from the stomach	4	5	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	2	
					2e. An acid taste in your mouth	3	3	
					2f. Unpleasant movement of material upwards from the stomach	4	3	
					Heartburn	0.00	0.00	
					Dyspepsia	1.00	3.75	
					Regurgitation	3.75	3.50	
					RDQ score	1.58	2.42	
					GERD dimension	1.88	1.75	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	0.50	5.00	
					Frequency of regurgitation	4.00	4.00	
					Frequency of GERD dimension	2.00	2.00	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	1.50	2.50	
					Intensity of regurgitation	3.50	3.00	
					Intensity of GERD dimension	1.75	1.50	
	1079	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	1	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	3	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	2	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	1	0	
					2f. Unpleasant movement of material upwards from the stomach	1	0	
					Heartburn	1.25	0.00	
					Dyspepsia	1.00	0.00	
					Regurgitation	1.00	0.00	
					RDQ score	1.08	0.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1079	Yes	Yes	Yes	GERD dimension	1.13	0.00	
					Frequency of heartburn	1.00	0.00	
					Frequency of dyspepsia	1.00	0.00	
					Frequency of regurgitation	1.00	0.00	
					Frequency of GERD dimension	1.00	0.00	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	1.00	0.00	
					Intensity of regurgitation	1.00	0.00	
					Intensity of GERD dimension	1.25	0.00	
	1080	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	5	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	2.25	0.00	
					Dyspepsia	2.25	0.00	
					Regurgitation	1.50	0.00	
					RDQ score	2.00	0.00	
					GERD dimension	1.88	0.00	
					Frequency of heartburn	2.50	0.00	
					Frequency of dyspepsia	2.50	0.00	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	2.00	0.00	
					Intensity of heartburn	2.00	0.00	
					Intensity of dyspepsia	2.00	0.00	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	1.75	0.00	
	1081	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	1	1	
					1b. Pain behind your breastbone	0	0	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1081	Yes	Yes	Yes	1c. A burning feeling in the centre of the upper stomach	2	2	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	3	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	3	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.00	1.00	
					Dyspepsia	1.25	1.25	
					Regurgitation	0.00	0.00	
					RDQ score	0.75	0.75	
					GERD dimension	0.50	0.50	
					Frequency of heartburn	0.50	0.50	
					Frequency of dyspepsia	1.00	1.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.25	0.25	
					Intensity of heartburn	1.50	1.50	
					Intensity of dyspepsia	1.50	1.50	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	0.75	0.75	
	1083	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	3	3	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	4	2	
					2b. Pain behind your breastbone	4	2	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	3.50	2.50	
					Dyspepsia	0.00	0.00	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1083	Yes	Yes	Yes	Regurgitation	0.00	0.00	
					RDQ score	1.17	0.83	
					GERD dimension	1.75	1.25	
					Frequency of heartburn	3.00	3.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	1.50	1.50	
					Intensity of heartburn	4.00	2.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	2.00	1.00	
	1086	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	5	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	5	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	0.00	0.00	
					Dyspepsia	0.00	0.00	
					Regurgitation	2.50	0.00	
					RDQ score	0.83	0.00	
					GERD dimension	1.25	0.00	
					Frequency of heartburn	0.00	0.00	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	2.50	0.00	
					Frequency of GERD dimension	1.25	0.00	
					Intensity of heartburn	0.00	0.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	2.50	0.00	
					Intensity of GERD dimension	1.25	0.00	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1089	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	0	0	
					1b. Pain behind your breastbone	2	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	3	0	
					2a. A burning feeling behind your breastbone	0	0	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	3	0	
					2d. A pain in the centre of the upper stomach	4	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	2	0	
					Heartburn	1.25	0.00	
					Dyspepsia	3.50	0.00	
					Regurgitation	1.25	0.00	
					RDQ score	2.00	0.00	
					GERD dimension	1.25	0.00	
					Frequency of heartburn	1.00	0.00	
					Frequency of dyspepsia	3.50	0.00	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	1.25	0.00	
					Intensity of heartburn	1.50	0.00	
					Intensity of dyspepsia	3.50	0.00	
					Intensity of regurgitation	1.00	0.00	
					Intensity of GERD dimension	1.25	0.00	
	1090	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	4	3	
					1c. A burning feeling in the centre of the upper stomach	3	4	
					1d. A pain in the centre of the upper stomach	3	4	
					1e. An acid taste in your mouth	4	0	
					1f. Unpleasant movement of material upwards from the stomach	4	0	
					2a. A burning feeling behind your breastbone	4	2	
					2b. Pain behind your breastbone	3	2	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	3	2	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	4	0	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1090	Yes	Yes	Yes	Heartburn	3.75	2.50	
					Dyspepsia	3.00	3.00	
					Regurgitation	3.75	0.00	
					RDQ score	3.50	1.83	
					GERD dimension	3.75	1.25	
					Frequency of heartburn	4.00	3.00	
					Frequency of dyspepsia	3.00	4.00	
					Frequency of regurgitation	4.00	0.00	
					Frequency of GERD dimension	4.00	1.50	
					Intensity of heartburn	3.50	2.00	
					Intensity of dyspepsia	3.00	2.00	
					Intensity of regurgitation	3.50	0.00	
					Intensity of GERD dimension	3.50	1.00	
	1093	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	1	0	
					1c. A burning feeling in the centre of the upper stomach	4	2	
					1d. A pain in the centre of the upper stomach	2	1	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	2	0	
					2c. A burning feeling in the centre of the upper stomach	3	4	
					2d. A pain in the centre of the upper stomach	3	3	
					2e. An acid taste in your mouth	1	0	
					2f. Unpleasant movement of material upwards from the stomach	1	0	
					Heartburn	2.50	0.00	
					Dyspepsia	3.00	2.50	
					Regurgitation	1.50	0.00	
					RDQ score	2.33	0.83	
					GERD dimension	2.00	0.00	
					Frequency of heartburn	2.00	0.00	
					Frequency of dyspepsia	3.00	1.50	
					Frequency of regurgitation	2.00	0.00	
					Frequency of GERD dimension	2.00	0.00	
					Intensity of heartburn	3.00	0.00	
					Intensity of dyspepsia	3.00	3.50	
					Intensity of regurgitation	1.00	0.00	

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Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1093	Yes	Yes	Yes	Intensity of GERD dimension	2.00	0.00	
	1095	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	0	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	4	0	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	4	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.75	0.00	
					Dyspepsia	1.75	0.00	
					Regurgitation	0.00	0.00	
					RDQ score	1.17	0.00	
					GERD dimension	0.88	0.00	
					Frequency of heartburn	1.50	0.00	
					Frequency of dyspepsia	1.50	0.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.75	0.00	
					Intensity of heartburn	2.00	0.00	
					Intensity of dyspepsia	2.00	0.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.00	0.00	
	1096	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	1	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	1	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	3	2	
					2d. A pain in the centre of the upper stomach	0	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=None 1=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1096	Yes	Yes	Yes	2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	2.00	0.75	
					Dyspepsia	1.50	0.75	
					Regurgitation	1.50	0.00	
					RDQ score	1.67	0.50	
					GERD dimension	1.75	0.38	
					Frequency of heartburn	2.50	0.50	
					Frequency of dyspepsia	1.50	0.50	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	2.00	0.25	
					Intensity of heartburn	1.50	1.00	
					Intensity of dyspepsia	1.50	1.00	
					Intensity of regurgitation	1.50	0.00	
					Intensity of GERD dimension	1.50	0.50	
	1097	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	5	1	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	1	1	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	5	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	1	2	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	2.50	0.75	
					Dyspepsia	0.00	0.00	
					Regurgitation	0.50	0.75	
					RDQ score	1.00	0.50	
					GERD dimension	1.50	0.75	
					Frequency of heartburn	2.50	0.50	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	0.50	0.50	
					Frequency of GERD dimension	1.50	0.50	
					Intensity of heartburn	2.50	1.00	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=None 1=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1097	Yes	Yes	Yes	Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	0.50	1.00	
					Intensity of GERD dimension	1.50	1.00	
	1100	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	3	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	0	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	4	2	
					2b. Pain behind your breastbone	0	0	
					2c. A burning feeling in the centre of the upper stomach	2	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	0	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	1.75	1.00	
					Dyspepsia	1.25	0.00	
					Regurgitation	0.00	0.00	
					RDQ score	1.00	0.33	
					GERD dimension	0.88	0.50	
					Frequency of heartburn	1.50	1.00	
					Frequency of dyspepsia	1.50	0.00	
					Frequency of regurgitation	0.00	0.00	
					Frequency of GERD dimension	0.75	0.50	
					Intensity of heartburn	2.00	1.00	
					Intensity of dyspepsia	1.00	0.00	
					Intensity of regurgitation	0.00	0.00	
					Intensity of GERD dimension	1.00	0.50	
	1104	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	2	
					1b. Pain behind your breastbone	0	0	
					1c. A burning feeling in the centre of the upper stomach	2	2	
					1d. A pain in the centre of the upper stomach	0	1	
					1e. An acid taste in your mouth	2	1	
					1f. Unpleasant movement of material upwards from the stomach	2	1	
					2a. A burning feeling behind your breastbone	2	2	
					2b. Pain behind your breastbone	0	0	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1104	Yes	Yes	Yes	2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	0	1	
					2e. An acid taste in your mouth	3	1	
					2f. Unpleasant movement of material upwards from the stomach	4	2	
					Heartburn	1.25	1.00	
					Dyspepsia	1.25	1.25	
					Regurgitation	2.75	1.25	
					RDQ score	1.75	1.17	
					GERD dimension	2.00	1.13	
					Frequency of heartburn	1.50	1.00	
					Frequency of dyspepsia	1.00	1.50	
					Frequency of regurgitation	2.00	1.00	
					Frequency of GERD dimension	1.75	1.00	
					Intensity of heartburn	1.00	1.00	
					Intensity of dyspepsia	1.50	1.00	
					Intensity of regurgitation	3.50	1.50	
					Intensity of GERD dimension	2.25	1.25	
	1105	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	2	
					1b. Pain behind your breastbone	1	0	
					1c. A burning feeling in the centre of the upper stomach	2	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	4	0	
					1f. Unpleasant movement of material upwards from the stomach	4	0	
					2a. A burning feeling behind your breastbone	5	3	
					2b. Pain behind your breastbone	2	0	
					2c. A burning feeling in the centre of the upper stomach	2	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	3	0	
					2f. Unpleasant movement of material upwards from the stomach	3	0	
					Heartburn	3.00	1.25	
					Dyspepsia	1.00	0.00	
					Regurgitation	3.50	0.00	
					RDQ score	2.50	0.42	
					GERD dimension	3.25	0.63	
					Frequency of heartburn	2.50	1.00	
					Frequency of dyspepsia	1.00	0.00	
					Frequency of regurgitation	4.00	0.00	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1105	Yes	Yes	Yes	Frequency of GERD dimension	3.25	0.50	
					Intensity of heartburn	3.50	1.50	
					Intensity of dyspepsia	1.00	0.00	
					Intensity of regurgitation	3.00	0.00	
					Intensity of GERD dimension	3.25	0.75	
	1106	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	1	
					1b. Pain behind your breastbone	3	1	
					1c. A burning feeling in the centre of the upper stomach	5	1	
					1d. A pain in the centre of the upper stomach	5	0	
					1e. An acid taste in your mouth	5	1	
					1f. Unpleasant movement of material upwards from the stomach	5	1	
					2a. A burning feeling behind your breastbone	3	5	
					2b. Pain behind your breastbone	4	5	
					2c. A burning feeling in the centre of the upper stomach	5	5	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	5	5	
					2f. Unpleasant movement of material upwards from the stomach	2	5	
					Heartburn	3.00	3.00	
					Dyspepsia	4.50	1.50	
					Regurgitation	4.25	3.00	
					RDQ score	3.92	2.50	
					GERD dimension	3.63	3.00	
					Frequency of heartburn	2.50	1.00	
					Frequency of dyspepsia	5.00	0.50	
					Frequency of regurgitation	5.00	1.00	
					Frequency of GERD dimension	3.75	1.00	
					Intensity of heartburn	3.50	5.00	
					Intensity of dyspepsia	4.00	2.50	
					Intensity of regurgitation	3.50	5.00	
					Intensity of GERD dimension	3.50	5.00	
	1108	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	1	
					1b. Pain behind your breastbone	3	1	
					1c. A burning feeling in the centre of the upper stomach	3	1	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	0	0	

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Questions 2a to 2f: 0=None 1=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1108	Yes	Yes	Yes	2a. A burning feeling behind your breastbone	3	1	
					2b. Pain behind your breastbone	3	1	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	0	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	3.00	1.00	
					Dyspepsia	1.50	0.50	
					Regurgitation	1.75	0.00	
					RDQ score	2.08	0.50	
					GERD dimension	2.38	0.50	
					Frequency of heartburn	3.00	1.00	
					Frequency of dyspepsia	1.50	0.50	
					Frequency of regurgitation	1.50	0.00	
					Frequency of GERD dimension	2.25	0.50	
					Intensity of heartburn	3.00	1.00	
					Intensity of dyspepsia	1.50	0.50	
					Intensity of regurgitation	2.00	0.00	
					Intensity of GERD dimension	2.50	0.50	
	1109	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	2	0	
					1c. A burning feeling in the centre of the upper stomach	2	3	
					1d. A pain in the centre of the upper stomach	1	2	
					1e. An acid taste in your mouth	3	4	
					1f. Unpleasant movement of material upwards from the stomach	2	2	
					2a. A burning feeling behind your breastbone	3	4	
					2b. Pain behind your breastbone	2	0	
					2c. A burning feeling in the centre of the upper stomach	3	5	
					2d. A pain in the centre of the upper stomach	1	3	
					2e. An acid taste in your mouth	3	4	
					2f. Unpleasant movement of material upwards from the stomach	3	4	
					Heartburn	2.50	1.75	
					Dyspepsia	1.75	3.25	
					Regurgitation	2.75	3.50	
					RDQ score	2.33	2.83	
					GERD dimension	2.63	2.63	
					Frequency of heartburn	2.50	1.50	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1109	Yes	Yes	Yes	Frequency of dyspepsia	1.50	2.50	
					Frequency of regurgitation	2.50	3.00	
					Frequency of GERD dimension	2.50	2.25	
					Intensity of heartburn	2.50	2.00	
					Intensity of dyspepsia	2.00	4.00	
					Intensity of regurgitation	3.00	4.00	
					Intensity of GERD dimension	2.75	3.00	
	1111	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	0	2	
					1c. A burning feeling in the centre of the upper stomach	0	0	
					1d. A pain in the centre of the upper stomach	0	0	
					1e. An acid taste in your mouth	3	0	
					1f. Unpleasant movement of material upwards from the stomach	1	0	
					2a. A burning feeling behind your breastbone	4	4	
					2b. Pain behind your breastbone	0	2	
					2c. A burning feeling in the centre of the upper stomach	0	0	
					2d. A pain in the centre of the upper stomach	0	0	
					2e. An acid taste in your mouth	4	0	
					2f. Unpleasant movement of material upwards from the stomach	5	0	
					Heartburn	1.75	2.75	
					Dyspepsia	0.00	0.00	
					Regurgitation	3.25	0.00	
					RDQ score	1.67	0.92	
					GERD dimension	2.50	1.38	
					Frequency of heartburn	1.50	2.50	
					Frequency of dyspepsia	0.00	0.00	
					Frequency of regurgitation	2.00	0.00	
					Frequency of GERD dimension	1.75	1.25	
					Intensity of heartburn	2.00	3.00	
					Intensity of dyspepsia	0.00	0.00	
					Intensity of regurgitation	4.50	0.00	
					Intensity of GERD dimension	3.25	1.50	
	1112	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	4	3	
					1b. Pain behind your breastbone	3	0	
					1c. A burning feeling in the centre of the upper stomach	0	3	
					1d. A pain in the centre of the upper stomach	3	3	

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Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1112	Yes	Yes	Yes	1e. An acid taste in your mouth	1	4	
					1f. Unpleasant movement of material upwards from the stomach	2	3	
					2a. A burning feeling behind your breastbone	4	3	
					2b. Pain behind your breastbone	3	0	
					2c. A burning feeling in the centre of the upper stomach	0	3	
					2d. A pain in the centre of the upper stomach	2	3	
					2e. An acid taste in your mouth	2	3	
					2f. Unpleasant movement of material upwards from the stomach	4	2	
					Heartburn	3.50	1.50	
					Dyspepsia	1.25	3.00	
					Regurgitation	2.25	3.00	
					RDQ score	2.33	2.50	
					GERD dimension	2.88	2.25	
					Frequency of heartburn	3.50	1.50	
					Frequency of dyspepsia	1.50	3.00	
					Frequency of regurgitation	1.50	3.50	
					Frequency of GERD dimension	2.50	2.50	
					Intensity of heartburn	3.50	1.50	
					Intensity of dyspepsia	1.00	3.00	
					Intensity of regurgitation	3.00	2.50	
					Intensity of GERD dimension	3.25	2.00	
	1116	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	3	3	
					1b. Pain behind your breastbone	3	3	
					1c. A burning feeling in the centre of the upper stomach	5	3	
					1d. A pain in the centre of the upper stomach	3	3	
					1e. An acid taste in your mouth	5	2	
					1f. Unpleasant movement of material upwards from the stomach	5	2	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	3	2	
					2c. A burning feeling in the centre of the upper stomach	4	2	
					2d. A pain in the centre of the upper stomach	3	2	
					2e. An acid taste in your mouth	5	1	
					2f. Unpleasant movement of material upwards from the stomach	5	2	
					Heartburn	3.00	2.50	
					Dyspepsia	3.75	2.50	
					Regurgitation	5.00	1.75	
					RDQ score	3.92	2.25	

[1] Questions 1a to 1f: 0=Did not have 1=1day 2=2 days 3=3-4 days 4=5-6 days 5=Daily
Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 10: RDQ scores at baseline and at study end including calculated and LOCF values - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question / Derived subscore	Score value [1] Visit V2	Visit V3/ET	Visit V3/ET (original value)
Gaviscon Double Action Tablets	1116	Yes	Yes	Yes	GERD dimension	4.00	2.13	
					Frequency of heartburn	3.00	3.00	
					Frequency of dyspepsia	4.00	3.00	
					Frequency of regurgitation	5.00	2.00	
					Frequency of GERD dimension	4.00	2.50	
					Intensity of heartburn	3.00	2.00	
					Intensity of dyspepsia	3.50	2.00	
					Intensity of regurgitation	5.00	1.50	
					Intensity of GERD dimension	4.00	1.75	
	1119	Yes	Yes	Yes	1a. A burning feeling behind your breastbone	2	2	
					1b. Pain behind your breastbone	2	2	
					1c. A burning feeling in the centre of the upper stomach	3	1	
					1d. A pain in the centre of the upper stomach	3	0	
					1e. An acid taste in your mouth	1	1	
					1f. Unpleasant movement of material upwards from the stomach	0	0	
					2a. A burning feeling behind your breastbone	3	2	
					2b. Pain behind your breastbone	2	2	
					2c. A burning feeling in the centre of the upper stomach	3	1	
					2d. A pain in the centre of the upper stomach	3	0	
					2e. An acid taste in your mouth	2	1	
					2f. Unpleasant movement of material upwards from the stomach	0	0	
					Heartburn	2.25	2.00	
					Dyspepsia	3.00	0.50	
					Regurgitation	0.75	0.50	
					RDQ score	2.00	1.00	
					GERD dimension	1.50	1.25	
					Frequency of heartburn	2.00	2.00	
					Frequency of dyspepsia	3.00	0.50	
					Frequency of regurgitation	0.50	0.50	
					Frequency of GERD dimension	1.25	1.25	
					Intensity of heartburn	2.50	2.00	
					Intensity of dyspepsia	3.00	0.50	
					Intensity of regurgitation	1.00	0.50	
					Intensity of GERD dimension	1.75	1.25	

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Questions 2a to 2f: 0=Did not have 1=Very mild 2=Mild 3=Moderate 4=Moderately severe 5=Severe

Listing 11: OTE score - ALL population

Treatment	Subject	Population SAF	ITT	PP	Question 1	Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?	Summary category	Question 2	How important was the change in the symptoms to you?
Placebo	1001	Yes	Yes	Yes	5	A good deal better	Better	5	Important
	1002	Yes	Yes	Yes	6	A great deal better	Better	7	Extremely important
	1006	Yes	Yes	Yes	0	No change	No change	0	No change
	1007	Yes	Yes	Yes	-7	A very great deal worse	Worse	6	Very important
	1009	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1011	Yes	Yes	Yes	6	A great deal better	Better	7	Extremely important
	1013	Yes	Yes	Yes	4	Moderately better	Better	6	Very important
	1014	Yes	Yes	Yes	2	A little better	Better	5	Important
	1015	Yes	Yes	Yes	2	A little better	Better	2	Slightly important
	1018	Yes	Yes	Yes	0	No change	No change	0	No change
	1019	Yes	Yes	Yes	0	No change	No change	0	No change
	1022	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1026	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1027	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1029	Yes	Yes	No	2	A little better	Better	6	Very important
	1031	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1034	Yes	Yes	No	-2	A little worse	Worse	5	Important
	1037	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	5	Important
	1039	Yes	Yes	No	2	A little better	Better	2	Slightly important
	1043	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1045	Yes	Yes	Yes	0	No change	No change	0	No change
	1047	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1048	Yes	Yes	Yes	6	A great deal better	Better	6	Very important
	1051	Yes	Yes	Yes	6	A great deal better	Better	6	Very important
	1054	Yes	Yes	Yes	-6	A great deal worse	Worse	6	Very important
	1056	Yes	Yes	Yes	0	No change	No change	0	No change
	1057	Yes	Yes	Yes	7	A very great deal better	Better	6	Very important
	1058	Yes	Yes	Yes	-1	Almost the same, hardly any worse at all	Worse	1	Not important
	1060	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	2	Slightly important
	1061	Yes	Yes	Yes	-1	Almost the same, hardly any worse at all	Worse	7	Extremely important
	1063	Yes	Yes	Yes	-5	A good deal worse	Worse	6	Very important
	1066	Yes	Yes	Yes	0	No change	No change	0	No change
	1071	Yes	Yes	No	0	No change	No change	0	No change
	1073	Yes	Yes	Yes	0	No change	No change	0	No change
	1074	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1078	Yes	Yes	No	3	Somewhat better	Better	5	Important
	1082	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	2	Slightly important
	1084	No	No	No					

Listing 11: OTE score - ALL population

Treatment	Subject	Population			Question 1			Question 2	
		SAF	ITT	PP	Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?		Summary category	How important was the change in the symptoms to you?	
Placebo	1085	Yes	Yes	Yes	-2	A little worse	Worse	3	Somewhat important
	1087	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1088	Yes	Yes	Yes	3	Somewhat better	Better	4	Moderately important
	1091	Yes	Yes	Yes	-4	Moderately worse	Worse	7	Extremely important
	1094	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	4	Moderately important
	1098	Yes	Yes	Yes	3	Somewhat better	Better	5	Important
	1099	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1101	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	1	Not important
	1102	Yes	Yes	Yes	0	No change	No change	0	No change
	1103	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	3	Somewhat important
	1107	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1110	Yes	Yes	Yes	2	A little better	Better	5	Important
	1113	Yes	Yes	Yes	0	No change	No change	0	No change
	1114	Yes	Yes	Yes	0	No change	No change	0	No change
	1115	Yes	Yes	Yes	0	No change	No change	0	No change
	1117	Yes	Yes	Yes	2	A little better	Better	2	Slightly important
	1118	Yes	Yes	Yes	5	A good deal better	Better	5	Important
Gaviscon Double Action Tablets	1003	Yes	Yes	Yes	0	No change	No change	0	No change
	1004	Yes	Yes	Yes	0	No change	No change	0	No change
	1005	Yes	Yes	Yes	5	A good deal better	Better	5	Important
	1008	Yes	Yes	Yes	7	A very great deal better	Better	5	Important
	1010	Yes	Yes	Yes	5	A good deal better	Better	5	Important
	1012	Yes	Yes	Yes	0	No change	No change	0	No change
	1016	Yes	Yes	Yes	0	No change	No change	0	No change
	1017	Yes	Yes	No	6	A great deal better	Better	6	Very important
	1020	Yes	Yes	Yes	5	A good deal better	Better	7	Extremely important
	1021	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1023	Yes	Yes	Yes	4	Moderately better	Better	6	Very important
	1024	Yes	Yes	No	5	A good deal better	Better	5	Important
	1025	Yes	Yes	Yes	6	A great deal better	Better	5	Important
	1028	Yes	Yes	Yes	2	A little better	Better	3	Somewhat important
	1030	Yes	Yes	Yes	5	A good deal better	Better	7	Extremely important
	1033	Yes	Yes	Yes	6	A great deal better	Better	6	Very important
	1036	Yes	Yes	Yes	2	A little better	Better	2	Slightly important
	1038	Yes	Yes	Yes	0	No change	No change	0	No change
	1040	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1041	Yes	Yes	Yes	5	A good deal better	Better	5	Important

Treatment	Subject	Population			Question 1			Question 2	
		SAF	ITT	PP	Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?		Summary category	How important was the change in the symptoms to you?	
Gaviscon Double Action Tablets	1044	Yes	Yes	Yes	5	A good deal better	Better	5	Important
	1046	Yes	Yes	Yes	5	A good deal better	Better	5	Important
	1049	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1050	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1052	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1053	Yes	Yes	Yes	4	Moderately better	Better	5	Important
	1055	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1059	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1062	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1064	Yes	Yes	Yes	7	A very great deal better	Better	5	Important
	1068	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1069	Yes	Yes	Yes	7	A very great deal better	Better	6	Very important
	1070	Yes	Yes	Yes	7	A very great deal better	Better	6	Very important
	1072	Yes	Yes	Yes	7	A very great deal better	Better	6	Very important
	1075	Yes	Yes	Yes	0	No change	No change	0	No change
	1079	Yes	Yes	Yes	5	A good deal better	Better	7	Extremely important
	1080	Yes	Yes	Yes	6	A great deal better	Better	6	Very important
	1081	Yes	Yes	Yes	0	No change	No change	0	No change
	1083	Yes	Yes	Yes	3	Somewhat better	Better	3	Somewhat important
	1086	Yes	Yes	Yes	3	Somewhat better	Better	3	Somewhat important
	1089	Yes	Yes	Yes	7	A very great deal better	Better	6	Very important
	1090	Yes	Yes	Yes	5	A good deal better	Better	6	Very important
	1093	Yes	Yes	Yes	-1	Almost the same, hardly any worse at all	Worse	2	Slightly important
	1095	Yes	Yes	Yes	7	A very great deal better	Better	6	Very important
	1096	Yes	Yes	Yes	6	A great deal better	Better	7	Extremely important
	1097	Yes	Yes	Yes	6	A great deal better	Better	5	Important
	1100	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	2	Slightly important
	1104	Yes	Yes	Yes	3	Somewhat better	Better	5	Important
	1105	Yes	Yes	Yes	4	Moderately better	Better	6	Very important
	1106	Yes	Yes	Yes	2	A little better	Better	2	Slightly important
	1108	Yes	Yes	Yes	5	A good deal better	Better	5	Important
	1109	Yes	Yes	Yes	7	A very great deal better	Better	7	Extremely important
	1111	Yes	Yes	Yes	1	Almost the same, hardly any better at all	Better	3	Somewhat important
	1112	Yes	Yes	Yes	4	Moderately better	Better	7	Extremely important
	1116	Yes	Yes	Yes	0	No change	No change	0	No change
	1119	Yes	Yes	Yes	2	A little better	Better	4	Moderately important

16.2.7 Adverse Event Listings (each patient)

This appendix contains:

Listing 12 (Adverse events – ALL population).

