

**Clinical trial results:****A Phase III, Open-label, Randomized, Multi-center Study of the Effects of Leukocyte Interleukin, Injection [Multikine] Plus Standard of Care (Surgery + Radiotherapy or Surgery + Concurrent Chemoradiotherapy) in Subjects with Advanced Primary Squamous Cell Carcinoma of the Oral Cavity / Soft Palate Versus Standard of Care Only.****Summary**

| | |
|--------------------------|-------------------------|
| EudraCT number | 2010-019952-35 |
| Trial protocol | HU PL GB AT RO HR ES IT |
| Global end of trial date | 04 December 2020 |

Results information

| | |
|-----------------------------------|--|
| Result version number | v1 (current) |
| This version publication date | 20 April 2025 |
| First version publication date | 20 April 2025 |
| Summary attachment (see zip file) | CS001P3_Synopsis CSR (CS001P3_Clinical Study Report_Synopsis_16Jan2025_Redacted.pdf) |

Trial information**Trial identification**

| | |
|-----------------------|---------|
| Sponsor protocol code | CS001P3 |
|-----------------------|---------|

Additional study identifiers

| | |
|------------------------------------|-------------|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT01265849 |
| WHO universal trial number (UTN) | - |

Notes:

Sponsors

| | |
|------------------------------|---|
| Sponsor organisation name | CEL-SCI Corporation |
| Sponsor organisation address | : 8229 Boone Boulevard, Suite 802, Vienna/Virginia, United States, 22182 |
| Public contact | John Cipriano, CEL-SCI Corporation, 001 703-506-9460, jcipriano@cel-sci.com |
| Scientific contact | Eyal Talor, CEL-SCI Corporation, 001 410-358-6866, etalor@cel-sci.com |

Notes:

Paediatric regulatory details

| | |
|--|----|
| Is trial part of an agreed paediatric investigation plan (PIP) | No |
| Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial? | No |
| Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial? | No |

Notes:

Results analysis stage

| | |
|--|------------------|
| Analysis stage | Final |
| Date of interim/final analysis | 19 August 2022 |
| Is this the analysis of the primary completion data? | Yes |
| Primary completion date | 15 May 2020 |
| Global end of trial reached? | Yes |
| Global end of trial date | 04 December 2020 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

The primary endpoint of the study is OS. After Multikine injection (with or without CIZ (cyclophosphamide indometacin and zinc)) followed by standard of care (SOC) treatment, subjects will be monitored on a regular basis by clinical and radiographic criteria and will be followed for 30-36 months after completion of study drug + SOC until the required number of deaths are observed.

Protection of trial subjects:

all treatments for minimizing pain and distress to subjects per medical standard of care

Background therapy:

standard of care therapy (surgery followed by radiotherapy or concurrent radiochemotherapy)

Evidence for comparator:

standard of Care (control): surgical excision of tumor and involved lymph nodes followed by radiotherapy +/- concurrent chemotherapy

| | |
|---|------------------|
| Actual start date of recruitment | 15 December 2010 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | Yes |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|----------------------------|
| Country: Number of subjects enrolled | Malaysia: 5 |
| Country: Number of subjects enrolled | Philippines: 2 |
| Country: Number of subjects enrolled | Taiwan: 40 |
| Country: Number of subjects enrolled | Thailand: 2 |
| Country: Number of subjects enrolled | India: 86 |
| Country: Number of subjects enrolled | Israel: 6 |
| Country: Number of subjects enrolled | Sri Lanka: 46 |
| Country: Number of subjects enrolled | Bosnia and Herzegovina: 40 |
| Country: Number of subjects enrolled | Serbia: 183 |
| Country: Number of subjects enrolled | Turkey: 1 |
| Country: Number of subjects enrolled | Belarus: 46 |
| Country: Number of subjects enrolled | Russian Federation: 178 |
| Country: Number of subjects enrolled | Ukraine: 158 |
| Country: Number of subjects enrolled | Canada: 3 |
| Country: Number of subjects enrolled | France: 1 |
| Country: Number of subjects enrolled | Hungary: 21 |
| Country: Number of subjects enrolled | Poland: 46 |

| | |
|--------------------------------------|------------------|
| Country: Number of subjects enrolled | United States: 2 |
| Country: Number of subjects enrolled | Croatia: 55 |
| Country: Number of subjects enrolled | Romania: 2 |
| Worldwide total number of subjects | 923 |
| EEA total number of subjects | 125 |