Listing 13 (Severe adverse events or at least possibly related adverse events – ALL population).

Listing 12: Adverse events - ALL population

Treatment Group=Placebo

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1001	63	M	Yes	Yes	Yes	Yes	On-Trt.	Contusion/ BRUISED RIGHT THIGH/ Injury, poisoning and procedural complications	2012-09-07 - 2012-09/	Rec, res	Mild	None/ None		Unrelated
1011	49	M	Yes	Yes	Yes	Yes	On-Trt.	Upper respiratory tract infection/ UPPER RESPIRATORY TRACT INFECTION/ Infections and infestations	2012-09-12 - 2012-09-17/ 6	Rec, res	Mild	None/ None		Unassessable/ Unclassified
1013	29	F	Yes	Yes	Yes	Yes	On-Trt.	Abdominal pain/ ABDOMINAL CRAMPS/ Gastrointestinal disorders	2012-09-04 - 2012-09-06/ 3	Rec, res	Mild	IMP treatment interrupted/ None		Possible
1014	23	F	Yes	Yes	Yes	Yes	On-Trt.	Contusion/ BRUISE TO LEFT ARM/ Injury, poisoning and procedural complications	2012-09-19 - 2012-09/	Rec, res	Mild	None/ None		Unrelated
1029	37	F	Yes	Yes	Yes	No	On-Trt.	Throat irritation/ THROAT DISCOMFORT/ Respiratory, thoracic and mediastinal disorders	2012-09-19 - 2012-09-21/ 3	Rec, res	Mild	None/ None		Unlikely
1031	56	F	Yes	Yes	Yes	Yes	On-Trt.	Flatulence/ FLATUS EXCESS/ Gastrointestinal disorders	2012-09-18 - 2012-09-27/ 10	Rec, res	Mild	None/ None		Possible
	56	F	Yes	Yes	Yes	Yes	On-Trt.	Diarrhoea/ DIARRHOEA/ Gastrointestinal disorders	2012-09-25 - 2012-09-25/ 1	Rec, res	Mild	None/ None		Possible
1034	56	F	Yes	Yes	Yes	No	On-Trt.	Gingival abscess/ GUM ABCESS/ Infections and infestations	2012-09-22 - 2012-10-16/ 25	Rec, res	Moderate	None/ Symptomatic therapy		Unrelated
	56	F	Yes	Yes	Yes	No	On-Trt.	Haemorrhoidal haemorrhage/ BLEEDING HAEMORROIDS/ Gastrointestinal disorders	2012-09-22 - 2012-09-23/ 2	Rec, res	Mild	None/ None		Unlikely

Outcome of AE: Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved
Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved

Treatment Group=Placebo

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1039	57	F	Yes	Yes	Yes	No	On-Trt.	Diarrhoea/ DIARRHOEA/ Gastrointestinal disorders	2012-09-20 - 2012-09-24/ 5	Rec, res	Moderate	IMP permanentl y discontinued / Other action: PT. HAS SEEN OWN GP -> STOOL SAMPLE, BLOOD SAMPLE, NO MEDICATION.		Possible
1045	41	M	Yes	Yes	Yes	Yes	On-Trt.	Headache/ HEADACHE/ Nervous system disorders	2012-09-24 - 2012-09-24/ 1	Rec, res	Mild	None/ None		Unrelated
1048	28	M	Yes	Yes	Yes	Yes	On-Trt.	Diarrhoea/ LOOSE STOOLS/ Gastrointestinal disorders	2012-09-19 - 2012-09-21/ 3	Rec, res	Mild	None/ None		Possible
1056	57	M	Yes	Yes	Yes	Yes	On-Trt.	Clubbing/ FINGER CLUBBING/ Musculoskeletal and connective tissue disorders	2012-10-02 - /	Not Recovere d/No	Mild	None/ Other action: GP INFORMED		Unrelated
	57	M	Yes	Yes	Yes	Yes	On-Trt.	Hypoventilation/ REDUCED AE (AIR ENTRY), RIGHT BASE/ Respiratory, thoracic and mediastinal disorders	2012-10-02 - 2012-10-26/ 25	Rec, res	Mild	None/ Other action: GP INFORMED CHEST XRAY DONE		Unrelated
1057	50	F	Yes	Yes	Yes	Yes	On-Trt.	Blood calcium increased/ ABOVE NORMAL LEVEL OF CALCIUM BLOOD RESULTS/ Investigations	2012-10-04 - /	Unknown	Mild	None/ Other action: GP notified		Possible
	50	F	Yes	Yes	Yes	Yes	On-Trt.	Platelet count increased/ ABOVE NORMAL RANGE PLATELET COUNT/ Investigations	2012-10-04 - /	Unknown	Mild	None/ Other action: GP informed		Unlikely

Outcome of AE: Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved
Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved

Treatment Group=Placebo

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1071	44	F	Yes	Yes	Yes	No	On-Trt.	Mean cell haemoglobin concentration decreased/ LOW MCHC (301 G/L RANGE 307-346 G/L)/ Investigations	2012-10-01 - /	Unknown	Mild	None/ Other action: GP INFORMED		Unrelated
1074	38	F	Yes	Yes	Yes	Yes	On-Trt.	Flatulence/ FLATUS/ Gastrointestinal disorders	2012-09-28 - 2012-09-30/ 3	Rec, res	Mild	None/ None		Possible
1098	31	F	Yes	Yes	Yes	Yes	On-Trt.	Rhinitis/ CORYZA/ Infections and infestations	2012-10-12 - 2012-10-19/ 8	Rec, res	Mild	None/ Symptomatic therapy		Unrelated
1099	25	F	Yes	Yes	Yes	Yes	On-Trt.	Diarrhoea/ DIARRHOEA/ Gastrointestinal disorders	2012-10-10 - 2012-10-14/ 5	Rec, res	Moderate	None/ None		Unlikely
	25	F	Yes	Yes	Yes	Yes	On-Trt.	Upper respiratory tract infection/ UPPER RESPIRATORY TRACT INFECTION/ Infections and infestations	2012-10-14 - 2012-10-21/ 8	Rec, res	Mild	None/ Symptomatic therapy		Unrelated
1110	57	F	Yes	Yes	Yes	Yes	On-Trt.	Nausea/ NAUSEA/ Gastrointestinal disorders	2012-10-28 - 2012-10-29/ 2	Rec, res	Mild	None/ None		Unrelated
	57	F	Yes	Yes	Yes	Yes	On-Trt.	Flatulence/ FLATULENCE/ Gastrointestinal disorders	2012-10-23 - 2012-10-31/ 9	Rec, res	Mild	None/ None		Unlikely
1114	43	M	Yes	Yes	Yes	Yes	On-Trt.	Blood pressure increased/ RAISED BP/ Investigations	2012-10-30 - /	Unknown	Mild	None/ Other action: Advised to see GP		Unrelated

Treatment Group=Gaviscon Double Action Tablets

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1010	41	M	Yes	Yes	Yes	Yes	On-Trt.	Mouth ulceration/ MOUTH ULCERS/ Gastrointestinal disorders	2012-09-04 - 2012-09-06/ 3	Rec, res	Mild	None/ Symptomatic therapy		Unlikely
1023	36	F	Yes	Yes	Yes	Yes	On-Trt.	Headache/ HEADACHE/ Nervous system disorders	2012-09-15 - 2012-09-15/ 1	Rec, res	Mild	None/ None		Unrelated
1024	37	M	Yes	Yes	Yes	No	On-Trt.	Liver function test abnormal/ RAISED LIVER FUNCTION TESTS/ Investigations	2012-09-18 - 2012-09-25/ 8	Rec, res	Mild	None/ Other action: GP Informed		Unlikely
1033	56	F	Yes	Yes	Yes	Yes	On-Trt.	Upper respiratory tract infection/ UPPER RESPIRATORY TRACT INFECTION/ Infections and infestations	2012-09-24 - 2012-10-04/ 11	Rec, res	Mild	None/ None		Unrelated
1040	57	F	Yes	Yes	Yes	Yes	On-Trt.	Constipation/ CONSTIPATION/ Gastrointestinal disorders	2012-09-22 - 2012-09-29/ 8	Rec, res	Mild	None/ None		Probable
	57	F	Yes	Yes	Yes	Yes	On-Trt.	Eructation/ EXCESSIVE BELCHING/ Gastrointestinal disorders	2012-09-20 - 2012-09-29/ 10	Rec, res	Mild	None/ None		Probable
1041	38	F	Yes	Yes	Yes	Yes	On-Trt.	Contusion/ SMALL BRUISE TO (R) ARM/ Injury, poisoning and procedural complications	2012-09-25 - 2012-09-29/ 5	Rec, res	Mild	None/ None		Unrelated
1044	21	M	Yes	Yes	Yes	Yes	On-Trt.	Rhinitis/ CORYZA/ Infections and infestations	2012-09-25 - 2012-09-29/ 5	Rec, res	Mild	None/ Symptomatic therapy		Unrelated
1072	21	F	Yes	Yes	Yes	Yes	On-Trt.	Headache/ HEADACHE/ Nervous system disorders	2012-10-03 - 2012-10-03/ 1	Rec, res	Mild	None/ Symptomatic therapy		Unrelated
1079	54	M	Yes	Yes	Yes	Yes	On-Trt.	Upper respiratory tract infection/ UPPER RESPIRATORY TRACT INFECTION/ Infections and infestations	2012-10-07 - 2012-10-31/ 25	Rec, res	Mild	None/ None		Unrelated
1083	36	F	Yes	Yes	Yes	Yes	On-Trt.	Rhinitis/ CORYZA/ Infections and infestations	2012-10-06 - 2012-10-20/ 15	Rec, res	Mild	None/ Symptomatic therapy		Unrelated

Outcome of AE: Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved
Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved

Listing 12: Adverse events - ALL population

Treatment Group=Gaviscon Double Action Tablets

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1093	44	F	Yes	Yes	Yes	Yes	On-Trt.	Rhinitis/ CORYZA/ Infections and infestations	2012-10-12 - 2012-10-28/ 17	Rec, res	Mild	None/ Symptomatic therapy		Unrelated
1096	50	M	Yes	Yes	Yes	Yes	On-Trt.	Blood pressure increased/ ELEVATED BLOOD PRESSURE/ Investigations	2012-10-16 - 2012-10-22/ 7	Rec, res	Mild	None/ Other action: LETTER SENT TO GP		Unlikely
1106	43	M	Yes	Yes	Yes	Yes	On-Trt.	Vomiting/ VOMITTING/ Gastrointestinal disorders	2012-10-24 - 2012-10-25/ 2	Rec, res	Mild	None/ None		Unrelated
1108	44	M	Yes	Yes	Yes	Yes	On-Trt.	Rhinitis/ CORYZA/ Infections and infestations	2012-10-25 - 2012-11-04/ 11	Rec, res	Mild	None/ None		Unlikely
1109	57	M	Yes	Yes	Yes	Yes	On-Trt.	Flatulence/ FLATUS/ Gastrointestinal disorders	2012-10-24 - 2012-11-03/ 11	Rec, res	Mild	None/ None		Unlikely
1112	41	F	Yes	Yes	Yes	Yes	On-Trt.	Headache/ HEADACHE/ Nervous system disorders	2012-10-27 - 2012-10-29/ 3	Rec, res	Mild	None/ None		Unrelated

Outcome of AE: Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved
Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved

Listing 13: Severe adverse events or at least possibly related adverse events - ALL population

Treatment Group=Placebo

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1013	29	F	Yes	Yes	Yes	Yes	On-Trt.	Abdominal pain/ ABDOMINAL CRAMPS/ Gastrointestinal disorders	2012-09-04 - 2012-09-06/ 3	Rec, res	Mild	IMP treatment interrupted/ None		Possible
1031	56	F	Yes	Yes	Yes	Yes	On-Trt.	Flatulence/ FLATUS EXCESS/ Gastrointestinal disorders	2012-09-18 - 2012-09-27/ 10	Rec, res	Mild	None/ None		Possible
	56	F	Yes	Yes	Yes	Yes	On-Trt.	Diarrhoea/ DIARRHOEA/ Gastrointestinal disorders	2012-09-25 - 2012-09-25/ 1	Rec, res	Mild	None/ None		Possible
1039	57	F	Yes	Yes	Yes	No	On-Trt.	Diarrhoea/ DIARRHOEA/ Gastrointestinal disorders	2012-09-20 - 2012-09-24/ 5	Rec, res	Moderate	IMP permanentl y discontinued / Other action: PT. HAS SEEN OWN GP -> STOOL SAMPLE, BLOOD SAMPLE, NO MEDICATION.		Possible
1048	28	M	Yes	Yes	Yes	Yes	On-Trt.	Diarrhoea/ LOOSE STOOLS/ Gastrointestinal disorders	2012-09-19 - 2012-09-21/ 3	Rec, res	Mild	None/ None		Possible
1057	50	F	Yes	Yes	Yes	Yes	On-Trt.	Blood calcium increased/ ABOVE NORMAL LEVEL OF CALCIUM BLOOD RESULTS/ Investigations	2012-10-04 - /	Unknown	Mild	None/ Other action: GP notified		Possible
1074	38	F	Yes	Yes	Yes	Yes	On-Trt.	Flatulence/ FLATUS/ Gastrointestinal disorders	2012-09-28 - 2012-09-30/ 3	Rec, res	Mild	None/ None		Possible

Outcome of AE: Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved
Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved

Listing 13: Severe adverse events or at least possibly related adverse events - ALL population

Treatment Group=Gaviscon Double Action Tablets

Subj.	Age (yrs)	Sex	Population All	SAF	ITT	PP	Period	Adverse event: Preferred term name/ Reported term/ MedDRA System Organ Class	Start date - Stop date/ Duration	Outcome of AE	Severity/ Intensity	Action taken: on study drug/ in general	Seriousness Criteria, if any	Relationship to IMP
1040	57	F	Yes	Yes	Yes	Yes	On-Trt.	Constipation/ CONSTIPATION/ Gastrointestinal disorders	2012-09-22 - 2012-09-29/ 8	Rec, res	Mild	None/ None		Probable
	57	F	Yes	Yes	Yes	Yes	On-Trt.	Eructation/ EXCESSIVE BELCHING/ Gastrointestinal disorders	2012-09-20 - 2012-09-29/ 10	Rec, res	Mild	None/ None		Probable

Outcome of AE: Rec, res = Recovered/Resolved Rec'ing, res'ing = Recovering/Resolving Not rec, not res = Not recovered/Not resolved

Rec, res = Recovered/Resolved

16.2.8 Listing of Individual Laboratory Measurements by Patient

This appendix contains:

Listing 14 (Haematology – ALL population).

Listings 15.1 and 15.2 (Chemistry part 1 and part 2, ALL population).

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1001	Yes	Yes	Yes	V1	28AUG2012	14:45	9.37		N	5.15		N	330		N	8.5		N	253		N
				V3/ET	11SEP2012	10:00	9.43	0.06	N	5.17	0.02	N	332	2	N	6.8	-1.7	N	275	22	N
1002	Yes	Yes	Yes	V1	28AUG2012	14:45	9.56		N	5.32		N	329		N	6.1		N	275		N
				V3/ET	11SEP2012	11:10	9.56	0.00	N	5.27	-0.05	N	331	2	N	7.1	1.0	N	271	-4	N
1006	Yes	Yes	Yes	V1	30AUG2012	10:55	9.00		N	4.90		N	320		N	5.5		N	425		H ANCS
				V3/ET	11SEP2012	10:08	9.50	0.50	N	5.06	0.16	N	325	5	N	5.4	-0.1	N	437	12	H ANCS
1007	Yes	Yes	Yes	V1	30AUG2012	10:45	8.87		N	4.83		N	323		N	5.8		N	246		N
				V3/ET	11SEP2012	16:14	8.56	-0.31	N	4.78	-0.05	N	318	-5	N	6.5	0.7	N	289	43	N
1009	Yes	Yes	Yes	V1	30AUG2012	11:35	8.63		N	3.89		L ANCS	321		N	5.8		N	459		H ANCS
				V3/ET	11SEP2012	16:40	9.25	0.62	N	4.11	0.22	L ANCS	325	4	N	5.2	-0.6	N	461	2	H ANCS
1011	Yes	Yes	Yes	V1	30AUG2012	13:20	10.05		N	5.22		N	341		N	6.2		N	309		N
				V3/ET	12SEP2012	10:00	9.50	-0.56	N	5.04	-0.18	N	332	-9	N	7.4	1.2	N	314	5	N
1013	Yes	Yes	Yes	V1	30AUG2012	16:55	8.13		N	4.57		N	326		N	9.4		N	337		N
				V3/ET	11SEP2012	16:10	8.38	0.25	N	4.78	0.21	N	323	-3	N	9.9	0.5	N	346	9	N
1014	Yes	Yes	Yes	V1	04SEP2012	11:15	8.19		N	4.44		N	332		N	9.1		N	292		N
				V3/ET	18SEP2012	11:45	9.06	0.87	N	4.85	0.41	N	331	-1	N	8.0	-1.1	N	277	-15	N
1015	Yes	Yes	Yes	V1	04SEP2012	12:45	8.63		N	4.43		N	318		N	8.5		N	445		H ANCS
				V3/ET	18SEP2012	12:25	9.00	0.37	N	4.67	0.24	N	318	0	N	9.0	0.5	N	453	8	H ANCS
1018	Yes	Yes	Yes	V1	04SEP2012	16:00	8.75		N	4.77		N	320		N	12.8		H ANCS	459		H ANCS
				V3/ET	18SEP2012	16:30	8.50	-0.25	N	4.71	-0.06	N	323	3	N	11.8	-1.0	H ANCS	438	-21	H ANCS
1019	Yes	Yes	Yes	V1	05SEP2012	10:40	9.12		N	4.89		N	319		N	8.4		N	209		N
				V3/ET	18SEP2012	12:05	9.31	0.19	N	4.95	0.06	N	324	5	N	9.2	0.8	N	211	2	N
1022	Yes	Yes	Yes	V1	06SEP2012	14:23	8.75		N	4.72		N	332		N	5.8		N	272		N
				V3/ET	18SEP2012	10:10	8.63	-0.12	N	4.61	-0.11	N	335	3	N	4.9	-0.9	N	292	20	N

Note: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1026	Yes	Yes	Yes	V1	06SEP2012	15:55	7.94		N	4.45		N	311		N	5.6		N	348		N
				V3/ET	18SEP2012	14:05	8.32	0.37	N	4.60	0.15	N	329	18	N	5.6	0.0	N	359	11	N
1027	Yes	Yes	Yes	V1	06SEP2012	16:20	8.87		N	4.64		N	314		N	9.2		N	437		H ANCS
				V3/ET	18SEP2012	15:18	9.25	0.37	N	4.77	0.13	N	328	14	N	9.0	-0.2	N	437	0	H ANCS
1029	Yes	Yes	No	V1	06SEP2012	17:15	7.57		N	3.73		L ANCS	305		L ANCS	5.6		N	364		N
				V3/ET	20SEP2012	17:40	7.76	0.19	N	3.81	0.08	N	318	13	N	8.0	2.4	N	343	-21	N
1031	Yes	Yes	Yes	V1	11SEP2012	11:32	8.87		N	4.38		N	332		N	7.1		N	332		N
				V3/ET	25SEP2012	13:20	8.56	-0.31	N	4.29	-0.09	N	328	-4	N	8.6	1.5	N	373	41	N
1034	Yes	Yes	No	V1	11SEP2012	14:00	8.01		N	4.02		N	317		N	9.1		N	380		N
				V3/ET	26SEP2012	13:50	7.76	-0.25	N	3.92	-0.10	N	308	-9	N	5.3	-3.8	N	407	27	H ANCS
1037	Yes	Yes	Yes	V1	11SEP2012	15:15	8.69		N	4.44		L ANCS	335		N	7.4		N	287		N
				V3/ET	25SEP2012	10:00	8.94	0.25	N	4.56	0.12	N	329	-6	N	10.3	2.9	N	324	37	N
1039	Yes	Yes	No	V1	12SEP2012	12:20	8.56		N	4.66		N	329		N	6.4		N	337		N
				V3/ET	25SEP2012	10:40	8.38	-0.19	N	4.50	-0.16	N	329	0	N	5.6	-0.8	N	296	-41	N
1043	Yes	Yes	Yes	V1	13SEP2012	15:20	8.81		N	4.76		N	322		N	6.8		N	403		H ANCS
				V3/ET	27SEP2012	16:23	8.32	-0.50	N	4.54	-0.22	N	320	-2	N	4.7	-2.1	N	386	-17	N
1045	Yes	Yes	Yes	V1	13SEP2012	17:30	9.81		N	5.07		N	321		N	7.6		N	330		N
				V3/ET	27SEP2012	16:15	9.93	0.12	N	5.09	0.02	N	325	4	N	7.9	0.3	N	325	-5	N
1047	Yes	Yes	Yes	V1	13SEP2012	18:10	8.75		N	4.63		N	328		N	7.3		N	262		N
				V3/ET	25SEP2012	17:45	8.94	0.19	N	4.76	0.13	N	329	1	N	6.9	-0.4	N	239	-23	N
1048	Yes	Yes	Yes	V1	13SEP2012	18:10	9.50		N	5.57		N	327		N	8.2		N	376		N
				V3/ET	26SEP2012	12:55	9.56	0.06	N	5.63	0.06	N	327	0	N	5.7	-2.5	N	358	-18	N
1051	Yes	Yes	Yes	V1	18SEP2012	14:20	9.87		N	5.09		N	331		N	10.7		N	415		H ANCS
				V3/ET	02OCT2012	14:20	9.31	-0.56	N	4.87	-0.22	N	326	-5	N	9.6	-1.1	N	356	-59	N

Notes: N=Normal, Unknown, Missing ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Listing 14: Haematology - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1054	Yes	Yes	Yes	V1	18SEP2012	17:20	7.63		N	4.23		N	314		N	5.8		N	249		N
				V3/ET	02OCT2012	17:55	8.07	0.43	N	4.38	0.15	N	320	6	N	7.7	1.9	N	255	6	N
1056	Yes	Yes	Yes	V1	19SEP2012	10:40	9.25		N	4.33		L ANCS	332		N	5.1		N	284		N
				V3/ET	02OCT2012	9:35	9.12	-0.12	N	4.28	-0.05	L ANCS	335	3	N	6.1	1.0	N	258	-26	N
1057	Yes	Yes	Yes	V1	19SEP2012	11:05	7.57		N	4.49		N	312		N	7.7		N	628		H ANCS
				V3/ET	04OCT2012	17:10	7.14	-0.43	N	4.16	-0.33	N	300	-12	L ANCS	11.6	3.9	H ANCS	660	32	H ACS
1058	Yes	Yes	Yes	V1	19SEP2012	11:20	9.68		N	5.13		N	332		N	3.4		L ANCS	222		N
				V3/ET	02OCT2012	12:00	9.68	0.00	N	5.19	0.06	N	332	0	N	4.1	0.7	L ANCS	241	19	N
1060	Yes	Yes	Yes	V1	19SEP2012	11:50	9.68		N	4.91		N	329		N	5.2		N	336		N
				V3/ET	04OCT2012	10:45	9.68	0.00	N	5.01	0.10	N	325	-4	N	5.0	-0.2	N	336	0	N
1061	Yes	Yes	Yes	V1	19SEP2012	12:40	7.70		N	4.55		N	319		N	6.1		N	345		N
				V3/ET	02OCT2012	11:20	7.82	0.12	N	4.49	-0.06	N	324	5	N	5.5	-0.6	N	362	17	N
1063	Yes	Yes	Yes	V1	19SEP2012	14:15	9.43		N	5.27		N	343		N	5.5		N	295		N
				V3/ET	02OCT2012	16:40	9.62	0.19	N	5.30	0.03	N	338	-5	N	6.1	0.6	N	297	2	N
1066	Yes	Yes	Yes	V1	20SEP2012	14:40	9.43		N	5.12		N	312		N	8.2		N	260		N
				V3/ET	04OCT2012	11:00	9.74	0.31	N	5.13	0.01	N	327	15	N	8.5	0.3	N	273	13	N
1071	Yes	Yes	No	V1	20SEP2012	16:30	6.70		L ACS	4.27		N	311		N	7.3		N	488		H ACS
				V3/ET	01OCT2012	15:20	6.45	-0.25	L ACS	4.14	-0.13	N	301	-10	L ACS	7.2	-0.1	N	417	-71	H ANCS
1073	Yes	Yes	Yes	V1	20SEP2012	16:30	8.38		N	4.56		N	313		N	8.0		N	369		N
				V3/ET	05OCT2012	10:50	8.13	-0.25	N	4.45	-0.11	N	317	4	N	6.8	-1.2	N	375	6	N
1074	Yes	Yes	Yes	V1	20SEP2012	18:10	8.25		N	4.51		N	316		N	9.5		N	271		N
				V3/ET	04OCT2012	18:00	8.50	0.25	N	4.75	0.24	N	307	-9	N	8.9	-0.6	N	227	-44	N
1078	Yes	Yes	No	V1	25SEP2012	13:30	9.87		N	5.10		N	332		N	10.0		N	313		N
				V3/ET	09OCT2012	10:20	9.37	-0.50	N	5.01	-0.09	N	318	-14	N	10.3	0.3	N	349	36	N

Notes: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1082	Yes	Yes	Yes	V1	25SEP2012	17:50	7.94		N	4.44		N	317		N	8.3		N	406		H ANCS
				V3/ET	10OCT2012	14:10	8.19	0.25	N	4.59	0.15	N	319	2	N	7.8	-0.5	N	357	-49	N
1084	No	No	No	V1	26SEP2012	12:35	9.00		N	4.41		N	331		N	5.5		N	290		N
				V3/ET																	
1085	Yes	Yes	Yes	V1	27SEP2012	10:20	9.50		N	5.36		N	329		N	7.6		N	278		N
				V3/ET	10OCT2012	10:45	9.68	0.19	N	5.46	0.10	N	324	-5	N	8.1	0.5	N	292	14	N
1087	Yes	Yes	Yes	V1	27SEP2012	14:40	9.12		N	4.95		N	313		N	8.0		N	349		N
				V3/ET	09OCT2012	12:15	9.25	0.12	N	5.03	0.08	N	323	10	N	7.3	-0.7	N	296	-53	N
1088	Yes	Yes	Yes	V1	27SEP2012	16:00	8.81		N	4.96		N	319		N	7.1		N	363		N
				V3/ET	09OCT2012	13:00	9.00	0.19	N	5.00	0.04	N	327	8	N	7.0	-0.1	N	313	-50	N
1091	Yes	Yes	Yes	V1	02OCT2012	10:50	8.07		N	4.23		N	319		N	9.3		N	395		N
				V3/ET	16OCT2012	14:35	8.19	0.12	N	4.38	0.15	N	315	-4	N	8.6	-0.7	N	362	-33	N
1094	Yes	Yes	Yes	V1	04OCT2012	10:20	9.87		N	5.17		N	320		N	6.5		N	285		N
				V3/ET	16OCT2012	14:20	9.93	0.06	N	5.19	0.02	N	330	10	N	7.2	0.7	N	194	-91	N
1098	Yes	Yes	Yes	V1	05OCT2012	11:15	8.63		N	4.71		N	320		N	6.6		N	409		H ANCS
				V3/ET	16OCT2012	15:00	8.07	-0.56	N	4.41	-0.30	N	324	4	N	7.6	1.0	N	408	-1	H ANCS
1099	Yes	Yes	Yes	V1	05OCT2012	11:50	8.32		N	4.53		N	319		N	9.2		N	291		N
				V3/ET	16OCT2012	17:00	8.63	0.31	N	4.72	0.19	N	316	-3	N	13.2	4.0	H ANCS	299	8	N
1101	Yes	Yes	Yes	V1	05OCT2012	14:00	8.50		N	4.49		N	321		N	11.2		H ANCS	395		N
				V3/ET	16OCT2012	14:45	8.38	-0.12	N	4.42	-0.07	N	314	-7	N	8.8	-2.4	N	415	20	H ANCS
1102	Yes	Yes	Yes	V1	11OCT2012	14:50	9.18		N	4.93		N	328		N	6.7		N	395		N
				V3/ET	24OCT2012	16:35	8.50	-0.68	N	4.67	-0.26	N	319	-9	N	6.1	-0.6	N	363	-32	N
1103	Yes	Yes	Yes	V1	11OCT2012	15:45	7.94		N	4.32		N	319		N	6.8		N	287		N
				V3/ET	23OCT2012	13:30	8.25	0.31	N	4.46	0.14	N	319	0	N	7.7	0.9	N	262	-25	N

Note: N=Normal H=High L=Low ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Listing 14: Haematology - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1107	Yes	Yes	Yes	V1	16OCT2012	16:30	9.00		N	4.63		N	336		N	5.6		N	332		N
				V3/ET	30OCT2012	13:25	9.00	0.00	N	4.58	-0.05	N	349	13	H ANCS	5.6	0.0	N	256	-76	N
1110	Yes	Yes	Yes	V1	18OCT2012	10:50	8.94		N	4.64		N	337		N	7.1		N	315		N
				V3/ET	30OCT2012	14:07	8.94	0.00	N	4.60	-0.04	N	339	2	N	7.1	0.0	N	337	22	N
1113	Yes	Yes	Yes	V1	18OCT2012	13:40	9.37		N	4.93		N	335		N	12.9		H ANCS	420		H ANCS
				V3/ET	30OCT2012	13:45	8.81	-0.56	N	4.70	-0.23	N	328	-7	N	13.8	0.9	H ANCS	431	11	H ANCS
1114	Yes	Yes	Yes	V1	18OCT2012	13:25	9.00		N	4.32		L ANCS	324		N	5.8		N	336		N
				V3/ET	30OCT2012	13:27	8.94	-0.06	N	4.15	-0.17	L ANCS	339	15	N	6.2	0.4	N	319	-17	N
1115	Yes	Yes	Yes	V1	18OCT2012	13:30	9.12		N	4.64		N	349		H ANCS	7.5		N	207		N
				V3/ET	30OCT2012	13:20	9.18	0.06	N	4.86	0.22	N	333	-16	N	7.8	0.3	N	251	44	N
1117	Yes	Yes	Yes	V1	18OCT2012	14:30	10.05		N	5.26		N	338		N	11.9		H ANCS	441		H ANCS
				V3/ET	30OCT2012	14:35	10.12	0.06	N	5.21	-0.05	N	344	6	N	11.9	0.0	H ANCS	443	2	H ANCS
1118	Yes	Yes	Yes	V1	18OCT2012	15:15	8.50		N	4.56		N	316		N	6.6		N	267		N
				V3/ET	30OCT2012	12:40	9.12	0.62	N	4.85	0.29	N	322	6	N	6.1	-0.5	N	306	39	N

Note: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1003	Yes	Yes	Yes	V1	28AUG2012	15:45	9.06		N	4.64		N	326		N	9.7		N	236		N
				V3/ET	11SEP2012	11:45	9.06	0.00	N	4.63	-0.01	N	324	-2	N	9.3	-0.4	N	266	30	N
1004	Yes	Yes	Yes	V1	28AUG2012	15:42	9.00		N	4.73		N	334		N	8.2		N	314		N
				V3/ET	11SEP2012	16:00	9.06	0.06	N	4.90	0.17	N	325	-9	N	8.2	0.0	N	259	-55	N
1005	Yes	Yes	Yes	V1	28AUG2012	17:40	8.13		N	4.23		L ANCS	319		N	6.7		N	291		N
				V3/ET	11SEP2012	17:15	8.44	0.31	N	4.35	0.12	L ANCS	325	6	N	6.9	0.2	N	295	4	N
1008	Yes	Yes	Yes	V1	30AUG2012	11:35	9.68		N	5.09		N	314		N	6.7		N	274		N
				V3/ET	12SEP2012	12:00	9.87	0.19	N	5.13	0.04	N	324	10	N	7.1	0.4	N	307	33	N
1010	Yes	Yes	Yes	V1	30AUG2012	12:15	9.62		N	4.55		N	336		N	6.9		N	239		N
				V3/ET	11SEP2012	14:00	10.12	0.50	N	4.76	0.21	N	336	0	N	11.2	4.3	H ANCS	262	23	N
1012	Yes	Yes	Yes	V1	30AUG2012	14:25	9.06		N	4.93		N	334		N	8.2		N	313		N
				V3/ET	11SEP2012	15:10	8.75	-0.31	N	4.77	-0.16	N	326	-8	N	7.3	-0.9	N	313	0	N
1016	Yes	Yes	Yes	V1	04SEP2012	13:23	9.37		N	4.36		L ANCS	342		N	6.4		N	235		N
				V3/ET	18SEP2012	13:45	9.06	-0.31	N	4.24	-0.12	L ANCS	337	-5	N	5.5	-0.9	N	249	14	N
1017	Yes	Yes	No	V1	04SEP2012	15:20	9.31		N	4.87		N	319		N	8.7		N	370		N
				V3/ET	18SEP2012	10:50	9.56	0.25	N	4.99	0.12	N	317	-2	N	7.7	-1.0	N	336	-34	N
1020	Yes	Yes	Yes	V1	05SEP2012	11:40	8.50		N	4.87		N	315		N	8.0		N	273		N
				V3/ET	18SEP2012	13:45	8.69	0.19	N	4.90	0.03	N	323	8	N	7.9	-0.1	N	313	40	N
1021	Yes	Yes	Yes	V1	06SEP2012	14:10	8.56		N	4.74		N	323		N	4.6		N	281		N
				V3/ET	18SEP2012	14:30	8.63	0.06	N	4.70	-0.04	N	332	9	N	4.4	-0.2	L ANCS	252	-29	N
1023	Yes	Yes	Yes	V1	06SEP2012	15:00	8.25		N	4.68		N	310		N	7.5		N	355		N
				V3/ET	18SEP2012	10:45	8.32	0.06	N	4.66	-0.02	N	320	10	N	8.1	0.6	N	332	-23	N
1024	Yes	Yes	No	V1	06SEP2012	15:10	10.30		N	5.44		N	319		N	7.0		N	362		N
				V3/ET	18SEP2012	10:15	10.12	-0.19	N	5.33	-0.11	N	328	9	N	5.5	-1.5	N	329	-33	N

Notes: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1025	Yes	Yes	Yes	V1	06SEP2012	15:50	8.13		N	4.56		N	305		L ANCS	7.5		N	308		N
				V3/ET	18SEP2012	11:30	8.25	0.12	N	4.54	-0.02	N	322	17	N	7.6	0.1	N	313	5	N
1028	Yes	Yes	Yes	V1	06SEP2012	17:00	8.63		N	4.67		N	315		N	7.1		N	290		N
				V3/ET	18SEP2012	16:45	8.87	0.25	N	4.64	-0.03	N	337	22	N	7.2	0.1	N	303	13	N
1030	Yes	Yes	Yes	V1	11SEP2012	10:40	8.07		N	4.37		N	322		N	9.8		N	340		N
				V3/ET	25SEP2012	12:10	8.13	0.06	N	4.35	-0.02	N	330	8	N	10.3	0.5	N	384	44	N
1033	Yes	Yes	Yes	V1	11SEP2012	12:30	7.94		N	4.65		N	315		N	5.9		N	202		N
				V3/ET	25SEP2012	12:54	8.07	0.12	N	4.71	0.06	N	322	7	N	5.8	-0.1	N	222	20	N
1036	Yes	Yes	Yes	V1	11SEP2012	15:00	9.37		N	4.66		N	327		N	7.6		N	248		N
				V3/ET	25SEP2012	13:55	9.68	0.31	N	4.75	0.09	N	336	9	N	7.5	-0.1	N	229	-19	N
1038	Yes	Yes	Yes	V1	12SEP2012	11:30	8.56		N	4.55		N	320		N	5.2		N	346		N
				V3/ET	25SEP2012	14:50	8.01	-0.56	N	4.20	-0.35	N	320	0	N	6.3	1.1	N	371	25	N
1040	Yes	Yes	Yes	V1	13SEP2012	14:35	9.25		N	4.62		N	331		N	7.4		N	281		N
				V3/ET	27SEP2012	11:40	9.00	-0.25	N	4.56	-0.06	N	327	-4	N	6.8	-0.6	N	270	-11	N
1041	Yes	Yes	Yes	V1	13SEP2012	15:00	7.70		N	4.38		N	316		N	7.4		N	516		H ANCS
				V3/ET	25SEP2012	12:05	7.57	-0.12	N	4.22	-0.16	N	329	13	N	6.5	-0.9	N	445	-71	H ANCS
1044	Yes	Yes	Yes	V1	13SEP2012	16:30	10.05		N	4.99		N	342		N	6.7		N	349		N
				V3/ET	27SEP2012	10:15	9.93	-0.12	N	4.97	-0.02	N	342	0	N	4.6	-2.1	N	334	-15	N
1046	Yes	Yes	Yes	V1	13SEP2012	17:30	9.74		N	5.04		N	328		N	6.3		N	310		N
				V3/ET	25SEP2012	14:45	10.05	0.31	N	5.17	0.13	N	339	11	N	6.5	0.2	N	295	-15	N
1049	Yes	Yes	Yes	V1	18SEP2012	10:35	8.81		N	4.61		N	329		N	5.8		N	307		N
				V3/ET	02OCT2012	12:10	8.81	0.00	N	4.65	0.04	N	324	-5	N	9.3	3.5	N	309	2	N
1050	Yes	Yes	Yes	V1	18SEP2012	11:40	9.18		N	5.00		N	327		N	5.8		N	228		N
				V3/ET	02OCT2012	9:40	9.62	0.43	N	5.34	0.34	N	322	-5	N	6.3	0.5	N	240	12	N

Note: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1052	Yes	Yes	Yes	V1	18SEP2012	15:20	7.14		N	3.96		N	313		N	4.3		L ANCS	321		N
				V3/ET	02OCT2012	14:45	7.45	0.31	N	4.13	0.17	N	308	-5	N	5.3	1.0	N	312	-9	N
1053	Yes	Yes	Yes	V1	18SEP2012	15:50	8.07		N	4.69		N	296		L ANCS	8.3		N	413		H ANCS
				V3/ET	02OCT2012	15:10	8.94	0.87	N	5.06	0.37	N	306	10	L ANCS	10.5	2.2	N	342	-71	N
1055	Yes	Yes	Yes	V1	19SEP2012	10:30	8.13		N	4.40		N	320		N	9.8		N	298		N
				V3/ET	02OCT2012	16:10	8.25	0.12	N	4.42	0.02	N	323	3	N	8.9	-0.9	N	302	4	N
1059	Yes	Yes	Yes	V1	19SEP2012	11:40	9.81		N	5.25		N	339		N	4.5		N	260		N
				V3/ET	04OCT2012	14:40	9.56	-0.25	N	5.19	-0.06	N	339	0	N	5.1	0.6	N	262	2	N
1062	Yes	Yes	Yes	V1	19SEP2012	13:30	8.13		N	4.31		N	325		N	6.0		N	237		N
				V3/ET	02OCT2012	12:20	8.13	0.00	N	4.31	0.00	N	323	-2	N	5.7	-0.3	N	282	45	N
1064	Yes	Yes	Yes	V1	19SEP2012	14:45	9.31		N	4.93		N	330		N	4.1		L ANCS	206		N
				V3/ET	04OCT2012	14:05	9.00	-0.31	N	4.81	-0.12	N	327	-3	N	4.8	0.7	N	222	16	N
1068	Yes	Yes	Yes	V1	20SEP2012	15:15	8.13		N	4.09		L ANCS	334		N	7.4		N	201		N
				V3/ET	02OCT2012	15:10	8.01	-0.12	L ANCS	4.09	0.00	L ANCS	325	-9	N	7.8	0.4	N	254	53	N
1069	Yes	Yes	Yes	V1	20SEP2012	15:30	7.76		N	4.01		N	314		N	8.0		N	294		N
				V3/ET	04OCT2012	10:30	8.19	0.43	N	4.24	0.23	N	315	1	N	5.8	-2.2	N	284	-10	N
1070	Yes	Yes	Yes	V1	20SEP2012	15:38	8.25		N	4.60		N	313		N	7.0		N	363		N
				V3/ET	05OCT2012	14:30	8.07	-0.19	N	4.53	-0.07	N	309	-4	N	7.0	0.0	N	368	5	N
1072	Yes	Yes	Yes	V1	20SEP2012	16:50	8.19		N	4.36		N	322		N	8.6		N	247		N
				V3/ET	05OCT2012	16:05	8.75	0.56	N	4.51	0.15	N	331	9	N	7.8	-0.8	N	231	-16	N
1075	Yes	Yes	Yes	V1	25SEP2012	10:50	8.63		N	4.52		N	323		N	7.7		N	394		N
				V3/ET	05OCT2012	11:20	8.50	-0.12	N	4.50	-0.02	N	312	-11	N	7.6	-0.1	N	418	24	H ANCS
1079	Yes	Yes	Yes	V1	25SEP2012	13:50	9.12		N	4.95		N	327		N	6.9		N	209		N
				V3/ET	09OCT2012	10:45	9.25	0.12	N	5.02	0.07	N	321	-6	N	5.8	-1.1	N	255	46	N

Note: N=Normal L=Low H=High A=Abnormal N=Not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1080	Yes	Yes	Yes	V1	25SEP2012	15:50	8.01		N	4.08		N	327		N	10.7		N	295		N
				V3/ET	10OCT2012	14:45	8.07	0.06	N	4.16	0.08	N	326	-1	N	10.2	-0.5	N	309	14	N
1081	Yes	Yes	Yes	V1	25SEP2012	16:15	9.37		N	5.21		N	327		N	6.5		N	129		L ANCS
				V3/ET	10OCT2012	13:45	9.50	0.12	N	5.26	0.05	N	331	4	N	4.9	-1.6	N	122	-7	L ANCS
1083	Yes	Yes	Yes	V1	26SEP2012	11:45	8.69		N	4.38		N	327		N	4.5		N	423		H ANCS
				V3/ET	10OCT2012	14:10	8.69	0.00	N	4.39	0.01	N	328	1	N	7.4	2.9	N	437	14	H ANCS
1086	Yes	Yes	Yes	V1	27SEP2012	11:20	7.70		N	4.18		N	325		N	3.8		L ANCS	327		N
				V3/ET	11OCT2012	14:45	7.94	0.25	N	4.25	0.07	N	326	1	N	6.1	2.3	N	336	9	N
1089	Yes	Yes	Yes	V1	27SEP2012	16:10	9.06		N	4.77		N	332		N	5.4		N	250		N
				V3/ET	10OCT2012	10:45	9.37	0.31	N	5.00	0.23	N	331	-1	N	4.8	-0.6	N	238	-12	N
1090	Yes	Yes	Yes	V1	02OCT2012	10:41	7.94		N	4.38		N	321		N	5.1		N	322		N
				V3/ET	11OCT2012	13:45	7.51	-0.43	N	4.24	-0.14	N	312	-9	N	4.9	-0.2	N	319	-3	N
1093	Yes	Yes	Yes	V1	02OCT2012	13:45	8.69		N	4.32		N	337		N	6.0		N	306		N
				V3/ET	16OCT2012	14:00	8.38	-0.31	N	4.21	-0.11	N	332	-5	N	5.4	-0.6	N	305	-1	N
1095	Yes	Yes	Yes	V1	04OCT2012	11:20	9.31		N	5.36		N	324		N	8.0		N	287		N
				V3/ET	16OCT2012	16:20	8.63	-0.68	N	5.07	-0.29	N	317	-7	N	6.9	-1.1	N	248	-39	N
1096	Yes	Yes	Yes	V1	04OCT2012	12:05	9.12		N	4.59		N	327		N	6.9		N	249		N
				V3/ET	16OCT2012	14:05	9.12	0.00	N	4.51	-0.08	N	333	6	N	7.3	0.4	N	255	6	N
1097	Yes	Yes	Yes	V1	04OCT2012	17:00	8.94		N	4.69		N	327		N	7.8		N	308		N
				V3/ET	16OCT2012	17:30	8.94	0.00	N	4.65	-0.04	N	331	4	N	9.2	1.4	N	304	-4	N
1100	Yes	Yes	Yes	V1	05OCT2012	13:30	8.32		N	4.08		N	321		N	6.3		N	246		N
				V3/ET	16OCT2012	14:00	8.25	-0.06	N	4.11	0.03	N	326	5	N	7.1	0.8	N	193	-53	N
1104	Yes	Yes	Yes	V1	16OCT2012	14:40	9.00		N	4.93		N	326		N	6.7		N	283		N
				V3/ET	29OCT2012	16:14	9.06	0.06	N	4.90	-0.03	N	327	1	N	6.3	-0.4	N	283	0	N

Note: N=Normal, CNS=Clinically not significant ACS=Abnormal, clinically significant