Notes:

Subjects enrolled per age group

| | |
|---|-----|
| In utero | 0 |
| Preterm newborn - gestational age < 37 wk | 0 |
| Newborns (0-27 days) | 0 |
| Infants and toddlers (28 days-23 months) | 0 |
| Children (2-11 years) | 0 |
| Adolescents (12-17 years) | 0 |
| Adults (18-64 years) | 720 |
| From 65 to 84 years | 202 |
| 85 years and over | 1 |

Subject disposition

Recruitment

Recruitment details:

Patients recruited by investigators in their research sites from the database or by means of website advertisement or reference from other doctors. Patients underwent screening procedures and were required to meet all the inclusion criteria and none of the exclusion criteria. Recruitment period throughout the study course

Pre-assignment

Screening details:

There are 3 arms group 1 (multikine+CIZ+SOC); group 2 (multikine+SOC) and group 3(SOC). In total 928 patients started and 802 completed the study. 126 patients were withdrawn from the study for various reasons. ITT population consists of 923 patients, which is used as baseline.

Period 1

| | |
|------------------------------|--------------------------------|
| Period 1 title | Overall study (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|------------|
| Are arms mutually exclusive? | Yes |
| Arm title | LI+CIZ+SOC |

Arm description:

LI plus CIZ (cyclophosphamide,indomethacin and zinc) is given as adjuvant therapy prior to standard of care (SOC)

| | |
|--|---|
| Arm type | Experimental |
| Investigational medicinal product name | LI 400 IU |
| Investigational medicinal product code | |
| Other name | Multikine |
| Pharmaceutical forms | Injection |
| Routes of administration | Intralymphatic use, Peritumoral use, Subcutaneous use |

Dosage and administration details:

Multikine is provided frozen in a vial containing 2.2 mL of drug at 200 IU (as IL-2) per mL for peritumoral, intra-tumoral, peri-lymphatic or subcutaneous administration. The drug is stored frozen in the pharmacy at -20o C until needed. The vial contents may be thawed at ambient temperature just before use, and the drug is allowed to reach ambient temperature before injection. If thawed at ambient temperature, the drug must be injected within 4 hours. Subjects randomized to one of the Multikine treatment groups, Multikine, 400 IU (2 mL) is injected each day of study drug administration, 1/2 dose (1 mL) peri-tumorally and 1/2 dose (1 mL) peri-lymphatically at the jugular lymphatic chain ipsilaterally to the injected tumor site inferior to the tip of the mastoid process in the area of the sternomastoid muscle sequentially and during the same visit.Both injections (peri-tumorally and peri-lymphatically) are administered 5 times per week for 3 weeks.

| | |
|--|-----------------------------------|
| Investigational medicinal product name | cyclophosphamide |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Cyclophosphamide is administered IV bolus (one time only) at a dose of 300mg/m² three days prior to beginning treatment with LI. Standard of care (SOC) for previously untreated squamouscell carcinoma of the head and neck is currently surgery followed by radiotherapy (60-70Gy in30 to 35 fractions over 6 to 7 weeks) for higher risk subjects (subjects determined at surgery to have adverse features per the NCCN guidelines, such as, positive surgical margins, 2 or more clinically positive nodes or extracapsular nodal spread, etc. that would pre-dispose them for higher risk of recurrence)

radiotherapy is combined with concurrent chemotherapy (cisplatin 100mg/m² intravenously 1x weekly for 3 weeks on day 1 of weeks 1, 4 and 7 of radiotherapy)

| | |
|--|--------------|
| Investigational medicinal product name | indometacine |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

One 25mg capsule of indomethacin is administered orally beginning on day one of LI treatment daily until the day before surgery

| | |
|--|----------------|
| Investigational medicinal product name | Zinc |
| Investigational medicinal product code | |
| Other name | multivitamines |
| Pharmaceutical forms | Capsule |
| Routes of administration | Oral use |

Dosage and administration details:

One capsule daily beginning on day one of treatment with LI until one day before surgery

| | |
|--|--|
| Investigational medicinal product name | cisplatin |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Cisplatin is administered 100mg/m² IV concurrent with radiotherapy. The chemotherapy agent (cisplatin 100mg/m²) is administered intravenously 1x weekly for 3 weeks on day 1 of weeks 1, 4 and 7 of radiotherapy

| | |
|------------------|--------|
| Arm title | LI+SOC |
|------------------|--------|

Arm description:

LI is administered without CIZ to determine the contribution of CIZ to the effects of LI

| | |
|--|---|
| Arm type | Experimental |
| Investigational medicinal product name | LI 400 IU |
| Investigational medicinal product code | |
| Other name | Multikine |
| Pharmaceutical forms | Injection |
| Routes of administration | Intralymphatic use, Peritumoral use, Subcutaneous use |

Dosage and administration details:

Multikine is provided frozen in a vial containing 2.2 mL of drug at 200 IU (as IL-2) per mL for peritumoral, intra-tumoral, peri-lymphatic or subcutaneous administration. The drug is stored frozen in the pharmacy at -20°C until needed. The vial contents may be thawed at ambient temperature just before use, and the drug is allowed to reach ambient temperature before injection. If thawed at ambient temperature, the drug must be injected within 4 hours. Subjects randomized to one of the Multikine treatment groups, Multikine, 400 IU (2 mL) is injected each day of study drug administration, 1/2 dose (1 mL) peri-tumorally and 1/2 dose (1 mL) peri-lymphatically at the jugular lymphatic chain ipsilaterally to the injected tumor site inferior to the tip of the mastoid process in the area of the sternomastoid muscle sequentially and during the same visit. Both injections (peri-tumorally and peri-lymphatically) are administered 5 times per week for 3 weeks.

| | |
|--|--|
| Investigational medicinal product name | cisplatin |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Cisplatin is administered 100mg/m² IV concurrent with radiotherapy. The chemotherapy agent (cisplatin 100mg/m²) is administered intravenously 1x weekly for 3 weeks on day 1 of weeks 1, 4

| | |
|------------------|------------------|
| Arm title | Standard of care |
|------------------|------------------|

Arm description:

SOC for previously untreated SCCHN patients is currently surgery followed by either radiotherapy or combined radiochemotherapy depending the patient's risk status for relapse determined at surgery

| | |
|--|--|
| Arm type | Active comparator |
| Investigational medicinal product name | cisplatin |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Concentrate for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Cisplatin is administered 100mg/m² IV concurrent with radiotherapy. The chemotherapy agent(cisplatin 100mg/m²) is administered intravenously 1x weekly for 3 weeks on day 1 of weeks1, 4 and 7 of radiotherapy

| Number of subjects in period 1 | LI+CIZ+SOC | LI+SOC | Standard of care |
|---------------------------------------|------------|--------|------------------|
| Started | 395 | 134 | 394 |
| Intent to Treat Population | 395 | 134 | 394 |
| Completed | 350 | 115 | 337 |
| Not completed | 45 | 19 | 57 |
| Physician decision | 1 | - | 2 |
| Consent withdrawn by subject | 25 | 13 | 34 |
| treatment not initiated | 1 | - | 4 |
| Lost to follow-up | 17 | 5 | 11 |
| not specified | 1 | 1 | 6 |

Baseline characteristics

Reporting groups

| | |
|--|------------------|
| Reporting group title | LI+CIZ+SOC |
| Reporting group description: LI plus CIZ (cyclophosphamide,indomethacin and zinc) is given as adjuvant therapy prior to standard of care (SOC) | |
| Reporting group title | LI+SOC |
| Reporting group description: LI is administered without CIZ to determine the contribution of CIZ to the effects of LI | |
| Reporting group title | Standard of care |
| Reporting group description: SOC for previously untreated SCCHN patients is currently surgery followed by either radiotherapy or combined radiochemotherapy depending the patient's risk status for relapse determined at surgery | |

| Reporting group values | LI+CIZ+SOC | LI+SOC | Standard of care |
|---|------------|----------|------------------|
| Number of subjects | 395 | 134 | 394 |
| Age categorical Units: Subjects | | | |
| Adults (18-64 years) | 307 | 111 | 302 |
| From 65-84 years | 88 | 22 | 92 |
| 85 years and over | 0 | 1 | 0 |
| Age continuous Units: years | | | |
| arithmetic mean | 56.5 | 55.9 | 57.0 |
| full range (min-max) | 26 to 82 | 20 to 86 | 22 to 84 |
| Gender categorical Units: Subjects | | | |
| Female | 83 | 29 | 79 |
| Male | 312 | 105 | 315 |
| ethnicity Units: Subjects | | | |
| hispanic or latino | 190 | 57 | 186 |
| uknow or not reported | 205 | 77 | 208 |
| Race Units: Subjects | | | |
| asian | 79 | 25 | 76 |
| black or african | 2 | 0 | 0 |
| white | 311 | 108 | 317 |
| uknow or not reported | 3 | 1 | 1 |
| american indian | 0 | 0 | 0 |
| native hawaiian | 0 | 0 | 0 |
| more then one race | 0 | 0 | 0 |
| primary tumor location measure Units: Subjects | | | |
| cheek (buccal mucosa) | 53 | 18 | 55 |
| floor of mouth | 111 | 37 | 116 |
| oral tongue | 182 | 63 | 178 |
| soft palate | 49 | 16 | 45 |

| | | | |
|---|-----|----|-----|
| tumor code measure Units: Subjects | | | |
| T1 | 21 | 4 | 12 |
| T2 | 94 | 28 | 95 |
| T3 | 163 | 68 | 191 |
| T4A | 117 | 34 | 96 |
| Number of nodes involved measure Units: Subjects | | | |
| missing | 1 | 0 | 0 |
| N0 | 190 | 62 | 180 |
| N1 | 108 | 37 | 118 |
| N2 | 96 | 35 | 96 |
| TNM stage measure Units: Subjects | | | |
| III | 218 | 75 | 228 |
| IVA | 177 | 59 | 166 |

| | | | |
|---|-------|--|--|
| Reporting group values | Total | | |
| Number of subjects | 923 | | |
| Age categorical Units: Subjects | | | |
| Adults (18-64 years) | 720 | | |
| From 65-84 years | 202 | | |
| 85 years and over | 1 | | |
| Age continuous Units: years | | | |
| arithmetic mean | | | |
| full range (min-max) | - | | |
| Gender categorical Units: Subjects | | | |
| Female | 191 | | |
| Male | 732 | | |
| ethnicity Units: Subjects | | | |
| hispanic or latino | 433 | | |
| uknow or not reported | 490 | | |
| Race Units: Subjects | | | |
| asian | 180 | | |
| black or african | 2 | | |
| white | 736 | | |
| uknow or not reported | 5 | | |
| american indian | 0 | | |
| native hawaiian | 0 | | |
| more then one race | 0 | | |
| primary tumor location measure Units: Subjects | | | |
| cheek (buccal mucosa) | 126 | | |
| floor of mouth | 264 | | |
| oral tongue | 423 | | |
| soft palate | 110 | | |

| | | | |
|---|-----|--|--|
| tumor code measure Units: Subjects | | | |
| T1 | 37 | | |
| T2 | 217 | | |
| T3 | 422 | | |
| T4A | 247 | | |
| Number of nodes involved measure Units: Subjects | | | |
| missing | 1 | | |
| N0 | 432 | | |
| N1 | 263 | | |
| N2 | 227 | | |
| TNM stage measure Units: Subjects | | | |
| III | 521 | | |
| IVA | 402 | | |

End points

End points reporting groups

| | |
|--|---------------------|
| Reporting group title | LI+CIZ+SOC |
| Reporting group description: LI plus CIZ (cyclophosphamide,indomethacin and zinc) is given as adjuvant therapy prior to standard of care (SOC) | |
| Reporting group title | LI+SOC |
| Reporting group description: LI is administered without CIZ to determine the contribution of CIZ to the effects of LI | |
| Reporting group title | Standard of care |
| Reporting group description: SOC for previously untreated SCCHN patients is currently surgery followed by either radiotherapy or combined radiochemotherapy depending the patient's risk status for relapse determined at surgery | |
| Subject analysis set title | SOC low risk |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: Per the NCCN Guidelines lower risk subjects to receive radiotherapy randomized to SOC | |
| Subject analysis set title | LI+CIZ+SOC low risk |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: Per the NCCN Guidelines lower risk subjects to receive radiotherapy randomized to LI+CIZ+SOC | |
| Subject analysis set title | LI+SOC low risk |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: Per the NCCN Guidelines lower risk subjects to receive radiotherapy randomized to LI+SOC | |