Listing 14: Haematology - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Haemoglobin (mmol/L) Value	Change		RBC (10**12/L) Value	Change		MCHC (g/L) Value	Change		WBC (10**9/L) Value	Change		Platelet Count (10**9/L) Value	Change	
1105	Yes	Yes	Yes	V1	16OCT2012	16:00	9.00		N	5.40		N	312		N	10.3		N	317		N
				V3/ET	30OCT2012	16:40	8.50	-0.50	N	5.03	-0.37	N	322	10	N	9.9	-0.4	N	320	3	N
1106	Yes	Yes	Yes	V1	16OCT2012	16:30	9.06		N	4.64		N	315		N	8.8		N	237		N
				V3/ET	30OCT2012	14:55	8.75	-0.31	N	4.53	-0.11	N	312	-3	N	8.3	-0.5	N	217	-20	N
1108	Yes	Yes	Yes	V1	16OCT2012	17:00	9.81		N	5.55		N	332		N	8.6		N	272		N
				V3/ET	30OCT2012	9:45	9.99	0.19	N	5.60	0.05	N	334	2	N	8.1	-0.5	N	271	-1	N
1109	Yes	Yes	Yes	V1	18OCT2012	10:55	9.99		N	5.57		N	314		N	7.2		N	381		N
				V3/ET	30OCT2012	14:05	9.62	-0.37	N	5.39	-0.18	N	328	14	N	9.9	2.7	N	363	-18	N
1111	Yes	Yes	Yes	V1	18OCT2012	11:15	9.12		N	4.75		N	332		N	4.7		N	358		N
				V3/ET	30OCT2012	14:50	8.75	-0.37	N	4.65	-0.10	N	331	-1	N	5.1	0.4	N	394	36	N
1112	Yes	Yes	Yes	V1	18OCT2012	13:30	8.01		N	4.13		N	337		N	4.6		N	239		N
				V3/ET	30OCT2012	13:55	8.13	0.12	N	4.27	0.14	N	332	-5	N	4.5	-0.1	N	244	5	N
1116	Yes	Yes	Yes	V1	18OCT2012	14:00	9.74		N	5.20		N	335		N	7.6		N	258		N
				V3/ET	30OCT2012	11:15	9.43	-0.31	N	5.09	-0.11	N	329	-6	N	7.5	-0.1	N	245	-13	N
1119	Yes	Yes	Yes	V1	18OCT2012	15:40	9.87		N	5.35		N	316		N	6.9		N	266		N
				V3/ET	30OCT2012	16:45	9.31	-0.56	N	4.88	-0.47	N	331	15	N	6.6	-0.3	N	277	11	N

Notes: N=Normal, Unknown, Missing ABN=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Listing 15.1: Chemistry - part 1 - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change	Potassium (mmol/L) Value	Change	Calcium (mmol/L) Value	Change	BUN (mmol/L) Value	Change	Creatinine (umol/L) Value	Change
1001	Yes	Yes	Yes	V1	28AUG2012	14:45	141	N	4.2	N	2.26	N	4.7	N	86	N
				V3/ET	11SEP2012	10:00	139	-2 N	4.8	0.6 N	2.32	0.06 N	4.9	0.2 N	84	-2 N
1002	Yes	Yes	Yes	V1	28AUG2012	14:45	141	N	4.1	N	2.40	N	4.6	N	92	N
				V3/ET	11SEP2012	11:10	138	-3 N	4.4	0.3 N	2.39	-0.01 N	5.3	0.7 N	90	-2 N
1006	Yes	Yes	Yes	V1	30AUG2012	10:55	141	N	4.3	N	2.26	N	5.8	N	100	N
				V3/ET	11SEP2012	10:08	140	-1 N	4.4	0.1 N	2.38	0.12 N	5.4	-0.4 N	99	-1 N
1007	Yes	Yes	Yes	V1	30AUG2012	10:45	140	N	4.2	N	2.30	N	5.0	N	75	N
				V3/ET	11SEP2012	16:14	140	0 N	3.9	-0.3 N	2.25	-0.05 N	5.1	0.1 N	75	0 N
1009	Yes	Yes	Yes	V1	30AUG2012	11:35	140	N	4.7	N	2.48	N	4.7	N	82	N
				V3/ET	11SEP2012	16:40	138	-2 N	4.7	0.0 N	2.51	0.03 N	3.7	-1.0 N	74	-8 N
1011	Yes	Yes	Yes	V1	30AUG2012	13:20	141	N	4.2	N	2.36	N	4.7	N	84	N
				V3/ET	12SEP2012	10:00	137	-4 N	4.2	0.0 N	2.18	-0.18 N	4.0	-0.7 N	84	0 N
1013	Yes	Yes	Yes	V1	30AUG2012	16:55	139	N	3.7	N	2.22	N	3.6	N	66	N
				V3/ET	11SEP2012	16:10	137	-2 N	4.2	0.5 N	2.33	0.11 N	3.1	-0.5 L ANCS	60	-6 N
1014	Yes	Yes	Yes	V1	04SEP2012	11:15	140	N	3.9	N	2.27	N	3.4	N	64	N
				V3/ET	18SEP2012	11:45	137	-3 N	4.4	0.5 N	2.45	0.18 N	4.4	1.0 N	68	4 N
1015	Yes	Yes	Yes	V1	04SEP2012	12:45	141	N	4.8	N	2.47	N	5.2	N	94	N
				V3/ET	18SEP2012	12:25	141	0 N	4.5	-0.3 N	2.45	-0.02 N	3.4	-1.8 N	97	3 N
1018	Yes	Yes	Yes	V1	04SEP2012	16:00	141	N	3.8	N	2.41	N	3.3	N	66	N
				V3/ET	18SEP2012	16:30	139	-2 N	4.1	0.3 N	2.22	-0.19 N	3.9	0.6 N	74	8 N
1019	Yes	Yes	Yes	V1	05SEP2012	10:40	140	N	4.3	N	2.44	N	6.0	N	81	N
				V3/ET	18SEP2012	12:05	135	-5 L ANCS	4.4	0.1 N	2.45	0.01 N	7.9	1.9 N	86	5 N
1022	Yes	Yes	Yes	V1	06SEP2012	14:23	139	N	4.2	N	2.33	N	5.4	N	77	N
				V3/ET	18SEP2012	10:10	137	-2 N	4.1	-0.1 N	2.35	0.02 N	4.1	-1.3 N	73	-4 N

Note: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change	Potassium (mmol/L) Value	Change	Calcium (mmol/L) Value	Change	BUN (mmol/L) Value	Change	Creatinine (umol/L) Value	Change
1026	Yes	Yes	Yes	V1	06SEP2012	15:55	142	N	4.1	N	2.31	N	2.1	L ANCS	65	N
				V3/ET	18SEP2012	14:05	141	-1 N	4.7	0.6 N	2.30	-0.01 N	1.7	-0.4 L ANCS	66	1 N
1027	Yes	Yes	Yes	V1	06SEP2012	16:20	141	N	4.3	N	2.37	N	5.0	N	84	N
				V3/ET	18SEP2012	15:18	141	0 N	4.1	-0.2 N	2.33	-0.04 N	5.7	0.7 N	88	4 N
1029	Yes	Yes	No	V1	06SEP2012	17:15	139	N	4.0	N	2.28	N	3.6	N	61	N
				V3/ET	20SEP2012	17:40	136	-3 N	4.0	0.0 N	2.26	-0.02 N	4.8	1.2 N	53	-8 N
1031	Yes	Yes	Yes	V1	11SEP2012	11:32	141	N	4.3	N	2.40	N	4.2	N	82	N
				V3/ET	25SEP2012	13:20	142	1 N	4.1	-0.2 N	2.21	-0.19 N	5.3	1.1 N	82	0 N
1034	Yes	Yes	No	V1	11SEP2012	14:00	142	N	4.2	N	2.46	N	5.9	N	82	N
				V3/ET	26SEP2012	13:50	141	-1 N	4.4	0.2 N	2.35	-0.11 N	4.7	-1.2 N	85	3 N
1037	Yes	Yes	Yes	V1	11SEP2012	15:15	136	N	4.2	N	2.36	N	6.5	N	87	N
				V3/ET	25SEP2012	10:00	139	3 N	4.4	0.2 N	2.31	-0.05 N	5.2	-1.3 N	84	-3 N
1039	Yes	Yes	No	V1	12SEP2012	12:20	140	N	4.4	N	2.18	N	5.6	N	53	N
				V3/ET	25SEP2012	10:40	143	3 N	4.1	-0.3 N	2.13	-0.05 L ANCS	6.6	1.0 N	48	-5 N
1043	Yes	Yes	Yes	V1	13SEP2012	15:20	141	N	4.0	N	2.37	N	6.0	N	93	N
				V3/ET	27SEP2012	16:23	139	-2 N	4.3	0.3 N	2.27	-0.10 N	4.5	-1.5 N	85	-8 N
1045	Yes	Yes	Yes	V1	13SEP2012	17:30	140	N	4.3	N	2.45	N	7.2	N	97	N
				V3/ET	27SEP2012	16:15	140	0 N	4.2	-0.1 N	2.43	-0.02 N	5.9	-1.3 N	90	-7 N
1047	Yes	Yes	Yes	V1	13SEP2012	18:10	141	N	4.0	N	2.32	N	5.0	N	85	N
				V3/ET	25SEP2012	17:45	140	-1 N	3.7	-0.3 N	2.34	0.02 N	5.5	0.5 N	84	-1 N
1048	Yes	Yes	Yes	V1	13SEP2012	18:10	140	N	4.2	N	2.51	N	5.1	N	95	N
				V3/ET	26SEP2012	12:55	140	0 N	4.2	0.0 N	2.49	-0.02 N	5.4	0.3 N	91	-4 N
1051	Yes	Yes	Yes	V1	18SEP2012	14:20	137	N	4.8	N	2.51	N	6.1	N	97	N
				V3/ET	02OCT2012	14:20	145	8 N	4.2	-0.6 N	2.32	-0.19 N	4.2	-1.9 N	90	-7 N

Notes: Normal = Within normal limits ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1054	Yes	Yes	Yes	V1	18SEP2012	17:20	141		N	4.3		N	2.40		N	5.8		N	61		N
				V3/ET	02OCT2012	17:55	142	1	N	3.9	-0.4	N	2.36	-0.04	N	4.8	-1.0	N	49	-12	N
1056	Yes	Yes	Yes	V1	19SEP2012	10:40	137		N	4.9		N	2.29		N	6.5		N	92		N
				V3/ET	02OCT2012	9:35	141	4	N	4.1	-0.8	N	2.30	0.01	N	5.8	-0.7	N	93	1	N
1057	Yes	Yes	Yes	V1	19SEP2012	11:05	137		N	4.4		N	2.55		N	2.4		L ANCS	66		N
				V3/ET	04OCT2012	17:10	139	2	N	4.5	0.1	N	2.68	0.13	H ACS	4.6	2.2	N	83	17	N
1058	Yes	Yes	Yes	V1	19SEP2012	11:20	146		H ANCS	4.3		N	2.50		N	6.4		N	88		N
				V3/ET	02OCT2012	12:00	146	0	H ANCS	4.5	0.2	N	2.45	-0.05	N	5.4	-1.0	N	81	-7	N
1060	Yes	Yes	Yes	V1	19SEP2012	11:50	138		N	4.2		N	2.26		N	5.9		N	107		N
				V3/ET	04OCT2012	10:45	142	4	N	4.3	0.1	N	2.33	0.07	N	4.6	-1.3	N	95	-12	N
1061	Yes	Yes	Yes	V1	19SEP2012	12:40	138		N	3.9		N	2.27		N	3.8		N	52		N
				V3/ET	02OCT2012	11:20	142	4	N	4.0	0.1	N	2.25	-0.02	N	4.1	0.3	N	53	1	N
1063	Yes	Yes	Yes	V1	19SEP2012	14:15	140		N	3.8		N	2.36		N	5.3		N	69		N
				V3/ET	02OCT2012	16:40	144	4	N	4.4	0.6	N	2.37	0.01	N	5.8	0.5	N	77	8	N
1066	Yes	Yes	Yes	V1	20SEP2012	14:40	134		L ANCS	4.3		N	2.22		N	4.2		N	73		N
				V3/ET	04OCT2012	11:00	139	5	N	4.3	0.0	N	2.43	0.21	N	3.1	-1.1	L ANCS	79	6	N
1071	Yes	Yes	No	V1	20SEP2012	16:30	136		N	4.0		N	2.29		N	3.9		N	59		N
				V3/ET	01OCT2012	15:20	141	5	N	3.9	-0.1	N	2.25	-0.04	N	3.9	0.0	N	65	6	N
1073	Yes	Yes	Yes	V1	20SEP2012	16:30	139		N	3.7		N	2.28		N	3.1		L ANCS	66		N
				V3/ET	05OCT2012	10:50	141	2	N	4.1	0.4	N	2.34	0.06	N	3.9	0.8	N	69	3	N
1074	Yes	Yes	Yes	V1	20SEP2012	18:10	137		N	4.2		N	2.18		N	5.6		N	77		N
				V3/ET	04OCT2012	18:00	140	3	N	4.3	0.1	N	2.33	0.15	N	4.9	-0.7	N	61	-16	N
1078	Yes	Yes	No	V1	25SEP2012	13:30	140		N	4.2		N	2.12		L ANCS	4.0		N	71		N
				V3/ET	09OCT2012	10:20	141	1	N	4.7	0.5	N	2.36	0.24	N	4.1	0.1	N	82	11	N

Note: N=Normal LNCS=Low, not clinically significant HNCS=High, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1082	Yes	Yes	Yes	V1	25SEP2012	17:50	139		N	3.9		N	2.36		N	2.3		L ANCS	73		N
				V3/ET	10OCT2012	14:10	140	1	N	4.3	0.4	N	2.29	-0.07	N	3.8	1.5	N	75	2	N
1084	No	No	No	V1	26SEP2012	12:35	141		N	4.2		N	2.34		N	3.5		N	57		N
				V3/ET																	
1085	Yes	Yes	Yes	V1	27SEP2012	10:20	137		N	4.4		N	2.39		N	8.2		N	76		N
				V3/ET	10OCT2012	10:45	141	4	N	4.5	0.1	N	2.41	0.02	N	8.9	0.7	H ANCS	77	1	N
1087	Yes	Yes	Yes	V1	27SEP2012	14:40	143		N	4.3		N	2.28		N	5.5		N	119		H ANCS
				V3/ET	09OCT2012	12:15	145	2	N	4.7	0.4	N	2.44	0.16	N	7.4	1.9	N	151	32	H ANCS
1088	Yes	Yes	Yes	V1	27SEP2012	16:00	140		N	3.7		N	2.23		N	4.5		N	59		N
				V3/ET	09OCT2012	13:00	141	1	N	4.3	0.6	N	2.38	0.15	N	4.9	0.4	N	60	1	N
1091	Yes	Yes	Yes	V1	02OCT2012	10:50	140		N	4.4		N	2.30		N	5.8		N	56		N
				V3/ET	16OCT2012	14:35	139	-1	N	4.5	0.1	N	2.32	0.02	N	6.0	0.2	N	61	5	N
1094	Yes	Yes	Yes	V1	04OCT2012	10:20	140		N	4.6		N	2.46		N	5.6		N	78		N
				V3/ET	16OCT2012	14:20	140	0	N	4.4	-0.2	N	2.42	-0.04	N	4.5	-1.1	N	77	-1	N
1098	Yes	Yes	Yes	V1	05OCT2012	11:15	142		N	4.4		N	2.41		N	6.2		N	63		N
				V3/ET	16OCT2012	15:00	143	1	N	4.1	-0.3	N	2.36	-0.05	N	4.3	-1.9	N	54	-9	N
1099	Yes	Yes	Yes	V1	05OCT2012	11:50	141		N	4.3		N	2.28		N	6.6		N	67		N
				V3/ET	16OCT2012	17:00	140	-1	N	4.1	-0.2	N	2.37	0.09	N	8.9	2.3	H ANCS	55	-12	N
1101	Yes	Yes	Yes	V1	05OCT2012	14:00	141		N	4.2		N	2.29		N	5.4		N	81		N
				V3/ET	16OCT2012	14:45	142	1	N	4.4	0.2	N	2.28	-0.01	N	3.9	-1.5	N	80	-1	N
1102	Yes	Yes	Yes	V1	11OCT2012	14:50	143		N	4.0		N	2.28		N	3.2		N	76		N
				V3/ET	24OCT2012	16:35	145	2	N	4.2	0.2	N	2.34	0.06	N	4.3	1.1	N	87	11	N
1103	Yes	Yes	Yes	V1	11OCT2012	15:45	141		N	3.9		N	2.32		N	6.1		N	82		N
				V3/ET	23OCT2012	13:30	137	-4	N	4.2	0.3	N	2.32	0.00	N	5.6	-0.5	N	77	-5	N

Notes: N=Normal, Unknown, Missing or Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1107	Yes	Yes	Yes	V1	16OCT2012	16:30	140		N	3.9		N	2.34		N	3.9		N	64		N
				V3/ET	30OCT2012	13:25	139	-1	N	3.8	-0.1	N	2.31	-0.03	N	5.3	1.4	N	69	5	N
1110	Yes	Yes	Yes	V1	18OCT2012	10:50	141		N	4.1		N	2.38		N	4.0		N	47		N
				V3/ET	30OCT2012	14:07	140	-1	N	4.2	0.1	N	2.39	0.01	N	4.2	0.2	N	47	0	N
1113	Yes	Yes	Yes	V1	18OCT2012	13:40	141		N	4.3		N	2.32		N	3.3		N	65		N
				V3/ET	30OCT2012	13:45	139	-2	N	3.8	-0.5	N	2.29	-0.03	N	3.2	-0.1	N	69	4	N
1114	Yes	Yes	Yes	V1	18OCT2012	13:25	139		N	4.4		N	2.42		N	5.5		N	100		N
				V3/ET	30OCT2012	13:27	137	-2	N	4.3	-0.1	N	2.43	0.01	N	6.8	1.3	N	75	-25	N
1115	Yes	Yes	Yes	V1	18OCT2012	13:30	142		N	4.0		N	2.53		N	4.9		N	81		N
				V3/ET	30OCT2012	13:20	141	-1	N	4.4	0.4	N	2.49	-0.04	N	5.9	1.0	N	79	-2	N
1117	Yes	Yes	Yes	V1	18OCT2012	14:30	139		N	3.8		N	2.38		N	6.4		N	87		N
				V3/ET	30OCT2012	14:35	140	1	N	4.2	0.4	N	2.42	0.04	N	8.2	1.8	N	89	2	N
1118	Yes	Yes	Yes	V1	18OCT2012	15:15	143		N	4.1		N	2.48		N	5.8		N	93		N
				V3/ET	30OCT2012	12:40	142	-1	N	4.3	0.2	N	2.57	0.09	H ANCS	5.6	-0.2	N	99	6	N

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1003	Yes	Yes	Yes	V1	28AUG2012	15:45	141		N	4.1		N	2.34		N	3.3		N	78		N
				V3/ET	11SEP2012	11:45	141	0	N	4.3	0.2	N	2.33	-0.01	N	3.5	0.2	N	78	0	N
1004	Yes	Yes	Yes	V1	28AUG2012	15:42	144		N	4.3		N	2.40		N	8.1		N	88		N
				V3/ET	11SEP2012	16:00	139	-5	N	4.1	-0.2	N	2.31	-0.09	N	7.0	-1.1	N	85	-3	N
1005	Yes	Yes	Yes	V1	28AUG2012	17:40	141		N	4.4		N	2.27		N	7.0		N	79		N
				V3/ET	11SEP2012	17:15	138	-3	N	4.4	0.0	N	2.35	0.08	N	7.2	0.2	N	78	-1	N
1008	Yes	Yes	Yes	V1	30AUG2012	11:35	138		N	4.9		N	2.26		N	5.3		N	88		N
				V3/ET	12SEP2012	12:00	140	2	N	4.6	-0.3	N	2.29	0.03	N	5.4	0.1	N	81	-7	N
1010	Yes	Yes	Yes	V1	30AUG2012	12:15	139		N	4.1		N	2.25		N	4.0		N	91		N
				V3/ET	11SEP2012	14:00	141	2	N	4.6	0.5	N	2.30	0.05	N	3.0	-1.0	L ANCS	89	-2	N
1012	Yes	Yes	Yes	V1	30AUG2012	14:25	139		N	4.1		N	2.34		N	6.8		N	91		N
				V3/ET	11SEP2012	15:10	140	1	N	4.1	0.0	N	2.27	-0.07	N	7.5	0.7	N	90	-1	N
1016	Yes	Yes	Yes	V1	04SEP2012	13:23	141		N	3.7		N	2.38		N	4.1		N	93		N
				V3/ET	18SEP2012	13:45	142	1	N	4.2	0.5	N	2.41	0.03	N	4.6	0.5	N	94	1	N
1017	Yes	Yes	No	V1	04SEP2012	15:20	140		N	4.6		N	2.45		N	5.4		N	73		N
				V3/ET	18SEP2012	10:50	140	0	N	4.2	-0.4	N	2.44	-0.01	N	5.7	0.3	N	76	3	N
1020	Yes	Yes	Yes	V1	05SEP2012	11:40	144		N	4.9		N	2.44		N	7.4		N	77		N
				V3/ET	18SEP2012	13:45	141	-3	N	5.7	0.8	H ANCS	2.52	0.08	N	7.2	-0.2	N	74	-3	N
1021	Yes	Yes	Yes	V1	06SEP2012	14:10	143		N	4.0		N	2.32		N	5.2		N	78		N
				V3/ET	18SEP2012	14:30	141	-2	N	3.9	-0.1	N	2.41	0.09	N	4.3	-0.9	N	77	-1	N
1023	Yes	Yes	Yes	V1	06SEP2012	15:00	139		N	4.1		N	2.32		N	4.5		N	52		N
				V3/ET	18SEP2012	10:45	136	-3	N	4.0	-0.1	N	2.30	-0.02	N	4.7	0.2	N	60	8	N
1024	Yes	Yes	No	V1	06SEP2012	15:10	140		N	5.2		H ANCS	2.45		N	2.4		L ANCS	85		N
				V3/ET	18SEP2012	10:15	135	-5	L ANCS	4.1	-1.1	N	2.28	-0.17	N	3.7	1.3	N	82	-3	N

Notes: N=Normal, LNCS=Low, not clinically significant ANCS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1025	Yes	Yes	Yes	V1	06SEP2012	15:50	140		N	4.4		N	2.32		N	6.1		N	65		N
				V3/ET	18SEP2012	11:30	140	0	N	4.4	0.0	N	2.47	0.15	N	4.1	-2.0	N	66	1	N
1028	Yes	Yes	Yes	V1	06SEP2012	17:00	141		N	4.3		N	2.48		N	2.7		L ANCS	94		N
				V3/ET	18SEP2012	16:45	139	-2	N	4.4	0.1	N	2.43	-0.05	N	2.0	-0.7	L ANCS	75	-19	N
1030	Yes	Yes	Yes	V1	11SEP2012	10:40	139		N	4.2		N	2.24		N	2.4		L ANCS	51		N
				V3/ET	25SEP2012	12:10	142	3	N	4.0	-0.2	N	2.15	-0.09	N	2.8	0.4	L ANCS	50	-1	N
1033	Yes	Yes	Yes	V1	11SEP2012	12:30	137		N	4.3		N	2.41		N	5.9		N	71		N
				V3/ET	25SEP2012	12:54	139	2	N	4.6	0.3	N	2.31	-0.10	N	5.7	-0.2	N	71	0	N
1036	Yes	Yes	Yes	V1	11SEP2012	15:00	140		N	4.0		N	2.31		N	10.3		H ANCS	93		N
				V3/ET	25SEP2012	13:55	140	0	N	4.3	0.3	N	2.28	-0.03	N	7.9	-2.4	N	88	-5	N
1038	Yes	Yes	Yes	V1	12SEP2012	11:30	137		N	4.4		N	2.29		N	4.7		N	74		N
				V3/ET	25SEP2012	14:50	139	2	N	4.5	0.1	N	2.31	0.02	N	3.9	-0.8	N	74	0	N
1040	Yes	Yes	Yes	V1	13SEP2012	14:35	141		N	4.0		N	2.37		N	4.4		N	58		N
				V3/ET	27SEP2012	11:40	141	0	N	3.9	-0.1	N	2.41	0.04	N	3.1	-1.3	L ANCS	57	-1	N
1041	Yes	Yes	Yes	V1	13SEP2012	15:00	140		N	4.0		N	2.31		N	6.1		N	67		N
				V3/ET	25SEP2012	12:05	141	1	N	4.0	0.0	N	2.12	-0.19	L ANCS	5.0	-1.1	N	62	-5	N
1044	Yes	Yes	Yes	V1	13SEP2012	16:30	142		N	3.9		N	2.50		N	5.5		N	92		N
				V3/ET	27SEP2012	10:15	140	-2	N	4.8	0.9	N	2.57	0.07	H ANCS	4.3	-1.2	N	92	0	N
1046	Yes	Yes	Yes	V1	13SEP2012	17:30	141		N	4.3		N	2.32		N	5.8		N	84		N
				V3/ET	25SEP2012	14:45	141	0	N	4.4	0.1	N	2.27	-0.05	N	3.9	-1.9	N	75	-9	N
1049	Yes	Yes	Yes	V1	18SEP2012	10:35	138		N	4.0		N	2.38		N	2.9		L ANCS	78		N
				V3/ET	02OCT2012	12:10	144	6	N	4.3	0.3	N	2.39	0.01	N	4.6	1.7	N	87	9	N
1050	Yes	Yes	Yes	V1	18SEP2012	11:40	139		N	4.5		N	2.38		N	5.0		N	73		N
				V3/ET	02OCT2012	9:40	141	2	N	4.5	0.0	N	2.36	-0.02	N	6.5	1.5	N	74	1	N

Notes: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1052	Yes	Yes	Yes	V1	18SEP2012	15:20	142		N	3.9		N	2.36		N	3.9		N	59		N
				V3/ET	02OCT2012	14:45	146	4	H ANCS	3.9	0.0	N	2.33	-0.03	N	5.5	1.6	N	70	11	N
1053	Yes	Yes	Yes	V1	18SEP2012	15:50	140		N	4.9		N	2.39		N	6.1		N	64		N
				V3/ET	02OCT2012	15:10	139	-1	N	4.6	-0.3	N	2.41	0.02	N	3.7	-2.4	N	64	0	N
1055	Yes	Yes	Yes	V1	19SEP2012	10:30	139		N	4.0		N	2.27		N	5.2		N	58		N
				V3/ET	02OCT2012	16:10	140	1	N	3.9	-0.1	N	2.32	0.05	N	5.8	0.6	N	59	1	N
1059	Yes	Yes	Yes	V1	19SEP2012	11:40	140		N	4.5		N	2.54		N	6.0		N	104		N
				V3/ET	04OCT2012	14:40	142	2	N	4.4	-0.1	N	2.45	-0.09	N	5.0	-1.0	N	96	-8	N
1062	Yes	Yes	Yes	V1	19SEP2012	13:30	142		N	3.8		N	2.32		N	4.7		N	81		N
				V3/ET	02OCT2012	12:20	143	1	N	4.1	0.3	N	2.32	0.00	N	4.1	-0.6	N	63	-18	N
1064	Yes	Yes	Yes	V1	19SEP2012	14:45	140		N	4.1		N	2.26		N	4.7		N	69		N
				V3/ET	04OCT2012	14:05	142	2	N	4.5	0.4	N	2.44	0.18	N	5.3	0.6	N	83	14	N
1068	Yes	Yes	Yes	V1	20SEP2012	15:15	135		L ANCS	4.0		N	2.30		N	5.3		N	79		N
				V3/ET	02OCT2012	15:10	142	7	N	3.9	-0.1	N	2.36	0.06	N	6.5	1.2	N	89	10	N
1069	Yes	Yes	Yes	V1	20SEP2012	15:30	141		N	4.0		N	2.30		N	5.4		N	86		N
				V3/ET	04OCT2012	10:30	140	-1	N	4.3	0.3	N	2.49	0.19	N	5.5	0.1	N	78	-8	N
1070	Yes	Yes	Yes	V1	20SEP2012	15:38	136		N	3.9		N	2.22		N	3.0		L ANCS	54		N
				V3/ET	05OCT2012	14:30	140	4	N	4.3	0.4	N	2.33	0.11	N	3.2	0.2	N	65	11	N
1072	Yes	Yes	Yes	V1	20SEP2012	16:50	138		N	3.9		N	2.22		N	2.6		L ANCS	60		N
				V3/ET	05OCT2012	16:05	140	2	N	4.0	0.1	N	2.39	0.17	N	3.0	0.4	L ANCS	69	9	N
1075	Yes	Yes	Yes	V1	25SEP2012	10:50	140		N	4.3		N	2.23		N	4.3		N	67		N
				V3/ET	05OCT2012	11:20	142	2	N	4.4	0.1	N	2.44	0.21	N	4.6	0.3	N	79	12	N
1079	Yes	Yes	Yes	V1	25SEP2012	13:50	144		N	4.2		N	2.31		N	7.3		N	84		N
				V3/ET	09OCT2012	10:45	145	1	N	4.6	0.4	N	2.36	0.05	N	7.4	0.1	N	84	0	N

Note: N=Normal, L=Low, H=High, A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1080	Yes	Yes	Yes	V1	25SEP2012	15:50	137		N	4.1		N	2.27		N	4.1		N	68		N
				V3/ET	10OCT2012	14:45	138	1	N	4.3	0.2	N	2.37	0.10	N	4.5	0.4	N	72	4	N
1081	Yes	Yes	Yes	V1	25SEP2012	16:15	140		N	3.9		N	2.42		N	4.6		N	79		N
				V3/ET	10OCT2012	13:45	142	2	N	4.3	0.4	N	2.40	-0.02	N	5.2	0.6	N	94	15	N
1083	Yes	Yes	Yes	V1	26SEP2012	11:45	141		N	4.7		N	2.28		N	3.2		N	59		N
				V3/ET	10OCT2012	14:10	143	2	N	4.7	0.0	N	2.33	0.05	N	3.5	0.3	N	69	10	N
1086	Yes	Yes	Yes	V1	27SEP2012	11:20	142		N	4.2		N	2.37		N	5.4		N	73		N
				V3/ET	11OCT2012	14:45	142	0	N	4.0	-0.2	N	2.38	0.01	N	5.1	-0.3	N	69	-4	N
1089	Yes	Yes	Yes	V1	27SEP2012	16:10	141		N	4.1		N	2.36		N	5.5		N	73		N
				V3/ET	10OCT2012	10:45	143	2	N	4.1	0.0	N	2.42	0.06	N	4.6	-0.9	N	71	-2	N
1090	Yes	Yes	Yes	V1	02OCT2012	10:41	141		N	4.3		N	2.32		N	4.9		N	84		N
				V3/ET	11OCT2012	13:45	143	2	N	4.2	-0.1	N	2.32	0.00	N	6.0	1.1	N	88	4	N
1093	Yes	Yes	Yes	V1	02OCT2012	13:45	139		N	4.2		N	2.23		N	4.2		N	60		N
				V3/ET	16OCT2012	14:00	139	0	N	3.9	-0.3	N	2.26	0.03	N	6.5	2.3	N	74	14	N
1095	Yes	Yes	Yes	V1	04OCT2012	11:20	142		N	4.2		N	2.41		N	4.9		N	90		N
				V3/ET	16OCT2012	16:20	141	-1	N	4.1	-0.1	N	2.41	0.00	N	4.6	-0.3	N	93	3	N
1096	Yes	Yes	Yes	V1	04OCT2012	12:05	144		N	4.5		N	2.43		N	5.3		N	79		N
				V3/ET	16OCT2012	14:05	144	0	N	4.1	-0.4	N	2.39	-0.04	N	5.6	0.3	N	80	1	N
1097	Yes	Yes	Yes	V1	04OCT2012	17:00	139		N	4.0		N	2.37		N	5.7		N	59		N
				V3/ET	16OCT2012	17:30	140	1	N	4.0	0.0	N	2.36	-0.01	N	5.8	0.1	N	66	7	N
1100	Yes	Yes	Yes	V1	05OCT2012	13:30	143		N	3.8		N	2.43		N	3.7		N	61		N
				V3/ET	16OCT2012	14:00	142	-1	N	3.6	-0.2	N	2.33	-0.10	N	3.0	-0.7	L ANCS	58	-3	N
1104	Yes	Yes	Yes	V1	16OCT2012	14:40	143		N	4.7		N	2.36		N	5.9		N	99		N
				V3/ET	29OCT2012	16:14	141	-2	N	4.5	-0.2	N	2.37	0.01	N	5.7	-0.2	N	97	-2	N

Note: N=Normal, L=Low, H=High, A=Abnormal, NCS=Not clinically significant ACS=Abnormal, clinically significant

Listing 15.1: Chemistry - part 1 - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Sodium (mmol/L) Value	Change		Potassium (mmol/L) Value	Change		Calcium (mmol/L) Value	Change		BUN (mmol/L) Value	Change		Creatinine (umol/L) Value	Change	
1105	Yes	Yes	Yes	V1	16OCT2012	16:00	139		N	4.0		N	2.43		N	5.1		N	90		N
				V3/ET	30OCT2012	16:40	141	2	N	4.1	0.1	N	2.38	-0.05	N	5.5	0.4	N	89	-1	N
1106	Yes	Yes	Yes	V1	16OCT2012	16:30	142		N	4.5		N	2.39		N	4.8		N	80		N
				V3/ET	30OCT2012	14:55	141	-1	N	4.4	-0.1	N	2.30	-0.09	N	4.8	0.0	N	74	-6	N
1108	Yes	Yes	Yes	V1	16OCT2012	17:00	141		N	4.2		N	2.49		N	4.8		N	86		N
				V3/ET	30OCT2012	9:45	141	0	N	4.4	0.2	N	2.31	-0.18	N	3.2	-1.6	N	75	-11	N
1109	Yes	Yes	Yes	V1	18OCT2012	10:55	141		N	4.3		N	2.49		N	7.4		N	86		N
				V3/ET	30OCT2012	14:05	138	-3	N	4.3	0.0	N	2.41	-0.08	N	7.4	0.0	N	66	-20	N
1111	Yes	Yes	Yes	V1	18OCT2012	11:15	141		N	4.1		N	2.46		N	4.8		N	86		N
				V3/ET	30OCT2012	14:50	139	-2	N	4.3	0.2	N	2.42	-0.04	N	6.6	1.8	N	90	4	N
1112	Yes	Yes	Yes	V1	18OCT2012	13:30	142		N	3.9		N	2.29		N	4.6		N	61		N
				V3/ET	30OCT2012	13:55	139	-3	N	4.0	0.1	N	2.40	0.11	N	4.6	0.0	N	56	-5	N
1116	Yes	Yes	Yes	V1	18OCT2012	14:00	141		N	4.1		N	2.35		N	4.6		N	72		N
				V3/ET	30OCT2012	11:15	141	0	N	4.4	0.3	N	2.34	-0.01	N	4.8	0.2	N	74	2	N
1119	Yes	Yes	Yes	V1	18OCT2012	15:40	142		N	4.4		N	2.59		H ANCS	4.6		N	99		N
				V3/ET	30OCT2012	16:45	142	0	N	4.0	-0.4	N	2.47	-0.12	N	6.8	2.2	N	91	-8	N

Notes: N=Normal, Unknown, Missing or Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change	Glucose (mmol/L) Value	Change	Phosphorous (mmol/L) Value	Change	ALT (U/L) Value	Change	AST (U/L) Value	Change
1001	Yes	Yes	Yes	V1	28AUG2012	14:45	376	N	6.4	N	0.99	N	16	N	21	N
				V3/ET	11SEP2012	10:00	342	-34 N	4.9	-1.5 N	1.13	0.14 N	21	5 N	27	6 N
1002	Yes	Yes	Yes	V1	28AUG2012	14:45	358	N	5.2	N	1.11	N	35	N	25	N
				V3/ET	11SEP2012	11:10	360	2 N	5.5	0.3 N	1.06	-0.05 N	36	1 N	27	2 N
1006	Yes	Yes	Yes	V1	30AUG2012	10:55	404	N	5.1	N	0.77	L ANCS	42	N	24	N
				V3/ET	11SEP2012	10:08	373	-31 N	5.9	0.8 N	0.83	0.06 N	27	-15 N	20	-4 N
1007	Yes	Yes	Yes	V1	30AUG2012	10:45	247	L ANCS	5.5	N	1.06	N	15	N	20	N
				V3/ET	11SEP2012	16:14	241	-6 L ANCS	5.1	-0.4 N	1.39	0.33 N	18	3 N	20	0 N
1009	Yes	Yes	Yes	V1	30AUG2012	11:35	457	H ANCS	5.2	N	0.99	N	19	N	23	N
				V3/ET	11SEP2012	16:40	390	-67 N	5.5	0.3 N	1.28	0.29 N	22	3 N	26	3 N
1011	Yes	Yes	Yes	V1	30AUG2012	13:20	465	H ANCS	4.8	N	1.18	N	22	N	15	N
				V3/ET	12SEP2012	10:00	404	-61 N	5.4	0.6 N	0.78	-0.40 L ANCS	19	-3 N	12	-3 L ANCS
1013	Yes	Yes	Yes	V1	30AUG2012	16:55	337	N	6.7	N	0.92	N	20	N	19	N
				V3/ET	11SEP2012	16:10	310	-27 N	4.3	-2.4 N	1.10	0.18 N	24	4 N	21	2 N
1014	Yes	Yes	Yes	V1	04SEP2012	11:15	381	N	5.2	N	1.05	N	9	N	15	N
				V3/ET	18SEP2012	11:45	409	28 H ANCS	5.2	0.0 N	1.10	0.05 N	13	4 N	18	3 N
1015	Yes	Yes	Yes	V1	04SEP2012	12:45	401	H ANCS	5.5	N	1.31	N	17	N	24	N
				V3/ET	18SEP2012	12:25	417	16 H ANCS	5.1	-0.4 N	1.28	-0.03 N	13	-4 N	18	-6 N
1018	Yes	Yes	Yes	V1	04SEP2012	16:00	292	N	6.3	N	1.21	N	63	H ANCS	37	H ANCS
				V3/ET	18SEP2012	16:30	265	-27 N	5.7	-0.6 N	1.24	0.03 N	48	-15 H ANCS	26	-11 N
1019	Yes	Yes	Yes	V1	05SEP2012	10:40	448	N	8.3	H ANCS	1.13	N	65	H ANCS	65	H ANCS
				V3/ET	18SEP2012	12:05	393	-55 N	12.4	4.1 H ANCS	1.02	-0.11 N	80	15 H ANCS	57	-8 H ANCS
1022	Yes	Yes	Yes	V1	06SEP2012	14:23	395	N	8.0	H ANCS	1.05	N	27	N	15	N
				V3/ET	18SEP2012	10:10	440	45 N	7.3	-0.7 N	0.70	-0.35 L ANCS	26	-1 N	15	0 N

Note: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1026	Yes	Yes	Yes	V1	06SEP2012	15:55	164		N	4.4		N	1.27		N	18		N	19		N
				V3/ET	18SEP2012	14:05	159	-5	N	4.5	0.1	N	1.10	-0.17	N	9	-9	N	15	-4	N
1027	Yes	Yes	Yes	V1	06SEP2012	16:20	718		H ANCS	5.1		N	0.93		N	43		N	22		N
				V3/ET	18SEP2012	15:18	775	57	H ANCS	6.1	1.0	N	1.09	0.16	N	55	12	H ANCS	26	4	N
1029	Yes	Yes	No	V1	06SEP2012	17:15	148		N	5.3		N	1.10		N	12		N	16		N
				V3/ET	20SEP2012	17:40	149	1	N	4.3	-1.0	N	1.21	0.11	N	9	-3	N	15	-1	N
1031	Yes	Yes	Yes	V1	11SEP2012	11:32	300		N	5.2		N	0.97		N	27		N	17		N
				V3/ET	25SEP2012	13:20	290	-10	N	5.3	0.1	N	1.03	0.06	N	28	1	N	18	1	N
1034	Yes	Yes	No	V1	11SEP2012	14:00	224		N	5.3		N	1.12		N	11		N	20		N
				V3/ET	26SEP2012	13:50	180	-44	N	5.1	-0.2	N	1.04	-0.08	N	12	1	N	18	-2	N
1037	Yes	Yes	Yes	V1	11SEP2012	15:15	375		N	5.9		N	1.20		N	30		N	20		N
				V3/ET	25SEP2012	10:00	327	-48	N	4.7	-1.2	N	0.84	-0.36	N	30	0	N	18	-2	N
1039	Yes	Yes	No	V1	12SEP2012	12:20	273		N	6.5		N	1.16		N	21		N	24		N
				V3/ET	25SEP2012	10:40	282	9	N	5.3	-1.2	N	0.97	-0.19	N	24	3	N	20	-4	N
1043	Yes	Yes	Yes	V1	13SEP2012	15:20	354		N	5.9		N	1.42		N	19		N	20		N
				V3/ET	27SEP2012	16:23	384	30	N	4.8	-1.1	N	1.18	-0.24	N	30	11	N	21	1	N
1045	Yes	Yes	Yes	V1	13SEP2012	17:30	390		N	5.4		N	0.99		N	39		N	26		N
				V3/ET	27SEP2012	16:15	346	-44	N	4.4	-1.0	N	0.96	-0.03	N	46	7	H ANCS	24	-2	N
1047	Yes	Yes	Yes	V1	13SEP2012	18:10	302		N	5.2		N	1.15		N	50		H ANCS	27		N
				V3/ET	25SEP2012	17:45	315	13	N	7.3	2.1	N	1.02	-0.13	N	52	2	H ANCS	26	-1	N
1048	Yes	Yes	Yes	V1	13SEP2012	18:10	373		N	6.1		N	1.19		N	44		N	26		N
				V3/ET	26SEP2012	12:55	380	7	N	5.0	-1.1	N	1.37	0.18	N	57	13	H ANCS	28	2	N
1051	Yes	Yes	Yes	V1	18SEP2012	14:20	507		H ANCS	4.8		N	1.20		N	16		N	20		N
				V3/ET	02OCT2012	14:20	477	-30	H ANCS	4.8	0.0	N	1.02	-0.18	N	16	0	N	28	8	N

Notes: Normal = Within Normal Range ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1054	Yes	Yes	Yes	V1	18SEP2012	17:20	218		N	4.3		N	1.55		H ANCS	14		N	18		N
				V3/ET	02OCT2012	17:55	193	-25	N	4.9	0.6	N	1.26	-0.29	N	10	-4	N	14	-4	N
1056	Yes	Yes	Yes	V1	19SEP2012	10:40	391		N	5.7		N	1.07		N	26		N	30		N
				V3/ET	02OCT2012	9:35	433	42	N	6.0	0.3	N	0.93	-0.14	N	32	6	N	27	-3	N
1057	Yes	Yes	Yes	V1	19SEP2012	11:05	281		N	5.9		N	0.67		L ANCS	16		N	16		N
				V3/ET	04OCT2012	17:10	296	15	N	5.1	-0.8	N	1.07	0.40	N	11	-5	N	12	-4	L ANCS
1058	Yes	Yes	Yes	V1	19SEP2012	11:20	459		H ANCS	6.2		N	1.17		N	50		H ANCS	22		N
				V3/ET	02OCT2012	12:00	400	-59	N	5.6	-0.6	N	1.03	-0.14	N	60	10	H ANCS	28	6	N
1060	Yes	Yes	Yes	V1	19SEP2012	11:50	435		N	4.5		N	0.74		L ANCS	28		N	30		N
				V3/ET	04OCT2012	10:45	360	-75	N	6.0	1.5	N	0.91	0.17	N	29	1	N	27	-3	N
1061	Yes	Yes	Yes	V1	19SEP2012	12:40	268		N	4.7		N	1.24		N	14		N	15		N
				V3/ET	02OCT2012	11:20	272	4	N	5.3	0.6	N	1.14	-0.10	N	17	3	N	14	-1	N
1063	Yes	Yes	Yes	V1	19SEP2012	14:15	397		N	6.2		N	1.20		N	38		N	23		N
				V3/ET	02OCT2012	16:40	314	-83	N	5.6	-0.6	N	1.33	0.13	N	38	0	N	27	4	N
1066	Yes	Yes	Yes	V1	20SEP2012	14:40	286		N	4.5		N	1.12		N	21		N	24		N
				V3/ET	04OCT2012	11:00	298	12	N	4.9	0.4	N	0.84	-0.28	N	20	-1	N	23	-1	N
1071	Yes	Yes	No	V1	20SEP2012	16:30	213		N	5.9		N	1.33		N	14		N	20		N
				V3/ET	01OCT2012	15:20	244	31	N	5.1	-0.8	N	0.98	-0.35	N	18	4	N	17	-3	N
1073	Yes	Yes	Yes	V1	20SEP2012	16:30	343		N	6.6		N	1.04		N	20		N	15		N
				V3/ET	05OCT2012	10:50	346	3	N	5.8	-0.8	N	0.96	-0.08	N	15	-5	N	14	-1	N
1074	Yes	Yes	Yes	V1	20SEP2012	18:10	299		N	5.0		N	0.92		N	44		H ANCS	31		N
				V3/ET	04OCT2012	18:00	270	-29	N	5.0	0.0	N	1.02	0.10	N	24	-20	N	21	-10	N
1078	Yes	Yes	No	V1	25SEP2012	13:30	289		N	4.6		N	1.25		N	20		N	14		N
				V3/ET	09OCT2012	10:20	321	32	N	5.0	0.4	N	1.14	-0.11	N	16	-4	N	16	2	N

Notes: N=Normal, Unknown, Missing or Abnormal, not clinically significant ACS=Abnormal, clinically significant

Listing 15.2: Chemistry - part 2 - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1082	Yes	Yes	Yes	V1	25SEP2012	17:50	300		N	6.0		N	0.95		N	15		N	18		N
				V3/ET	10OCT2012	14:10	294	-6	N	4.7	-1.3	N	1.03	0.08	N	15	0	N	18	0	N
1084	No	No	No	V1	26SEP2012	12:35	281		N	7.4		N	0.80		L ANCS	18		N	15		N
				V3/ET																	
1085	Yes	Yes	Yes	V1	27SEP2012	10:20	287		N	18.5		H ANCS	1.03		N	19		N	14		N
				V3/ET	10OCT2012	10:45	278	-9	N	13.3	-5.2	H ANCS	1.06	0.03	N	19	0	N	16	2	N
1087	Yes	Yes	Yes	V1	27SEP2012	14:40	451		N	5.4		N	0.98		N	97		H ANCS	54		H ANCS
				V3/ET	09OCT2012	12:15	483	32	H ANCS	4.2	-1.2	N	0.88	-0.10	N	52	-45	H ANCS	23	-31	N
1088	Yes	Yes	Yes	V1	27SEP2012	16:00	343		N	5.3		N	0.90		N	16		N	17		N
				V3/ET	09OCT2012	13:00	306	-37	N	4.6	-0.7	N	1.15	0.25	N	14	-2	N	16	-1	N
1091	Yes	Yes	Yes	V1	02OCT2012	10:50	216		N	5.3		N	0.91		N	21		N	15		N
				V3/ET	16OCT2012	14:35	217	1	N	5.2	-0.1	N	1.14	0.23	N	21	0	N	17	2	N
1094	Yes	Yes	Yes	V1	04OCT2012	10:20	315		N	5.1		N	1.36		N	43		N	28		N
				V3/ET	16OCT2012	14:20	268	-47	N	4.9	-0.2	N	1.15	-0.21	N	18	-25	N	19	-9	N
1098	Yes	Yes	Yes	V1	05OCT2012	11:15	258		N	3.9		N	1.18		N	16		N	15		N
				V3/ET	16OCT2012	15:00	242	-16	N	5.4	1.5	N	1.30	0.12	N	27	11	N	19	4	N
1099	Yes	Yes	Yes	V1	05OCT2012	11:50	283		N	4.6		N	1.60		H ANCS	14		N	15		N
				V3/ET	16OCT2012	17:00	231	-52	N	5.4	0.8	N	1.56	-0.04	H ANCS	11	-3	N	14	-1	N
1101	Yes	Yes	Yes	V1	05OCT2012	14:00	299		N	5.9		N	1.04		N	23		N	13		L ANCS
				V3/ET	16OCT2012	14:45	272	-27	N	4.8	-1.1	N	0.96	-0.08	N	12	-11	N	11	-2	L ANCS
1102	Yes	Yes	Yes	V1	11OCT2012	14:50	333		N	4.6		N	1.11		N	42		N	32		N
				V3/ET	24OCT2012	16:35	409	76	N	4.6	0.0	N	0.88	-0.23	N	42	0	N	34	2	N
1103	Yes	Yes	Yes	V1	11OCT2012	15:45	182		N	6.2		N	1.16		N	15		N	17		N
				V3/ET	23OCT2012	13:30	176	-6	N	4.2	-2.0	N	1.35	0.19	N	10	-5	N	14	-3	N