Primary: Overall survival (OS)

| | |
|--|-----------------------|
| End point title | Overall survival (OS) |
| End point description: OS is assessed using Kaplan-Meier life-table and compared using a log rank test and confirmed further with tumor stage location and geographic stratified log rank tests. Both Stratified and unstratified log rank test are presented with the unstratified log rank test constituting the primary analysis. A two-sided p- value of 0.05 or less is considered statistically significant for comparing the two groups (i.e., Study comparator arms: LI+CIZ+SOC vs. SOC alone). Interim analyses is performed (by the iDMC) throughout the study to assess safety, sample size and futility | |
| End point type | Primary |
| End point timeframe: 3-5 years | |

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | SOC low risk |
|----------------------------------|-------------------|---------------------|---------------------|----------------------|
| Subject group type | Reporting group | Reporting group | Reporting group | Subject analysis set |
| Number of subjects analysed | 395 | 134 | 394 | 168 |
| Units: months | | | | |
| median (confidence interval 95%) | 46.3 (39.3 to 55) | 58.1 (41.4 to 68.2) | 52.9 (46.5 to 66.6) | 55.2 (48.0 to 99.9) |

| End point values | LI+CIZ+SOC low risk | LI+SOC low risk | | |
|----------------------------------|--------------------------|------------------------|--|--|
| Subject group type | Subject analysis set | Subject analysis set | | |
| Number of subjects analysed | 158 | 54 | | |
| Units: months | | | | |
| median (confidence interval 95%) | 101.7 (64.1 to 101.7) | 68.2 (44.7 to 99.9) | | |

Statistical analyses

| Statistical analysis title | LI + CIZ + SOC, Standard of Care (SOC) |
|---|--|
| Statistical analysis description: | |
| The primary objective is to compare overall survival in the Multikine (LI) + CIZ + SOC group to that in the SOC alone group for superiority of the former | |
| Comparison groups | LI+CIZ+SOC v Standard of care |
| Number of subjects included in analysis | 789 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[1] |
| P-value | = 0.4051 ^[2] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 1.09 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.89 |
| upper limit | 1.32 |

Notes:

[1] - For the primary efficacy measure a two-sided p-value of 0.05 or less is considered to be statistically significant in comparing the LI treatments vs. SOC alone for superiority.

[2] - For the primary efficacy measure a two-sided p-value of 0.05 or less is considered to be statistically significant in comparing the LI+CIZ+SOC treatment vs. SOC alone for superiority.

| Statistical analysis title | LI+SOC vs SOC |
|---|---------------------------|
| Statistical analysis description: | |
| The LI+SOC vs SOC comparison is not a part of the primary (OS) analysis | |
| Comparison groups | LI+SOC v Standard of care |
| Number of subjects included in analysis | 528 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.7181 |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 1.07 |

| | |
|---------------------|---------|
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.81 |
| upper limit | 1.42 |

| | |
|-----------------------------------|----------------------------|
| Statistical analysis title | LI+CIZ+SOC vs SOC low risk |
|-----------------------------------|----------------------------|

Statistical analysis description:

The primary analysis is repeated for the 326 (41%) of subjects meeting the NCCN guideline for low risk.

| | |
|---|------------------------------------|
| Comparison groups | SOC low risk v LI+CIZ+SOC low risk |
| Number of subjects included in analysis | 326 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[3] |
| P-value | = 0.0478 |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 0.68 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.48 |
| upper limit | 0.95 |

Notes:

[3] - For the primary efficacy measure a two-sided p-value of 0.05 or less is considered to be statistically significant in comparing the LI+CIZ+SOC treatment vs. SOC alone for superiority. This p value is uncorrected for multiplicity.

| | |
|---|--------------------------------|
| Statistical analysis title | LI+SOC vs SOC low risk |
| Comparison groups | LI+SOC low risk v SOC low risk |
| Number of subjects included in analysis | 222 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[4] |
| P-value | = 0.4115 |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 0.82 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.52 |
| upper limit | 1.29 |

Notes:

[4] - The comparison of LI+SOC vs SOC was not a part of the primary (OS) analysis. The unstratified logrank statistic for this comparison is $p=0.4115$, the stratified logrank is 0.2862. The stratified hazard ratio for this comparison is 0.82 (0.52-1.29), $p=0.3859$.