Note: N=Normal, L=Low, H=High, ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1107	Yes	Yes	Yes	V1	16OCT2012	16:30	246		N	4.9		N	0.99		N	16		N	18		N
				V3/ET	30OCT2012	13:25	301	55	N	5.2	0.3	N	0.91	-0.08	N	17	1	N	18	0	N
1110	Yes	Yes	Yes	V1	18OCT2012	10:50	382		N	5.1		N	1.10		N	41		H ANCS	31		N
				V3/ET	30OCT2012	14:07	308	-74	N	5.3	0.2	N	1.35	0.25	N	31	-10	N	29	-2	N
1113	Yes	Yes	Yes	V1	18OCT2012	13:40	342		N	5.4		N	1.02		N	52		H ANCS	33		N
				V3/ET	30OCT2012	13:45	357	15	N	5.0	-0.4	N	1.08	0.06	N	61	9	H ANCS	41	8	H ANCS
1114	Yes	Yes	Yes	V1	18OCT2012	13:25	409		N	4.8		N	1.29		N	49		H ANCS	34		N
				V3/ET	30OCT2012	13:27	363	-46	N	6.9	2.1	N	1.37	0.08	N	38	-11	N	31	-3	N
1115	Yes	Yes	Yes	V1	18OCT2012	13:30	413		N	5.0		N	1.16		N	85		H ANCS	38		N
				V3/ET	30OCT2012	13:20	350	-63	N	4.7	-0.3	N	1.76	0.60	H ANCS	65	-20	H ANCS	30	-8	N
1117	Yes	Yes	Yes	V1	18OCT2012	14:30	468		H ANCS	5.1		N	1.02		N	43		N	33		N
				V3/ET	30OCT2012	14:35	462	-6	H ANCS	6.1	1.0	N	1.27	0.25	N	52	9	H ANCS	33	0	N
1118	Yes	Yes	Yes	V1	18OCT2012	15:15	370		N	5.4		N	1.26		N	25		N	21		N
				V3/ET	30OCT2012	12:40	343	-27	N	5.4	0.0	N	1.19	-0.07	N	26	1	N	22	1	N

Notes: N=Normal H ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1003	Yes	Yes	Yes	V1	28AUG2012	15:45	293		N	5.6		N	1.17		N	19		N	15		N
				V3/ET	11SEP2012	11:45	225	-68	L ANCS	4.1	-1.5	N	0.85	-0.32	N	22	3	N	15	0	N
1004	Yes	Yes	Yes	V1	28AUG2012	15:42	383		N	6.7		N	1.26		N	33		N	22		N
				V3/ET	11SEP2012	16:00	360	-23	N	5.3	-1.4	N	0.96	-0.30	N	32	-1	N	25	3	N
1005	Yes	Yes	Yes	V1	28AUG2012	17:40	221		L ANCS	5.0		N	1.21		N	18		N	21		N
				V3/ET	11SEP2012	17:15	212	-9	L ANCS	4.9	-0.1	N	1.14	-0.07	N	17	-1	N	20	-1	N
1008	Yes	Yes	Yes	V1	30AUG2012	11:35	205		L ANCS	18.9		H ANCS	0.82		N	14		N	16		N
				V3/ET	12SEP2012	12:00	214	9	L ANCS	3.6	-15.3	N	0.98	0.16	N	16	2	N	17	1	N
1010	Yes	Yes	Yes	V1	30AUG2012	12:15	325		N	5.1		N	1.14		N	29		N	20		N
				V3/ET	11SEP2012	14:00	330	5	N	6.3	1.2	N	0.99	-0.15	N	22	-7	N	19	-1	N
1012	Yes	Yes	Yes	V1	30AUG2012	14:25	361		N	5.4		N	1.05		N	20		N	28		N
				V3/ET	11SEP2012	15:10	327	-34	N	5.5	0.1	N	1.35	0.30	N	22	2	N	24	-4	N
1016	Yes	Yes	Yes	V1	04SEP2012	13:23	342		N	5.0		N	1.30		N	17		N	21		N
				V3/ET	18SEP2012	13:45	363	21	N	5.1	0.1	N	1.35	0.05	N	10	-7	N	17	-4	N
1017	Yes	Yes	No	V1	04SEP2012	15:20	332		N	5.2		N	1.47		H ANCS	13		N	16		N
				V3/ET	18SEP2012	10:50	327	-5	N	5.5	0.3	N	1.23	-0.24	N	12	-1	N	20	4	N
1020	Yes	Yes	Yes	V1	05SEP2012	11:40	470		H ANCS	5.2		N	1.02		N	46		H ANCS	29		N
				V3/ET	18SEP2012	13:45	442	-28	N	5.1	-0.1	N	1.29	0.27	N	41	-5	N	25	-4	N
1021	Yes	Yes	Yes	V1	06SEP2012	14:10	252		N	4.0		N	1.13		N	17		N	20		N
				V3/ET	18SEP2012	14:30	281	29	N	6.5	2.5	N	0.99	-0.14	N	20	3	N	23	3	N
1023	Yes	Yes	Yes	V1	06SEP2012	15:00	286		N	11.8		H ANCS	1.24		N	16		N	12		L ANCS
				V3/ET	18SEP2012	10:45	348	62	N	10.6	-1.2	H ANCS	1.12	-0.12	N	21	5	N	13	1	L ANCS
1024	Yes	Yes	No	V1	06SEP2012	15:10	405		N	5.3		N	1.06		N	36		N	32		N
				V3/ET	18SEP2012	10:15	420	15	N	10.4	5.1	H ANCS	0.75	-0.31	L ANCS	156	120	H ACS	214	182	H ACS

Notes: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1025	Yes	Yes	Yes	V1	06SEP2012	15:50	266		N	4.9		N	1.26		N	26		N	25		N
				V3/ET	18SEP2012	11:30	259	-7	N	5.1	0.2	N	1.39	0.13	N	42	16	H ANCS	23	-2	N
1028	Yes	Yes	Yes	V1	06SEP2012	17:00	593		H ANCS	4.8		N	0.86		N	17		N	22		N
				V3/ET	18SEP2012	16:45	560	-33	H ANCS	5.8	1.0	N	1.35	0.49	N	30	13	N	41	19	H ANCS
1030	Yes	Yes	Yes	V1	11SEP2012	10:40	222		N	5.4		N	0.78		L ANCS	18		N	15		N
				V3/ET	25SEP2012	12:10	253	31	N	5.8	0.4	N	0.82	0.04	N	14	-4	N	12	-3	L ANCS
1033	Yes	Yes	Yes	V1	11SEP2012	12:30	363		N	19.9		H ACS	1.09		N	24		N	17		N
				V3/ET	25SEP2012	12:54	351	-12	N	15.7	-4.2	H ACS	1.00	-0.09	N	25	1	N	16	-1	N
1036	Yes	Yes	Yes	V1	11SEP2012	15:00	473		H ANCS	8.6		H ACS	1.08		N	83		H ACS	70		H ACS
				V3/ET	25SEP2012	13:55	442	-31	N	5.8	-2.8	N	0.91	-0.17	N	88	5	H ANCS	70	0	H ANCS
1038	Yes	Yes	Yes	V1	12SEP2012	11:30	291		N	4.6		N	1.07		N	18		N	19		N
				V3/ET	25SEP2012	14:50	323	32	N	5.3	0.7	N	1.22	0.15	N	21	3	N	21	2	N
1040	Yes	Yes	Yes	V1	13SEP2012	14:35	276		N	5.3		N	1.35		N	15		N	19		N
				V3/ET	27SEP2012	11:40	287	11	N	5.6	0.3	N	1.20	-0.15	N	15	0	N	18	-1	N
1041	Yes	Yes	Yes	V1	13SEP2012	15:00	302		N	4.6		N	1.17		N	8		N	14		N
				V3/ET	25SEP2012	12:05	289	-13	N	5.1	0.5	N	0.74	-0.43	L ANCS	10	2	N	15	1	N
1044	Yes	Yes	Yes	V1	13SEP2012	16:30	397		N	4.1		N	1.03		N	36		N	29		N
				V3/ET	27SEP2012	10:15	362	-35	N	5.3	1.2	N	1.30	0.27	N	27	-9	N	19	-10	N
1046	Yes	Yes	Yes	V1	13SEP2012	17:30	344		N	4.7		N	1.23		N	52		H ANCS	36		N
				V3/ET	25SEP2012	14:45	300	-44	N	4.2	-0.5	N	1.23	0.00	N	70	18	H ANCS	43	7	H ANCS
1049	Yes	Yes	Yes	V1	18SEP2012	10:35	328		N	5.9		N	0.61		L ANCS	18		N	17		N
				V3/ET	02OCT2012	12:10	369	41	N	5.3	-0.6	N	1.03	0.42	N	21	3	N	19	2	N
1050	Yes	Yes	Yes	V1	18SEP2012	11:40	397		N	5.1		N	1.08		N	25		N	20		N
				V3/ET	02OCT2012	9:40	420	23	N	5.4	0.3	N	1.20	0.12	N	57	32	H ANCS	70	50	H ANCS

Note: N=Normal L=Low H=High A=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1052	Yes	Yes	Yes	V1	18SEP2012	15:20	232		N	5.6		N	1.14		N	17		N	19		N
				V3/ET	02OCT2012	14:45	286	54	N	7.5	1.9	N	1.03	-0.11	N	18	1	N	22	3	N
1053	Yes	Yes	Yes	V1	18SEP2012	15:50	309		N	4.6		N	1.33		N	69		H ANCS	33		N
				V3/ET	02OCT2012	15:10	298	-11	N	8.8	4.2	H ANCS	0.96	-0.37	N	42	-27	H ANCS	24	-9	N
1055	Yes	Yes	Yes	V1	19SEP2012	10:30	262		N	6.6		N	0.73		L ANCS	9		N	14		N
				V3/ET	02OCT2012	16:10	262	0	N	5.0	-1.6	N	0.92	0.19	N	8	-1	N	15	1	N
1059	Yes	Yes	Yes	V1	19SEP2012	11:40	296		N	5.6		N	1.14		N	23		N	16		N
				V3/ET	04OCT2012	14:40	274	-22	N	5.2	-0.4	N	1.37	0.23	N	20	-3	N	14	-2	N
1062	Yes	Yes	Yes	V1	19SEP2012	13:30	321		N	6.5		N	0.92		N	14		N	21		N
				V3/ET	02OCT2012	12:20	307	-14	N	4.7	-1.8	N	1.07	0.15	N	23	9	N	29	8	N
1064	Yes	Yes	Yes	V1	19SEP2012	14:45	371		N	5.0		N	1.12		N	48		H ANCS	27		N
				V3/ET	04OCT2012	14:05	378	7	N	4.6	-0.4	N	1.26	0.14	N	53	5	H ANCS	33	6	N
1068	Yes	Yes	Yes	V1	20SEP2012	15:15	396		N	5.2		N	1.32		N	29		N	39		N
				V3/ET	02OCT2012	15:10	470	74	H ANCS	6.2	1.0	N	1.21	-0.11	N	29	0	N	40	1	H ANCS
1069	Yes	Yes	Yes	V1	20SEP2012	15:30	304		N	6.1		N	1.20		N	10		N	16		N
				V3/ET	04OCT2012	10:30	281	-23	N	3.9	-2.2	N	1.11	-0.09	N	10	0	N	14	-2	N
1070	Yes	Yes	Yes	V1	20SEP2012	15:38	230		N	5.4		N	0.82		N	11		N	17		N
				V3/ET	05OCT2012	14:30	275	45	N	5.3	-0.1	N	0.73	-0.09	L ANCS	9	-2	N	13	-4	L ANCS
1072	Yes	Yes	Yes	V1	20SEP2012	16:50	316		N	5.1		N	1.22		N	17		N	15		N
				V3/ET	05OCT2012	16:05	386	70	N	4.6	-0.5	N	1.20	-0.02	N	16	-1	N	15	0	N
1075	Yes	Yes	Yes	V1	25SEP2012	10:50	284		N	4.2		N	1.03		N	35		H ANCS	23		N
				V3/ET	05OCT2012	11:20	285	1	N	5.0	0.8	N	1.15	0.12	N	43	8	H ANCS	30	7	N
1079	Yes	Yes	Yes	V1	25SEP2012	13:50	394		N	5.3		N	1.40		N	32		N	21		N
				V3/ET	09OCT2012	10:45	376	-18	N	4.8	-0.5	N	1.27	-0.13	N	33	1	N	20	-1	N

Notes: Normal = Within normal limits ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1080	Yes	Yes	Yes	V1	25SEP2012	15:50	203		N	10.6		H ANCS	1.04		N	13		N	17		N
				V3/ET	10OCT2012	14:45	208	5	N	7.8	-2.8	N	1.22	0.18	N	13	0	N	22	5	N
1081	Yes	Yes	Yes	V1	25SEP2012	16:15	421		N	5.0		N	1.20		N	78		H ANCS	36		N
				V3/ET	10OCT2012	13:45	429	8	N	4.8	-0.2	N	1.25	0.05	N	39	-39	N	26	-10	N
1083	Yes	Yes	Yes	V1	26SEP2012	11:45	328		N	5.0		N	1.05		N	20		N	14		N
				V3/ET	10OCT2012	14:10	244	-84	N	5.3	0.3	N	0.98	-0.07	N	24	4	N	24	10	N
1086	Yes	Yes	Yes	V1	27SEP2012	11:20	411		H ANCS	5.0		N	1.04		N	23		N	18		N
				V3/ET	11OCT2012	14:45	344	-67	N	5.4	0.4	N	1.16	0.12	N	23	0	N	21	3	N
1089	Yes	Yes	Yes	V1	27SEP2012	16:10	318		N	6.1		N	1.24		N	15		N	16		N
				V3/ET	10OCT2012	10:45	384	66	N	4.9	-1.2	N	0.82	-0.42	N	14	-1	N	20	4	N
1090	Yes	Yes	Yes	V1	02OCT2012	10:41	284		N	5.4		N	0.91		N	14		N	17		N
				V3/ET	11OCT2012	13:45	297	13	N	5.9	0.5	N	0.99	0.08	N	15	1	N	17	0	N
1093	Yes	Yes	Yes	V1	02OCT2012	13:45	287		N	4.7		N	1.18		N	18		N	18		N
				V3/ET	16OCT2012	14:00	294	7	N	6.5	1.8	N	1.05	-0.13	N	18	0	N	17	-1	N
1095	Yes	Yes	Yes	V1	04OCT2012	11:20	380		N	3.8		N	1.12		N	46		H ANCS	25		N
				V3/ET	16OCT2012	16:20	361	-19	N	5.0	1.2	N	1.39	0.27	N	32	-14	N	22	-3	N
1096	Yes	Yes	Yes	V1	04OCT2012	12:05	360		N	5.3		N	1.21		N	53		H ANCS	30		N
				V3/ET	16OCT2012	14:05	405	45	N	7.2	1.9	N	0.85	-0.36	N	52	-1	H ANCS	37	7	N
1097	Yes	Yes	Yes	V1	04OCT2012	17:00	251		N	5.2		N	1.33		N	13		N	13		L ANCS
				V3/ET	16OCT2012	17:30	270	19	N	5.7	0.5	N	1.29	-0.04	N	12	-1	N	18	5	N
1100	Yes	Yes	Yes	V1	05OCT2012	13:30	214		N	5.3		N	1.42		N	17		N	19		N
				V3/ET	16OCT2012	14:00	207	-7	N	5.6	0.3	N	1.09	-0.33	N	11	-6	N	16	-3	N
1104	Yes	Yes	Yes	V1	16OCT2012	14:40	361		N	4.7		N	1.12		N	28		N	24		N
				V3/ET	29OCT2012	16:14	345	-16	N	5.0	0.3	N	1.37	0.25	N	28	0	N	24	0	N

Note: N=Normal, Unknown, Missing ANCS=Abnormal, not clinically significant ACS=Abnormal, clinically significant

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Date	Time	Uric Acid (umol/L) Value	Change		Glucose (mmol/L) Value	Change		Phosphorous (mmol/L) Value	Change		ALT (U/L) Value	Change		AST (U/L) Value	Change	
1105	Yes	Yes	Yes	V1	16OCT2012	16:00	387		N	4.6		N	1.07		N	58		H ANCS	43		H ANCS
				V3/ET	30OCT2012	16:40	350	-37	N	6.5	1.9	N	0.84	-0.23	N	47	-11	H ANCS	34	-9	N
1106	Yes	Yes	Yes	V1	16OCT2012	16:30	393		N	5.4		N	1.05		N	30		N	24		N
				V3/ET	30OCT2012	14:55	332	-61	N	6.8	1.4	N	1.01	-0.04	N	33	3	N	21	-3	N
1108	Yes	Yes	Yes	V1	16OCT2012	17:00	417		N	4.6		N	1.73		H ANCS	34		N	24		N
				V3/ET	30OCT2012	9:45	411	-6	N	5.5	0.9	N	1.10	-0.63	N	32	-2	N	22	-2	N
1109	Yes	Yes	Yes	V1	18OCT2012	10:55	282		N	21.7		H ANCS	0.96		N	69		H ANCS	36		N
				V3/ET	30OCT2012	14:05	267	-15	N	12.5	-9.2	H ANCS	1.00	0.04	N	58	-11	H ANCS	31	-5	N
1111	Yes	Yes	Yes	V1	18OCT2012	11:15	307		N	4.2		N	0.86		N	29		N	21		N
				V3/ET	30OCT2012	14:50	302	-5	N	6.2	2.0	N	1.19	0.33	N	42	13	N	28	7	N
1112	Yes	Yes	Yes	V1	18OCT2012	13:30	196		N	5.0		N	1.10		N	15		N	17		N
				V3/ET	30OCT2012	13:55	169	-27	N	4.5	-0.5	N	1.25	0.15	N	13	-2	N	14	-3	N
1116	Yes	Yes	Yes	V1	18OCT2012	14:00	357		N	4.3		N	1.22		N	31		N	17		N
				V3/ET	30OCT2012	11:15	323	-34	N	4.9	0.6	N	1.12	-0.10	N	25	-6	N	19	2	N
1119	Yes	Yes	Yes	V1	18OCT2012	15:40	285		N	4.9		N	1.20		N	38		N	29		N
				V3/ET	30OCT2012	16:45	302	17	N	4.6	-0.3	N	1.20	0.00	N	46	8	H ANCS	36	7	N

Notes: N=Normal, Unremarkable H=Abnormal, not clinically significant ACS=Abnormal, clinically significant

16.2.9 Listing of Individual Vital Sign Measurements

This appendix contains:

Listing 16 (Vital signs – ALL population)

Listing 16: Vital signs - ALL population

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1001	Yes	Yes	Yes	V1	182	81.0	24.5	136		83		78		36.4	No
				V3/ET				135	-1	89	6	76	-2		No
1002	Yes	Yes	Yes	V1	177	112.0	35.8	133		85		76		36.2	No
				V3/ET				132	-1	81	-4	78	2		No
1006	Yes	Yes	Yes	V1	180	75.0	23.3	128		77		80		36.3	No
				V3/ET				139	11	82	5	87	7		No
1007	Yes	Yes	Yes	V1	180	81.0	25.1	141		87		60		36.1	No
				V3/ET				142	1	89	2	59	-1		No
1009	Yes	Yes	Yes	V1	179	93.0	29.0	147		97		81		36.6	No
				V3/ET				145	-2	96	-1	81	0		No
1011	Yes	Yes	Yes	V1	169	73.0	25.6	122		81		64		36.2	No
				V3/ET				116	-6	83	2	64	0		No
1013	Yes	Yes	Yes	V1	171	90.0	30.8	109		86		87		37.0	No
				V3/ET				121	12	81	-5	80	-7		No
1014	Yes	Yes	Yes	V1	162	97.0	37.2	112		75		71		36.7	No
				V3/ET				118	6	71	-4	94	23		No
1015	Yes	Yes	Yes	V1	164	53.0	19.6	120		83		75		36.7	No
				V3/ET				113	-7	81	-2	79	4		No
1018	Yes	Yes	Yes	V1	167	137.0	49.1	142		90		92		36.7	No
				V3/ET				146	4	89	-1	82	-10		No
1019	Yes	Yes	Yes	V1	179	124.0	38.7	142		89		100		36.4	No
				V3/ET				136	-6	74	-15	97	-3		No
1022	Yes	Yes	Yes	V1	176	111.0	35.9	139		96		91		36.5	No
				V3/ET				162	23	99	3	87	-4		No
1026	Yes	Yes	Yes	V1	163	86.0	32.6	105		68		78		36.6	No

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1026	Yes	Yes	Yes	V3/ET				122	17	74	6	74	-4		No
1027	Yes	Yes	Yes	V1	174	93.0	30.7	138		90		93		37.3	No
				V3/ET				138	0	86	-4	97	4		No
1029	Yes	Yes	No	V1	172	64.5	21.9	105		60		53		36.7	No
				V3/ET				118	13	69	9	57	4		No
1031	Yes	Yes	Yes	V1	157	82.0	33.2	133		80		83		36.7	No
				V3/ET				123	-10	87	7	85	2		No
1034	Yes	Yes	No	V1	155	62.5	26.2	138		80		66		37.3	No
				V3/ET				137	-1	80	0	55	-11		No
1037	Yes	Yes	Yes	V1	168	65.0	23.0	128		76		83		36.5	No
				V3/ET				129	1	78	2	87	4		No
1039	Yes	Yes	No	V1	163	75.0	28.4	115		66		86		35.9	No
				V3/ET				106	-9	61	-5	72	-14		No
1043	Yes	Yes	Yes	V1	162	83.0	31.8	150		86		84		36.3	No
				V3/ET				138	-12	92	6	69	-15		No
1045	Yes	Yes	Yes	V1	169	95.5	33.6	151		100		96		37.3	No
				V3/ET				155	4	92	-8	93	-3		No
1047	Yes	Yes	Yes	V1	195	123.0	32.5	154		97		64		36.7	No
				V3/ET				144	-10	99	2	65	1		No
1048	Yes	Yes	Yes	V1	177	83.5	26.7	132		83		98		37.3	No
				V3/ET				126	-6	79	-4	80	-18		No
1051	Yes	Yes	Yes	V1	176	81.0	26.2	143		98		70		36.5	No
				V3/ET				154	11	92	-6	94	24		No
1054	Yes	Yes	Yes	V1	147	47.0	21.8	101		70		64		36.1	No
				V3/ET				132	31	73	3	77	13		No

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1056	Yes	Yes	Yes	V1	174	77.0	25.4	152		82		55		35.7	No
				V3/ET				161	9	85	3	53	-2		No
1057	Yes	Yes	Yes	V1	178	86.0	27.1	150		89		72		36.9	No
				V3/ET				163	13	89	0	74	2		No
1058	Yes	Yes	Yes	V1	179	105.0	32.6	127		84		70		36.3	No
				V3/ET				140	13	83	-1	71	1		No
1060	Yes	Yes	Yes	V1	175	75.0	24.5	115		79		82		36.0	No
				V3/ET				113	-2	69	-10	75	-7		No
1061	Yes	Yes	Yes	V1	166	90.0	32.9	112		78		65		36.5	No
				V3/ET				113	1	80	2	89	24		No
1063	Yes	Yes	Yes	V1	178	73.0	23.2	136		87		68		36.8	No
				V3/ET				132	-4	71	-16	86	18		No
1066	Yes	Yes	Yes	V1	164	60.0	22.3	133		75		86		36.0	No
				V3/ET				139	6	84	9	93	7		No
1071	Yes	Yes	No	V1	164	81.0	30.0	137		81		83		36.9	No
				V3/ET				142	5	86	5	87	4		No
1073	Yes	Yes	Yes	V1	158	100.0	40.1	142		90		89		36.6	No
				V3/ET				120	-22	76	-14	77	-12		No
1074	Yes	Yes	Yes	V1	160	110.0	42.8	126		83		86		37.2	No
				V3/ET				122	-4	85	2	82	-4		No
1078	Yes	Yes	No	V1	191	94.0	25.9	123		71		91		36.0	No
				V3/ET				112	-11	61	-10	72	-19		No
1082	Yes	Yes	Yes	V1	160	74.0	28.9	154		79		76		36.8	No
				V3/ET				134	-20	86	7	83	7		No
1084	No	No	No	V1	172	75.0	25.4	116		75		91		36.0	No