Secondary: Progression Free Survival

| | |
|-----------------|---------------------------|
| End point title | Progression Free Survival |
|-----------------|---------------------------|

End point description:

PFS will be assessed using Kaplan-Meier life-table and compared using a logrank test and confirmed further with stage location and geographic stratified log rank tests. Both stratified and unstratified logrank test results are presented with the unstratified log rank test representing the primary analysis. A two-sided p-value of 0.05 or less will be considered statistically significant in comparing the groups. The Holm closed-sequential procedure will be used to control type 1 error probability to at most 0.05.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

3-5 years

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | SOC low risk |
|----------------------------------|---------------------|---------------------|---------------------|----------------------|
| Subject group type | Reporting group | Reporting group | Reporting group | Subject analysis set |
| Number of subjects analysed | 395 | 134 | 394 | 168 |
| Units: months | | | | |
| median (confidence interval 95%) | 32.4 (25.5 to 43.4) | 45.5 (23.5 to 51.2) | 45.5 (23.5 to 51.2) | 51.5 (42.5 to 72.2) |

| End point values | LI+CIZ+SOC low risk | LI+SOC low risk | | |
|----------------------------------|----------------------|----------------------|--|--|
| Subject group type | Subject analysis set | Subject analysis set | | |
| Number of subjects analysed | 158 | 54 | | |
| Units: months | | | | |
| median (confidence interval 95%) | 66.4 (47.5 to 101.7) | 68.2 (37.0 to 112.4) | | |

Statistical analyses

| | |
|-----------------------------------|-------------------|
| Statistical analysis title | LI+CIZ+SOC vs SOC |
|-----------------------------------|-------------------|

Statistical analysis description:

The secondary endpoint PFS is analyzed similar to OS and LRC.

| | |
|---|-------------------------------|
| Comparison groups | LI+CIZ+SOC v Standard of care |
| Number of subjects included in analysis | 789 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[5] |
| P-value | = 0.3303 ^[6] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 1.09 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.9 |
| upper limit | 1.31 |

Notes:

[5] - The unstratified log rank statistic for the LI+CIZ+SOC vs SOC is not adjusted for multiplicity.

[6] - P-values are reported unadjusted for multiplicity. The stratified log rank p-value for this comparison is 0.6669

| | |
|---|---------------------------|
| Statistical analysis title | LI+SOC vs SOC |
| Statistical analysis description: The p-values for LI+SOC to SOC comparison for unstratified and stratified logrank are 0.5739 and 0.8162, respectively. Hazard ratio (95%CI) for this comparison is 1.10 (0.84, 1.43) | |
| Comparison groups | LI+SOC v Standard of care |
| Number of subjects included in analysis | 528 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.478 |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 1.1 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.84 |
| upper limit | 1.43 |

| | |
|--|------------------------------------|
| Statistical analysis title | LI+CIZ+SOC vs SOC low risk |
| Statistical analysis description: The population for this PFS analysis is low risk subjects by NCCN guidelines. | |
| Comparison groups | SOC low risk v LI+CIZ+SOC low risk |
| Number of subjects included in analysis | 326 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 0.76 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.55 |
| upper limit | 1.04 |

| | |
|---|--------------------------------|
| Statistical analysis title | LI+SOC vs SOC low risk |
| Statistical analysis description: The population for this PFS analysis is low risk subjects by NCCN guidelines | |
| Comparison groups | LI+SOC low risk v SOC low risk |

| | |
|---|----------------------------|
| Number of subjects included in analysis | 222 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[7] |
| P-value | = 0.4376 ^[8] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 0.84 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.54 |
| upper limit | 1.3 |

Notes:

[7] - The population for this PFS analysis is low risk subjects by NCCN guidelines.