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1084	No	No	No	V3/ET											
1085	Yes	Yes	Yes	V1	183	115.0	34.3	160		80		66		35.9	No
				V3/ET				142	-18	74	-6	74	8		No
1087	Yes	Yes	Yes	V1	177	132.0	42.4	144		95		65		35.8	No
				V3/ET				147	3	91	-4	86	21		No
1088	Yes	Yes	Yes	V1	160	82.0	32.1	115		80		77		36.2	No
				V3/ET				109	-6	71	-9	59	-18		No
1091	Yes	Yes	Yes	V1	166	108.5	39.4	115		89		104		36.1	No
				V3/ET				110	-5	74	-15	72	-32		No
1094	Yes	Yes	Yes	V1	177	77.5	24.7	117		78		63		36.1	No
				V3/ET				113	-4	74	-4	62	-1		No
1098	Yes	Yes	Yes	V1	162	78.0	29.7	116		71		76		36.4	No
				V3/ET				113	-3	72	1	92	16		No
1099	Yes	Yes	Yes	V1	164	72.0	26.9	118		76		77		36.6	No
				V3/ET				119	1	80	4	87	10		No
1101	Yes	Yes	Yes	V1	172	130.0	43.9	129		91		85		36.3	No
				V3/ET				143	14	92	1	71	-14		No
1102	Yes	Yes	Yes	V1	180	91.0	28.1	127		84		77		37.1	No
				V3/ET				136	9	84	0	82	5		No
1103	Yes	Yes	Yes	V1	169	108.0	38.0	139		77		80		37.0	No
				V3/ET				123	-16	83	6	86	6		No
1107	Yes	Yes	Yes	V1	159	75.0	29.7	147		97		75		36.7	No
				V3/ET				151	4	92	-5	80	5		No
1110	Yes	Yes	Yes	V1	146	61.0	28.5	129		71		72		36.8	No
				V3/ET				114	-15	83	12	78	6		No

Treatment: Placebo

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1113	Yes	Yes	Yes	V1	169	94.0	32.9	123		86		81		36.7	No
				V3/ET				136	13	83	-3	86	5		No
1114	Yes	Yes	Yes	V1	181	98.0	30.1	154		89		68		36.8	No
				V3/ET				153	-1	101	12	71	3		Yes
1115	Yes	Yes	Yes	V1	178	100.0	31.7	146		88		78		36.2	No
				V3/ET				129	-17	71	-17	72	-6		No
1117	Yes	Yes	Yes	V1	179	95.0	29.8	122		83		69		36.4	No
				V3/ET				131	9	84	1	87	18		No
1118	Yes	Yes	Yes	V1	172	74.0	25.0	134		80		75		36.8	No
				V3/ET				128	-6	65	-15	61	-14		No

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1003	Yes	Yes	Yes	V1	178	77.0	24.3	118		76		81		37.2	No
				V3/ET				104	-14	64	-12	81	0		No
1004	Yes	Yes	Yes	V1	177	86.0	27.4	113		70		73		36.8	No
				V3/ET				108	-5	80	10	90	17		No
1005	Yes	Yes	Yes	V1	168	57.0	20.2	118		73		58		36.0	No
				V3/ET				126	8	77	4	62	4		No
1008	Yes	Yes	Yes	V1	174	77.0	25.4	130		79		48		35.7	No
				V3/ET				124	-6	80	1	61	13		No
1010	Yes	Yes	Yes	V1	160	65.0	25.4	157		89		75		36.5	No
				V3/ET				165	8	100	11	85	10		No
1012	Yes	Yes	Yes	V1	172	84.0	28.4	129		84		82		36.6	No
				V3/ET				131	2	79	-5	86	4		No
1016	Yes	Yes	Yes	V1	179	61.0	19.0	118		73		57		35.5	No
				V3/ET				100	-18	61	-12	60	3		No
1017	Yes	Yes	No	V1	166	80.0	29.0	132		83		52		36.8	No
				V3/ET				126	-6	78	-5	57	5		No
1020	Yes	Yes	Yes	V1	190	135.0	37.2	133		88		90		36.9	No
				V3/ET				122	-11	86	-2	69	-21		No
1021	Yes	Yes	Yes	V1	167	62.0	22.3	135		85		68		36.4	No
				V3/ET				122	-13	82	-3	73	5		No
1023	Yes	Yes	Yes	V1	171	125.0	42.8	129		89		80		36.0	No
				V3/ET				136	7	100	11	92	12		No
1024	Yes	Yes	No	V1	171	83.0	28.5	135		90		100		36.3	No
				V3/ET				155	20	90	0	105	5		No
1025	Yes	Yes	Yes	V1	158	88.0	35.1	120		77		62		36.7	No

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1025	Yes	Yes	Yes	V3/ET				153	33	90	13	56	-6		No
1028	Yes	Yes	Yes	V1	174	77.5	25.8	120		81		86		36.5	No
				V3/ET				129	9	87	6	89	3		No
1030	Yes	Yes	Yes	V1	164	102.5	38.1	109		77		70		35.7	No
				V3/ET				121	12	76	-1	72	2		No
1033	Yes	Yes	Yes	V1	163	108.0	40.9	184		74		54		36.9	No
				V3/ET				182	-2	77	3	64	10		No
1036	Yes	Yes	Yes	V1	183	92.5	27.8	123		84		87		36.3	No
				V3/ET				131	8	93	9	93	6		No
1038	Yes	Yes	Yes	V1	160	62.0	24.1	116		71		72		36.2	No
				V3/ET				116	0	73	2	65	-7		No
1040	Yes	Yes	Yes	V1	168	75.0	26.6	114		74		85		36.9	No
				V3/ET				119	5	88	14	96	11		No
1041	Yes	Yes	Yes	V1	164	71.0	26.3	106		73		75		36.0	No
				V3/ET				112	6	76	3	78	3		No
1044	Yes	Yes	Yes	V1	168	62.0	22.1	132		83		109		37.3	No
				V3/ET				113	-19	79	-4	92	-17		No
1046	Yes	Yes	Yes	V1	163	61.0	22.9	122		74		65		36.6	No
				V3/ET				125	3	74	0	83	18		No
1049	Yes	Yes	Yes	V1	185	75.0	21.9	137		75		75		36.6	No
				V3/ET				124	-13	74	-1	75	0		No
1050	Yes	Yes	Yes	V1	173	82.0	27.5	149		91		67		36.3	No
				V3/ET				130	-19	86	-5	72	5		No
1052	Yes	Yes	Yes	V1	160	64.0	25.0	137		85		70		36.6	No
				V3/ET				116	-21	75	-10	80	10		No

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1053	Yes	Yes	Yes	V1	163	86.0	32.6	144		92		67		36.5	No
				V3/ET				164	20	100	8	99	32		No
1055	Yes	Yes	Yes	V1	157	72.0	29.2	107		66		75		37.0	No
				V3/ET				112	5	69	3	82	7		No
1059	Yes	Yes	Yes	V1	178	82.0	25.9	132		76		68		37.0	No
				V3/ET				138	6	78	2	79	11		No
1062	Yes	Yes	Yes	V1	157	69.0	28.0	133		84		91		36.7	No
				V3/ET				132	-1	82	-2	75	-16		No
1064	Yes	Yes	Yes	V1	177	79.5	25.3	155		76		65		37.0	No
				V3/ET				157	2	80	4	57	-8		No
1068	Yes	Yes	Yes	V1	174	80.0	26.4	149		80		73		36.8	No
				V3/ET				149	0	82	2	93	20		No
1069	Yes	Yes	Yes	V1	170	81.0	28.0	132		83		74		36.1	No
				V3/ET				131	-1	69	-14	82	8		No
1070	Yes	Yes	Yes	V1	157	77.0	31.1	135		96		93		36.9	No
				V3/ET				129	-6	74	-22	84	-9		No
1072	Yes	Yes	Yes	V1	164	83.5	31.2	121		68		87		37.0	No
				V3/ET				132	11	77	9	94	7		No
1075	Yes	Yes	Yes	V1	170	99.0	34.5	128		91		82		36.9	No
				V3/ET				139	11	89	-2	91	9		No
1079	Yes	Yes	Yes	V1	182	109.0	32.8	160		91		75		36.3	No
				V3/ET				142	-18	95	4	67	-8		No
1080	Yes	Yes	Yes	V1	164	110.0	40.9	99		77		93		36.5	No
				V3/ET				151	52	84	7	100	7		No
1081	Yes	Yes	Yes	V1	170	71.5	24.9	133		87		51		35.8	No

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1081	Yes	Yes	Yes	V3/ET				123	-10	75	-12	51	0		No
1083	Yes	Yes	Yes	V1	166	81.0	29.5	104		70		74		35.9	No
				V3/ET				124	20	81	11	85	11		No
1086	Yes	Yes	Yes	V1	157	97.0	39.4	156		72		58		36.8	No
				V3/ET				159	3	82	10	78	20		No
1089	Yes	Yes	Yes	V1	179	90.0	28.1	138		84		80		36.3	No
				V3/ET				133	-5	81	-3	76	-4		No
1090	Yes	Yes	Yes	V1	164	85.0	31.8	139		89		61		37.0	No
				V3/ET				125	-14	82	-7	78	17		No
1093	Yes	Yes	Yes	V1	156	73.5	30.2	114		74		53		36.4	No
				V3/ET				127	13	80	6	64	11		No
1095	Yes	Yes	Yes	V1	179	101.0	31.5	137		74		55		35.8	No
				V3/ET				118	-19	82	8	54	-1		No
1096	Yes	Yes	Yes	V1	169	85.0	29.7	138		90		71		36.4	No
				V3/ET				158	20	100	10	82	11		Yes
1097	Yes	Yes	Yes	V1	158	84.0	33.6	104		84		91		37.0	No
				V3/ET				104	0	75	-9	88	-3		No
1100	Yes	Yes	Yes	V1	170	61.5	21.3	130		82		87		35.6	No
				V3/ET				121	-9	85	3	80	-7		No
1104	Yes	Yes	Yes	V1	174	87.0	28.7	135		75		74		36.2	No
				V3/ET				124	-11	83	8	62	-12		No
1105	Yes	Yes	Yes	V1	193	134.0	36.0	143		86		77		36.6	No
				V3/ET				129	-14	84	-2	72	-5		No
1106	Yes	Yes	Yes	V1	176	113.0	36.5	129		92		89		36.7	No
				V3/ET				133	4	85	-7	77	-12		No

Listing 16: Vital signs - ALL population

Treatment: Gaviscon Double Action Tablets

Subject	Population SAF	ITT	PP	Visit	Height (cm)	Weight (kg)	Body Mass Index	Systolic Blood Pressure (mmHg) Value	Systolic Blood Pressure (mmHg) Change	Diastolic Blood Pressure (mmHg) Value	Diastolic Blood Pressure (mmHg) Change	Heart Rate (beats/min) Value	Heart Rate (beats/min) Change	Temperature (C)	Clinically significant
1108	Yes	Yes	Yes	V1	183	106.0	31.7	144		81		65		36.6	No
				V3/ET				134	-10	85	4	54	-11		No
1109	Yes	Yes	Yes	V1	183	119.0	35.5	117		72		77		36.4	No
				V3/ET				118	1	80	8	77	0		No
1111	Yes	Yes	Yes	V1	175	82.0	26.8	146		94		70		36.5	No
				V3/ET				145	-1	82	-12	58	-12		No
1112	Yes	Yes	Yes	V1	152	52.0	22.5	118		80		66		37.0	No
				V3/ET				115	-3	68	-12	69	3		No
1116	Yes	Yes	Yes	V1	174	95.0	31.6	129		76		76		36.3	No
				V3/ET				125	-4	81	5	73	-3		No
1119	Yes	Yes	Yes	V1	184	90.0	26.6	149		76		72		36.1	No
				V3/ET				140	-9	87	11	73	1		No

16.2.10 Listing of Screen Failures

This appendix contains:

- Listing 4 (Screen Failures).

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1032

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
30	Female	11SEP2012					

Visit Dates:

Visit 1:	Visit 2:
11SEP2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	No abormalities found	11SEP2012	Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
> 3 months - < 1 year	Acid Reflux	Mild
	Dyspepsia	None
	Heartburn	Mild
	Other symptoms	None

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1032

Inclusion / Exclusion criteria:

Fullfilled criterion

[4] GERD status: history of frequent episodes of GERD-related symptoms during the last 3 months and also during the 5 days of the last 7 days prior to study screening

[11] Subject either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy;... LABS NOT DONE

[12] Subject with sever/impaired renal function or insufficiency LABS NOT DONE

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
GUM PAIN	2012-09-07		2012-09-07

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
	PARACETAMOL	07SEP2012	07SEP2012		1	g	PO
	CERAZETTE (desogestrel 75 mcg)	2011-08		Y	1	TAB	PO
Yes	SETTLERS	2012-06		Y	PRN 1	TAB	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
11SEP2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1035

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
69	Male	11SEP2012				Not applicable	

Visit Dates:

Visit 1:	Visit 2:
11SEP2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	No abormalities found	11SEP2012	Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
> 10 years	Acid Reflux	Severe
	Dyspepsia	None
	Heartburn	None
	Other symptoms	None

Inclusion / Exclusion criteria:

Fullfilled criterion

[17] Participation in a clinical study in the previous 6 months

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1035

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
OVERACTIVE BLADDER	2009	Y	

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
	PETYME	2012		Y	800	mcg	PO
	OMEGA 3	2010		Y	1	CAP	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
11SEP2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1042

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
52	Female	13SEP2012					

Visit Dates:

Visit 1:	Visit 2:
13SEP2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	No abormalities found	13SEP2012	Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
> 10 years	Acid Reflux	Severe
	Dyspepsia	Mild
	Heartburn	Severe
	Other symptoms	None

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1042

Inclusion / Exclusion criteria:

Fullfilled criterion

[6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...

[11] Subject either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy;... BLOOD TESTS NOT

[12] Subject with sever/impaired renal function or insufficiency BLOOD TESTS NOT TAKEN

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
Hypertension	2010	Y	
Hypothyroidism	2001	Y	
PR Bleeding	2012-09-01	Y	

Concomitant Medication:

NONE

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
13SEP2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1065

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
29	Male	20SEP2012				Not applicable	

Visit Dates:

Visit 1:	Visit 2:
20SEP2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	Abormalities found	20SEP2012	Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
1 year - 10 years	Acid Reflux	Severe
	Dyspepsia	Mild
	Heartburn	Severe
	Other symptoms	None

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1065

Inclusion / Exclusion criteria:

Fullfilled criterion

[6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...

[11] Subject either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy;...

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
TENDER RIGHT UPPER QUADRANT GALL STONES	2012-09-20	Y	

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
Yes	GAVISCON (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	2008		Y	30	mL	PO
Yes	RENNIES	2012-07		Y	1 PRN	TAB	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
20SEP2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1067

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
43	Male	20SEP2012	No	No	<= 10 CEQs per day	Not applicable	

Visit Dates:

Visit 1:	Visit 2:
20SEP2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	Examination not performed		Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Inclusion / Exclusion criteria:

Fullfilled criterion

[4] GERD status: history of frequent episodes of GERD-related symptoms during the last 3 months and also during the 5 days of the last 7 days prior to study screening

Medical History:

NONE

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1067

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
Yes	OMEPRAZOLE	01AUG2012	05SEP2012		20	mg	PO
Yes	RANITADINE	13AUG2012	15AUG2012		150	mg	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
20SEP2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1076

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
40	Female	25SEP2012	No	No	No	Not applicable	

Visit Dates:

Visit 1:	Visit 2:
25SEP2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	Abormalities found	25SEP2012	Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
> 10 years	Acid Reflux	Severe
	Dyspepsia	Mild
	Heartburn	Severe
	Cough/Vomiting	Severe

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1076

Inclusion / Exclusion criteria:

Fullfilled criterion

[6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades (A-D),...

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
UPPER ABDOTENDERNESS	2012-09-25	Y	
CHEST OCC CREP	2012-09-25	Y	
Epilepsy	1997	Y	
Back pain	2005	Y	
RUQ PAIN GALLBLADDER	2012-09-25	Y	
WHEEZE	2012-09-25	Y	

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
	lamotrigene	2002		Y	200	mg	PO
	Co-proxamol	1995		Y	2 PRN	TAB	PO
	Sodium Valproate	1997		Y	200	mg	PO
Yes	Rennies	2005		Y	1 PRN	TAB	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
25SEP2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1077

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
58	Male	25SEP2012	No	No	No	Not applicable	

Visit Dates:

Visit 1:	Visit 2:
25SEP2012	01OCT2012

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	No abormalities found	25SEP2012	No	25SEP2012 11:15	Haemoglobin: 161 g/L	Normal	25SEP2012
1					RBC: 5.50 10**12/L		
1					MCHC: 331 g/L		
1					WBC: 7.0 10**9/L		
1					Platelet Count: 378 10**9/L		
1					Sodium: 140 mmol/L		
1					Potassium: 4.4 mmol/L		
1					Calcium: 2.22 mmol/L		
1					BUN: 3.9 mmol/L		
1					Creatinine: 65 umol/L		
1					Uric Acid: 330 umol/L		

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1077

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1					Glucose: 4.8 mmol/L		
1					Phosphorous: 0.83 mmol/L		
1					ALT: 19 U/L		
1					AST: 14 U/L		

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	No	169.8	80.0	163	83	57	35.6

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
> 10 years	Acid Reflux	Severe
	Dyspepsia	None
	Heartburn	None
	Other symptoms	None

Inclusion / Exclusion criteria:

Fullfilled criterion

[5] Subject has not taken any antacids within 24 hours before randomization and is willing not to take antacids throughout the remainder of the study

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
VIRAL URTI	2012-09-17	Y	

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1077

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
	PARACETAMOL	17SEP2012	27SEP2012		PRN 1	g	PO
	SUDAFED (PSEUDOEPHIDRINE)	17SEP2012	22SEP2012		PRN 1	TAB	PO
Yes	RENNIES	2007	25SEP2012		PRN 1	TAB	PO
Yes	GAVISCON LIQUID (Sodium Alginate, Sodium Bicarbonate, Calcium Carbonate)	2007	25SEP2012		PRN 10	mL	PO
Yes	TESCO OWN BRAND ANTACID TABLETS	2007	25SEP2012		PRN 1	TAB	PO
Yes	ZANTAC	26SEP2012	26SEP2012		75	mg	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
01OCT2012	No	Screen Failure

Study No: GA1203 Reckitt Benckiser

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1092

Demographics:

Age (Yrs):	Sex:	Informed Consent Date:	Alcohol:	Drug abuse:	Smoker	Urine pregnancy test (dipstick) Visit 1:	Urine pregnancy test (dipstick) Visit 3:
43	Male	02OCT2012				Not applicable	

Visit Dates:

Visit 1:	Visit 2:
02OCT2012	

Lab/ PE/ ECG:

Visit	Outcome of Physical examination:	Date of Physical Examination:	Any lab values of clinical significance:	Date of Laboratory Examination:	Laboratory Results:	Interpretation of ECG:	Date of ECG :
1	No abormalities found	02OCT2012	Sample not collected			Not performed	

Vital Signs:

Visit	Any values of Clinical Significance:	Height (cm):	Weight (kg):	Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart Rate (beats/min):	Temperature (C):
1	VS not performed						

Gerd Status:

Start of GERD symptoms	GERD symptoms	Severity
1 year - 10 years	Acid Reflux	Moderate
	Dyspepsia	Moderate
	Heartburn	Severe
	Other symptoms	None

Listing 4: Screen failures

Site: 1 Inv. Name: Wade Patient: 1092

Inclusion / Exclusion criteria:

Fullfilled criterion

[7] Subject who has taken PPIs during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start or systemic glucocorticosteroids,...

[11] Subject either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy;... NOT DONE

Medical History:

Concomitant Diseases:	Start Date:	Ongoing:	Stop Date:
Painful Ankles	2012-03	Y	

Concomitant Medication:

GERD treatment:	Medication/Therapy:	Start Date:	End Date:	Ongoing:	Dose:	Unit:	Route:
	Naproxen	21SEP2012		Y	500 PRN	mg	PO

Adverse Events:

NONE

Disposition (End of Study):

Date of Completion/Discontinuation:	Completion:	Reason for Discontinuation:
02OCT2012	No	Screen Failure

16.3 Case Report Forms

This appendix contains the following sections:

16.3.1 CRFs for Deaths, Other Serious Adverse Events, and Withdrawals for Adverse Events (23 pages)

16.3.2 Other CRFs Submitted (1 page)

16.3.3 Individual Patient Data Listings (US Archival Listings) (1 page)

16.3.1 CRFs for Deaths, Other Serious Adverse Events and Withdrawals for Adverse Events

- Withdrawn because of adverse events – CRF from following patient:

  Placebo group; Patient # 1039

Date of Visit

Date of Visit: 12/SEP/2012
(dd) (mmm) (yyyy)

VISIT_DATE.DOC - 01-AUG-2012

Informed Consent

Date of Informed Consent: 12/SEP/2012
(dd) (mmm) (yyyy)

INFORMED_CONSENT.DOC - 01-AUG-2012

Demographic Data

Birth Date: 15/JUN/1955
(dd) (mmm) (yyyy)

Sex: ☐ Male ☑ Female

Race: *(tick all that apply):*
☑ Caucasian (White)
☐ Asian
☐ Afro-Caribbean
☐ Other, please specify: _____

2005

DEMOGRAPHIC_DATA.DOC - 01-AUG-2012

Physical Examination

Please perform a standard physical examination concentrating on GERD symptoms.

Physical examination performed? ☐ No ☑ Yes

Date of Physical Examination: 12/SEP/2013 (dd) (mmm) (yyyy)

Any abnormalities found?

☑ No ☐ Yes

*Note: If applicable enter diagnosis resulting from this examination on the **Medical History and Current Status** section and any corresponding treatment on the **Prior and Concomitant Medication** section of the CRF.*

Investigator's Signature

PHYSICAL_EXAMINATION_V1.DOC - 01-AUG-2012

GERD Status

Primary Diagnosis: Gastro-oesophageal reflux disease (GERD)

Start date of GERD symptoms:

>3 months - <1 year	☐
1 year - 10 years	☑
>10 years	☐

Symptoms:	None	Mild	Moderate	Severe
Acid Reflux	☐	☐	☑	☐
Dyspepsia	☐	☑	☐	☐
Heartburn	☐	☐	☑	☐
Other symptoms? *(specify)*	☑			
_____		☐	☐	☐
_____		☐	☐	☐
_____		☐	☐	☐

GERD_STATUS.DOC - 01-AUG-2012

Standard Laboratory Tests

Lab sample collected? ☐ No ☑ Yes

Date of Collection: 12/SEP/2012
(dd) (mmm) (yyyy)

Any lab values of clinical significance?
NA 19/09/12
☒ No ☐ Yes

➪ *If **Yes**, please document in the **Medical History and Current Status** section of the CRF.*

Please assess out of normal lab results on the Laboratory Report and insert the signed and dated report in the plastic pocket along with the CRF.

LABORATORY_SAMPLING.DOC - 01-AUG-2012

Urine Pregnancy Test (dipstick)

Only applicable for women of child-bearing potential.

☑ Negative
☐ Positive: **Exclusion**
☐ Not Applicable

PREGNANCY_TEST_URINE.DOC - 01-AUG-2012

Vital Signs

Vital signs measured? ☐ No ☑ Yes

Height (cm)	Weight (kg)	Blood Pressure (mmHg) [After sitting for 5 mins]	Heart Rate (beats/min)	Temperature (°C)
162.5	75.1	115/66 Systolic / Diastolic	86	35.9

Any values of clinical significance?