[8] - the p-values for unstratified and stratified logrank are 0.5175 and 0.4530, respectively

Secondary: Time to LRC failure

| | |
|-----------------|---------------------|
| End point title | Time to LRC failure |
|-----------------|---------------------|

End point description:

LRC is assessed by classifying the first evidence of progression in local (defined as any reappearance or new disease above the clavicle) but not distal sites for the control groups and for the LI treated group. LRC failure includes progression of tumor(s) and nodes or appearance of new disease above the clavicle (but not distant metastases) the reappearance of tumor in the original tumor bed, development of cervical node metastases and new disease above the clavicle other than distant metastases not present at baseline. The total number and corresponding percent of subjects in each of the treated and untreated control groups as well as the time to LRC in days for each group will also be displayed for each group.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

2-3 years

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | SOC low risk |
|----------------------------------|---------------------|---------------------|---------------------|----------------------|
| Subject group type | Reporting group | Reporting group | Reporting group | Subject analysis set |
| Number of subjects analysed | 395 | 134 | 394 | 168 |
| Units: months | | | | |
| median (confidence interval 95%) | 99.9 (99.9 to 99.9) |

| End point values | LI+CIZ+SOC low risk | LI+SOC low risk | | |
|----------------------------------|----------------------|----------------------|--|--|
| Subject group type | Subject analysis set | Subject analysis set | | |
| Number of subjects analysed | 158 | 54 | | |
| Units: months | | | | |
| median (confidence interval 95%) | 99.9 (99.9 to 99.9) | 99.9 (99.9 to 99.9) | | |

Statistical analyses

| | |
|--|-------------------------------|
| Statistical analysis title | LI+CIZ+SOC vs SOC |
| Statistical analysis description: The secondary endpoint LRC failure is analyzed similar to the primary OS endpoint. The primary comparison is LI+CIZ+SOC vs SOC. | |
| Comparison groups | LI+CIZ+SOC v Standard of care |
| Number of subjects included in analysis | 789 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[9] |
| P-value | = 0.7304 ^[10] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 1.04 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.79 |
| upper limit | 1.36 |

Notes:

[9] - The secondary endpoint LRC failure is analyzed similar to the primary OS endpoint. The primary comparison is LI+CIZ+SOC vs SOC; LI+SOC vs SOC results are also reported

[10] - P-values are not adjusted for multiple comparisons. The p-value for the stratified logrank statistic is 0.7171

| | |
|---|---------------------------|
| Statistical analysis title | LI+SOC vs SOC |
| Statistical analysis description: The secondary endpoint LRC failure is analyzed similar to the primary OS endpoint. The comparison is LI+SOC vs SOC results are reported. | |
| Comparison groups | LI+SOC v Standard of care |
| Number of subjects included in analysis | 528 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.394 ^[11] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 1.17 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.81 |
| upper limit | 1.69 |

Notes:

[11] - P-values are not adjusted for multiple comparisons. The p-value for the stratified logrank statistic is 0.7171.

| | |
|-----------------------------------|----------------------------|
| Statistical analysis title | LI+CIZ+SOC vs SOC low risk |
|-----------------------------------|----------------------------|

Statistical analysis description:

Population is low-risk subjects by NCCN Guidelines. Median time-to-LRC failure has not yet been reached for any of the treatments.

| | |
|---|------------------------------------|
| Comparison groups | SOC low risk v LI+CIZ+SOC low risk |
| Number of subjects included in analysis | 326 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[12] |
| P-value | = 0.6142 ^[13] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 0.84 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.55 |
| upper limit | 1.28 |

Notes:

[12] - Population is low-risk subjects by NCCN Guidelines. The stratified hazard ratio is in the direction favoring LI+CIZ+SOC. The p-value for this comparison is 0.4082

[13] - P-values are reported unadjusted for multiplicity. The p-value for the stratified logrank statistic for this comparison is 0.3024

| | |
|-----------------------------------|------------------------|
| Statistical analysis title | LI+SOC vs SOC low risk |
|-----------------------------------|------------------------|

Statistical analysis description:

Median time-to-LRC failure has not yet been reached for any of the treatments. Population is low-risk subjects by NCCN Guidelines.

| | |
|---|--------------------------------|
| Comparison groups | SOC low risk v LI+SOC low risk |
| Number of subjects included in analysis | 222 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.8131 ^[14] |
| Method | Logrank |
| Parameter estimate | Hazard ratio (HR) |
| Point estimate | 0.93 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.53 |
| upper limit | 1.65 |

Notes:

[14] - The LI+SOC vs SOC comparison unstratified logrank statistic is p=0.9784; stratified the p-value is 0.8461.