☑ No ☐ Yes

➪ *If **Yes**, please document in **Medical History and Current Status** section of the CRF.*

VITAL_SIGNS_V1.DOC - 01-AUG-2012

12-Lead ECG

Was the ECG performed? ☐ No ☑ Yes

ECG Date: 12 / SEP / 2012 (dd) (mmm) (yyyy)

Interpretation

☑ Normal BA 13/09/12.
☐ Abnormal, clinically not relevant
☐ Abnormal, clinically relevant

➪ *If abnormal and clinically relevant, please document on the **Medical History and Current Status** CRF.*

ECG.DOC - 01-AUG-2012

Smoking Habits and Alcohol/Drug Use

Smoking habits

Is subject a smoker (in the last 3 months)? ☑ No ☐ Yes

If yes, how many cigarette equivalents (CEQs) does the subject smoke?

☐ ≤ 10 CEQs per day

☐ > 10 – 20 CEQs per day

☐ > 20 CEQs per day

Alcohol

Is subject a drinker (in the last 3 months)? ☑ No ☐ Yes

Drugs of abuse

Has subject abused drugs within the last 3 months? ☑ No ☐ Yes

If yes, specify drug class/type/name: _____

SU.DOC - 01-AUG-2012

Medical History and Current status
(excluding GERD)

(Please fill in only one diagnosis or symptom per line)

No.	Concomitant Diseases and/or Relevant Past Diseases or Surgeries	Start Date (dd/mmm/yyyy)	Ongoing	End Date (dd/mmm/yyyy)
[1]	DEPRESSION	--/---/1984	☑	
[2]	PENICILLIN ALLERGY	--/---/1970	☑	
[3]	cholecystectomy	--/---/2008	☐	--/---/2008
[4]			☐	
[5]			☐	
[6]			☐	
[7]			☐	
[8]			☐	
[9]			☐	
[10]			☐	
[11]			☐	
[12]			☐	
[13]			☐	
[14]			☐	
[15]			☐	

MH.DOC - 01-AUG-2012

Inclusion Criteria

[1] Informed consent obtained	☐ No ☑ Yes
[2] Age: >= 18 years	☐ No ☑ Yes
[3] Sex: male or female	☐ No ☑ Yes
[4] History of frequent episodes of GERD-related symptoms during the last 3 months and also during the 5 days of the last 7 days prior to study screening	☐ No ☑ Yes
[6] Subject willing to discontinue mucous membrane protection drugs or motility stimulants for at least 3 days before enrolment and throughout the remainder of the study	☐ No ☑ Yes
[8] Subject is sufficiently literate to be able to complete the RDQ unaided	☐ No ☑ Yes
[9] Subject is member of the public who has responded to an advertisement or been referred by his/her doctor	☐ No ☑ Yes

For inclusion in the study all numbered criteria must be answered YES.
If any of the above seven criteria is checked NO, the subject is not eligible for this study.

Exclusion Criteria

[1] Subject has a history of drug, solvent or alcohol abuse (weekly alcohol intake >= 140g or 17.5 units)	☑ No ☐ Yes
[2] Subject has suffered cardiac chest pain within the last year	☑ No ☐ Yes
[3] Subject has suffered a recent, significant unexplained weight loss of more than 6 kg in the last 6 months	☑ No ☐ Yes
[4] Female subject of childbearing potential who, for the duration of the study, is either unwilling or unable to take adequate contraceptive precautions or to be sexually abstinent	☑ No ☐ Yes
[5] Pregnancy or lactating mother	☑ No ☐ Yes

For inclusion in the study all numbered criteria must be answered NO.
If any of the above five criteria is checked YES the subject is not eligible for this study.

IE_1_V1.DOC - 01-AUG-2012

Exclusion Criteria (cont.)

[6] Subject with a history and/or symptom profile suggestive of the following: any other gastrointestinal (GI) disease, erosive GERD (Los Angeles [LA] classification grades A-D), Barrett's oesophagus, acute peptic ulcer and/or ulcer complications, Zollinger-Ellison syndrome, gastric carcinoma, pyloric stenosis, oesophageal or gastric surgery, intestinal obstruction, current pernicious anaemia, indication for H-pylori eradiation therapy, requirement for low sodium diet, known gastro-intestinal bleeding (hematochezia or hematemesis) within the last 3 months, and severe diseases of other major body systems	☑ No ☐ Yes
[7] Subject has taken PPIs during the 10 days prior to study start, prokinetics or H2 antagonists during the 5 days prior to study start or systemic glucocorticosteroids, anti-inflammatory drugs on more than 3 consecutive days or PPI-based triple therapy for eradication of H-pylori during the last 28 days	☑ No ☐ Yes
[8] Subject with known hypophosphataemia, phenylketonuria or hypercalcaemia	☑ No ☐ Yes
[9] Subject with severe constipation, or history of intestinal obstruction	☑ No ☐ Yes
[10] In the opinion of the Investigator, subject with damaged heart or kidney function and subject who requires a low sodium diet	☑ No ☐ Yes
[11] Subject either with any co-existing condition which, in the opinion of the Investigator, would be likely to compromise subject safety or interfere with assessment of efficacy; or with any clinically significant abnormal laboratory values; or in the Investigator's view unable to comply fully with the study requirements	☑ No ☐ Yes
[12] Subject with severe/impaired renal function or insufficiency	☒ No ☐ Yes
[13] Any previous history of allergy or known intolerance to any of the IMP's or following formulation constituents: macrogol 20,000, mannitol (E421), copovidone, acesulfame K, aspartame (E951), mint flavour, carmoisine lake (E122), magnesium stearate, xylitol DC (contains carmellose sodium) or the following formulation constituents:sodium alginate, calcium carbonate, sodium bicarbonate	☑ No ☐ Yes
[14] Previously randomized into the study	☑ No ☐ Yes
[15] Employee at study site	☑ No ☐ Yes
[16] Partner or first-degree relative of the Investigator	☑ No ☐ Yes
[17] Participation in a clinical study in the previous 6 months	☑ No ☐ Yes
[18] Unable in the opinion of the Investigator to comply fully with the study requirements	☑ No ☐ Yes

For inclusion in the study all numbered criteria must be answered NO.
If any of the above thirteen criteria is checked YES the subject is not eligible for this study.

IE_2_V1.DOC - 01-AUG-2012

Date of Visit

Date of Visit: 17 / SEP / 2012
(dd) (mmm) (yyyy)

VISIT_DATE.DOC - 01-AUG-2012

Inclusion Criteria (cont.)

[5] Subject has not taken any antacids within 24 hours before randomization and is willing not to take antacids throughout the remainder of the study	☐ No ☒ Yes
[7] Absence of relevant abnormalities in the Physical Examination, ECG and safety analysis	☐ No ☒ Yes

For inclusion in the study all numbered criteria must be answered YES.
If any of the above two criteria is checked NO, the subject is not eligible for this study.

IE_V2.DOC - 01-AUG-2012

Subject Eligibility

Subject meets all eligibility criteria? ☐ No ☒ Yes

If **No**, please fill in Disposition CRF.

If **Yes**, please continue visit procedures.

SUBJECT_ELIGIBILITY.DOC - 01-AUG-2012

Randomisation

Subject randomised? ☐ No ☒ Yes

If Yes, please provide Randomisation Number: 03391 M109/12

RANDOMISATION.DOC - 01-AUG-2012

Drug Accountability

Date Dispensed: 17 / SEP / 2012
(dd) (mmm) (yyyy)

Amount Dispensed: 64 **tablets**

DRUG_ACCOUNTABILITY_V2.DOC - 01-AUG-2012

Reflux Disease Questionnaire
(Subject to complete Questions 1 + 2)

Date questionnaire completed: 17 (dd) / SEP (mmm) / 2012 (yyyy)

Please answer each question by ticking one box per row.

1. Thinking about your symptoms over the past 7 days, how often did you have the following?

	Did not have	1 day	2 days	3-4 days	5-6 days	Daily
a. A burning feeling behind your breastbone	☐	☐	☑	☐	☐	☐
b. Pain behind your breastbone	☐	☐	☑	☐	☐	☐
c. A burning feeling in the centre of the upper stomach	☐	☐	☑	☐	☐	☐
d. A pain in the centre of the upper stomach	☐	☐	☑	☐	☐	☐
e. An acid taste in your mouth	☑	☐	☐	☐	☐	☐
f. Unpleasant movement of material upwards from the stomach	☑	☐	☐	☐	☐	☐

2. Thinking about your symptoms over the past 7 days, how would you rate the following?

	Did not have	Very mild	Mild	Moderate	Moderately severe	Severe
a. A burning feeling behind your breastbone	☐	☐	☐	☑	☐	☐
b. Pain behind your breastbone	☐	☐	☐	☑	☐	☐
c. A burning feeling in the centre of the upper stomach	☐	☐	☐	☑	☐	☐
d. A pain in the centre of the upper stomach	☐	☐	☐	☑	☐	☐
e. An acid taste in your mouth	☑	☐	☐	☐	☐	☐
f. Unpleasant movement of material upwards from the stomach	☑	☐	☐	☐	☐	☐

RDQ.DOC - 01-AUG-2012

Date of Visit

Date of Visit: 25 / SEP / 2012
(dd) (mmm) (yyyy)

VISIT_DATE.DOC - 01-AUG-2012

Physical Examination

Please perform a standard physical examination concentrating on GERD symptoms.

Physical examination performed? ☐ No ☑ Yes

Date of Physical Examination: 25 / SEP / 2012
(dd) (mmm) (yyyy)

Any clinically significant abnormalities found?

☑ No ☐ Yes

*Note: Please enter any new or worsening diagnosis compared to last evaluation in the **Adverse Event** section and any corresponding treatment in the **Prior and Concomitant Medication** section of the CRF.*

Investigator's Signature

PHYSICAL_EXAMINATION_V3.DOC - 01-AUG-2012

Standard Laboratory Tests

Lab sample collected? ☐ No ☒ Yes

Date of Collection: 25/Aug/2012
(dd) (mmm) (yyyy)

Any lab values of clinical significance?

☒ No ☐ Yes

➪ *If **Yes**, please document in the **Adverse Events** section of the CRF.*

Please assess out of normal lab results on the Laboratory Report and insert the signed and dated report in the plastic pocket along with the CRF.

LABORATORY_SAMPLING.DOC - 01-AUG-2012

Urine Pregnancy Test (dipstick)

Only applicable for women of child-bearing potential.

☐ Negative

☐ Positive: **Report immediately to monitor/RB**

☑ Not Applicable

PREGNANCY_TEST_URINE.DOC - 01-AUG-2012

Vital Signs

Vital signs measured? ☐ No ☒ Yes

Blood Pressure (mmHg) [After sitting for 5 mins]	Heart Rate (beats/min)
106 / 61 Systolic / Diastolic	72

Any values of clinical significance?

☒ No ☐ Yes

➪ *If **Yes**, please document in **Adverse Events** page of the CRF.*

VITAL_SIGNS_V3.DOC - 01-AUG-2012

Drug Accountability

Was the dispensed medication returned? ☐ No ☒ Yes

Date Returned: 25 / SEP / 2012 (dd) (mmm) (yyyy)

Amount Returned: 30 **tablets**

DRUG_ACCOUNTABILITY_V3.DOC - 01-AUG-2012

Additional GERD Treatment

Any additional medications taken for GERD treatment? ☒ No ☐ Yes

➪ *If **Yes**, please specify details on **Prior and Concomitant Medication** page of the CRF and **check if the subject should be withdrawn for "lack of efficacy".***

ADD GERD TREAT.DOC - 01-AUG-2012

Reflux Disease Questionnaire
(Subject to complete Questions 1 + 2)

Date questionnaire completed: 25/SEP/2012 (dd) (mmm) (yyyy)

Please answer each question by ticking one box per row.

1. Thinking about your symptoms over the past 7 days, how often did you have the following?

	Did not have	1 day	2 days	3-4 days	5-6 days	Daily
a. A burning feeling behind your breastbone	☐	☐	☐	☑	☐	☐
b. Pain behind your breastbone	☐	☐	☑	☐	☐	☐
c. A burning feeling in the centre of the upper stomach	☐	☐	☑	☐	☐	☐
d. A pain in the centre of the upper stomach	☐	☐	☑	☐	☐	☐
e. An acid taste in your mouth	☑	☐	☐	☐	☐	☐
f. Unpleasant movement of material upwards from the stomach	☑	☐	☐	☐	☐	☐

2. Thinking about your symptoms over the past 7 days, how would you rate the following?

	Did not have	Very mild	Mild	Moderate	Moderately severe	Severe
a. A burning feeling behind your breastbone	☐	☐	☑	☐	☐	☐
b. Pain behind your breastbone	☐	☐	☑	☐	☐	☐
c. A burning feeling in the centre of the upper stomach	☐	☐	☑	☐	☐	☐
d. A pain in the centre of the upper stomach	☐	☐	☑	☐	☐	☐
e. An acid taste in your mouth	☑	☐	☐	☐	☐	☐
f. Unpleasant movement of material upwards from the stomach	☑	☐	☐	☐	☐	☐

RDQ.DOC - 01-AUG-2012

Overall Treatment Evaluation (Subject to complete Questions 1 & 2)

Date OTE completed: 25 / SEP / 2012
(dd) (mmm) (yyyy)

Q.1. Thinking over the last 7 days and the medication you received, how would you rate the change in your symptoms?
(Tick ONE box)

A very great deal worse	A great deal worse	A good deal worse	Moderately worse	Somewhat worse	A little worse	Almost the same, hardly any worse at all	No change	Almost the same, hardly any better at all	A little better	Somewhat better	Moderately better	A good deal better	A great deal better	A very great deal better
-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐

Q.2. How important was the change in the symptoms to you?
(Tick ONE box)
Do not answer if answer in Q.1. is "No change".

Not important	Slightly important	Somewhat important	Moderately important	Important	Very important	Extremely important
☐	☑	☐	☐	☐	☐	☐

OTE.DOC - 01-AUG-2012

Reckitt Benckiser
HEALTH · HYGIENE · HOME

ACCOVION

Subject No. 01039/1 ·

AE

ADVERSE EVENT No. 01

Adverse Event Reported Term: DIARRHOEA ·

Start Date 20/SEP/2012 (dd) (mmm) (yyyy) **End Date** 24/SEP/2012 (dd) (mmm) (yyyy) ☐ **Ongoing**

24/10/12 ·

Severity ☐ Mild ☑ Moderate ☐ Severe

Outcome

- ☐ Not recovered/not resolved
- ☑ Recovered/resolved
- ☐ Recovered/resolved with sequelae
- ☐ Recovering/resolving
- ☐ Fatal
- ☐ Unknown

Relationship to IMP

- ☐ Unassessable/Unclassified
- ☐ Conditional/Unclassified
- ☐ Unrelated
- ☐ Unlikely
- ☑ Possible 25/9/12 ·
- ☐ Probable
- ☐ Certain

Actions Taken with Study Treatment

- ☐ None
- ☐ IMP dose increased
- ☐ IMP dose reduced
- ☐ IMP treatment interrupted
- ☑ IMP permanently discontinued

Other Actions Taken

- ☐ None
- ☐ Symptomatic therapy
- ☐ Subject hospitalised or hospitalisation prolonged
- ☑ Other action, please specify:

PT. HAS SEEN OWN GP → STOOL SAMPLE & BLOOD SAMPLE

NO MEDICATION.

Is the Adverse Event serious? ☒ No ☐ Yes

If YES, tick all that apply:

- ☐ Results in death
- ☐ Life-threatening
- ☐ Requires or prolongs hospitalisation
- ☐ Results in persistent or significant disability/incapacity
- ☐ Congenital anomaly/birth defect
- ☐ Otherwise considered to be medically significant

Note: If Yes, please complete Trial SAE Report Form

Has the subject ever experienced this event before? ☒ No ☒ Yes

9/12 MONTHS

Additional Information: INTERMITTENT EPISODES OVER LIFETIME ·

AE.DOC - 01-AUG-2012

Reckitt Benckiser
HEALTH · HYGIENE · HOME

ACCOVION

Subject No. 010389 HN 12/9/12

CM

Prior and Concomitant Medication

No. 01

Please report all concomitant medications taken from 30 days prior to the study as well as all concomitant medication taken during the study (after signing informed consent). This includes OTC products, particularly any GI products, and any herbal remedies.

Were any concomitant medication taken? ☐ No ☑ Yes

If Yes, specify details below:

	Drug	GERD treatment	Start Date (dd) (mmm) (yyyy)	Stop Date or Ongoing (dd) (mmm) (yyyy)	Ongoing	Total Daily Dose	Unit	Route
[1]	RENNIES	☑	--/---/2010	16/SEP/2012 (19/9/12)	☐	1	TAB	P.O
[2]	VENLAFAXINE	☐	--/---/2005		☑	75	mg	P.O.
[3]		☐			☐			
[4]		☐			☐			
[5]		☐			☐			
[6]		☐			☐			
[7]		☐			☐			
[8]		☐			☐			

Unscheduled Visit

Date of visit	(dd) / (mmm) / (yyyy)

Reason for unscheduled visit:	_____		
Did any adverse events occur?	☐ No	☐ Yes	*If Yes, document on the AE CRF.*
Were there any changes in concomitant therapy?	☐ No	☐ Yes	*If Yes, document on the Previous and Concomitant Medication CRF.*
Has the dosage regimen of study medication been changed?	☐ No	☐ Yes	*If Yes, please inform the RB Clinical Project Manager in order to determine if the subject should be withdrawn from the study.*
Was the subject withdrawn from the study as a result of this visit?	☐ No	☐ Yes	*If Yes, document on the Disposition CRF.*

VISIT_U.DOC - 01-AUG-2012

N/A - GK 25/04/12

Disposition

Date of Completion/Discontinuation: 25 / SEP / 2012
(dd) (mmm) (yyyy)

Did the subject complete the trial? 02/10/12 ☒ No ☐ Yes

If No, please specify primary reason for withdrawal:

Reason for Withdrawal 02/10/12

- ☒ AE No. 01
- ☐ Death
- ☐ Lack of efficacy
- ☐ Lost to follow-up
- ☐ No further need of IMP
- ☐ Protocol Violation
- ☐ Screen Failure
- ☐ Withdrawal of consent
- ☐ Other, please specify: _____
  (only if no other reasons apply)

DISPOSITION.DOC - 01-AUG-2012

RECORD ACCURACY

I have reviewed all data contained in this case report form and have verified that the contents are consistent with observations and source records. They accurately reflect the condition of the subject before, during and at the completion of the study.

Investigator's Signature, Date 25 / SEP / 2012
(dd) (mmm) (yyyy)

INV_SIG.DOC - 01-AUG-2012

31/Oct/2012

kitt Bonckisor Healthcare UK Ltd: GA1203
(GLOBAL REFERENCE: 089/013

Tom McCulloch

CPS Research
3 Todd Campus
West of Scotland Science Park
Glasgow
G20 0XA
UK
Report Date 13-SEP-2012
Original report date

VISIT DETAILS

Subject ID: 1039
Date of Birth: 15-JUN-1955

Gender: Female
Visit: Screening
Collection Date: 12-SEP-2012
Collection Time: 12:20

Site No 1

Laboratory Number : 535828

EMISTRY	Result	Flag	Units	Reference Range		Clinically Significant
	21		U/L	0	-33	
	24		U/L	14	-34	
UM	2.18		mmol/L	2.15	-2.55	
	5.6		mmol/L	3.2	-8.2	
ININE	53		umol/L	44	-97	
SE, RANDOM	6.5		mmol/L	3.3	-7.8	
HOROUS	1.16		mmol/L	0.81	-1.45	
SIUM	4.4		mmol/L	3.5	-5.1	
M	140		mmol/L	136	-145	
ACID	273		umol/L	137	-393	

ok 01 Nov 12 HSt

ysician must initial/date all out of range results. In addition, physician's signature date on last page indicates that all test results in this report have been reviewed by signatory physician.**
ING CRITERIA: **Please tick whether clinically significant above and comment below**

H/L = Result is above/below the reference range for that analyte
HH/LL = Result exceeds the high/low notable value for that analyte
AL = Alert Value
INVESTIGATOR COMMENT:

Investigator Signature.....Date.....17.9.12

Inv FAX NO:

Reckitt Benckiser Healthcare UK Ltd: GA1203
ACM GLOBAL REFERENCE: 089/013

Tom McCulloch

CPS Research
3 Todd Campus
West of Scotland Science Park
Glasgow
G20 0XA
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Report Date 13-SEP-2012
Original report date

VISIT DETAILS

Subject ID: 1039
Date of Birth: 15-JUN-1955
Gender: Female
Visit: Screening
Collection Date: 12-SEP-2012
Collection Time: 12:20

Site No 1

Laboratory Number : 535828

HAEMATOLOGY	Result	Flag	Units	Reference Range		Clinically Significant
WBC	6.4		10^9/L	4.5	-11.0	
RBC	4.66		10^12/L	3.80	-5.20	
HGB	138		g/L	115	-160	
MCHC	329		g/L	307	-346	
PLATELET COUNT	337		10^9/L	130	-400	

ok 01 Nov 12 MSF

Physician must initial/date all out of range results. In addition, physician's signature and date on last page indicates that all test results in this report have been reviewed by the signatory physician.

FLAGGING CRITERIA: **Please tick whether clinically significant above and comment below**

H/L = Result is above/below the reference range for that analyte
HH/LL = Result exceeds the high/low notable value for that analyte
AL = Alert Value

INVESTIGATOR COMMENT:

Investigator Signature.....Date.....17.9.12

Inv FAX NO:

LF

Reckitt Benckiser Healthcare UK Ltd: GA1203
ACM GLOBAL REFERENCE: 089/013

Tom McCulloch

CPS Research
3 Todd Campus
West of Scotland Science Park
Glasgow
G20 0XA
UK
Report Date 26-SEP-2012
Original report date

VISIT DETAILS

Subject ID: 1039
Date of Birth: 15-JUN-1955

Gender: Female
Visit: Visit 3
Collection Date: 25-SEP-2012
Collection Time: 10:40

Site No 1

Laboratory Number : 541353

BIOCHEMISTRY	Result	Flag	Units	Reference Range		Clinically Significant
ALP	24		U/L	0	-33	
AST	20		U/L	14	-34	
CALCIUM	2.13	L	mmol/L	2.15	-2.55	YES[ ]NO[✓]
BUN	6.6		mmol/L	3.2	-8.2	
CREATININE	48		umol/L	44	-97	
GLUCOSE, RANDOM	5.3		mmol/L	3.3	-7.8	
PHOSPHOROUS	0.97		mmol/L	0.81	-1.45	
POTASSIUM	4.1		mmol/L	3.5	-5.1	
SODIUM	143		mmol/L	136	-145	
URIC ACID	282		umol/L	137	-393	

Update 01Nov12 TSR

Physician must initial/date all out of range results. In addition, physician's signature and date on last page indicates that all test results in this report have been reviewed by the signatory physician.

FLAGGING CRITERIA: **Please tick whether clinically significant above and comment below**

H/L = Result is above/below the reference range for that analyte
HH/LL = Result exceeds the high/low notable value for that analyte
AL = Alert Value

INVESTIGATOR COMMENT:

Investigator Signature..... Date..27/09/12

Inv FAX NO:

Reckitt Benckiser Healthcare UK Ltd: GA1203
ACM GLOBAL REFERENCE: 089/013

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G20 0XA
UK
Report Date 26-SEP-2012
Original report date

VISIT DETAILS

Subject ID: 1039
Date of Birth: 15-JUN-1955
Gender: Female
Visit: Visit 3
Collection Date: 25-SEP-2012
Collection Time: 10:40

Site No 1

Laboratory Number : 541353

HAEMATOLOGY	Result	Flag	Units	Reference Range	Clinically Significant
WE(	5.6		10^9/L	4.5 -11.0	
RBC	4.50		10^12/L	3.80 -5.20	
HGB	135		g/L	115 -160	
MCHC	329		g/L	307 -346	
PLATELET COUNT	296		10^9/L	130 -400	

ok 27/09/12 RSr

Physician must initial/date all out of range results. In addition, physician's signature and date on last page indicates that all test results in this report have been reviewed by the signatory physician.

FLAGGING CRITERIA: **Please tick whether clinically significant above and comment below**

H/L = Result is above/below the reference range for that analyte
HH/LL = Result exceeds the high/low notable value for that analyte
AL = Alert Value

INVESTIGATOR COMMENT:

Investigator Signature.....Date.....27/09/12

Inv FAX NO:

16.3.2 Other CRFs Submitted

Not applicable

16.3.3 Individual Patient Data Listings (US Archival Listings)

The information required for this appendix is not applicable for this study. It will be provided as a report addendum if required by a regulatory authority.