Secondary: EORTC Quality of Life Questionnaire (QLQ) - Head & Neck Cancer Module: QLQ-H&N35

| | |
|------------------------|--|
| End point title | EORTC Quality of Life Questionnaire (QLQ) - Head & Neck Cancer Module: QLQ-H&N35 |
| End point description: | EORTC Quality of Life Questionnaire (QLQ) - Head & Neck Cancer Module: QLQ-H&N35. Pain item on the QLQ-H&N35 ranges from 0 to 100 with lower scores representing better (less) Head and Neck pain. If reporting a score on a scale, please include the unabbreviated scale title, the minimum and maximum values, and whether higher scores mean a better or worse outcome. Approximately 30% of participants completed this QoL instrument. |
| End point type | Secondary |
| End point timeframe: | 3 years |

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | |
|----------------------------------|-----------------|-----------------|------------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 117 | 44 | 120 | |
| Units: score on scale | | | | |
| arithmetic mean (standard error) | | | | |
| month 2 | -2.75 (± 1.66) | -2.8 (± 2.77) | -3.81 (± 1.67) | |
| Months 36 | -9.47 (± 1.66) | -8.63 (± 2.61) | -8.42 (± 1.64) | |

Statistical analyses

| | |
|---|---|
| Statistical analysis title | LI+CIZ+SOC vs SOC |
| Statistical analysis description: | P-values are not adjusted for multiplicity. This is a repeated measures ANCOVA with the fixed effects of treatment, visit, treatment by visit interaction, tumor location, tumor stage, geographic region, and baseline score. Results are reported for the first (Month 2) and last (Month 36) administration of this QoL instrument. For H&N pain a lower score is better. Planned analysis focus is on LI+CIZ+SOC. |
| Comparison groups | LI+CIZ+SOC v Standard of care |
| Number of subjects included in analysis | 237 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[15] |
| P-value | = 0.7452 ^[16] |
| Method | ANCOVA |
| Parameter estimate | Mean difference (net) |
| Point estimate | 0.8 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -4.03 |
| upper limit | 5.63 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 2.465 |

Notes:

[15] - Approximately 30% of the participants completed this QoL instrument. This is a complete analysis.

[16] - P-value is not adjusted for multiplicity. Analysis is a repeated measures ANCOVA with treatment, visit, treatment by visit interaction, tumor location, tumor stage, geographic region, and baseline score.

Secondary: EORTC Quality of Life Questionnaire (QLQ) C30 QOL:

| | |
|-----------------|--|
| End point title | EORTC Quality of Life Questionnaire (QLQ) C30 QOL: |
|-----------------|--|

End point description:

EORTC QOQ-C30 was completed by approximately 30% of participants. This is a completer analysis. If reporting a score on a scale, please include the unabbreviated scale title, the minimum and maximum values, and whether higher scores mean a better or worse outcome

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

3 years

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | |
|-------------------------------------|-----------------|-----------------|------------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 117 | 44 | 119 | |
| Units: score on a scale | | | | |
| least squares mean (standard error) | | | | |
| Month 2 | 0.28 (± 1.82) | 7.95 (± 3.03) | 3.29 (± 1.83) | |
| Month 36 | 7.64 (± 1.82) | 10.79 (± 2.85) | 6.33 (± 1.8) | |

Statistical analyses

| | |
|-----------------------------------|---|
| Statistical analysis title | Quality of Life (QOL) in LI + CIZ + SOC vs. SOC |
|-----------------------------------|---|

Statistical analysis description:

Approximately 30% of participants completed the QOL instrument at first (Month2) and last (Month 36) administration.

This study was not powered for QoL comparisons. These completer analyses are descriptive only.

| | |
|-------------------|-------------------------------|
| Comparison groups | LI+CIZ+SOC v Standard of care |
|-------------------|-------------------------------|

| | |
|---|-----|
| Number of subjects included in analysis | 236 |
|---|-----|

| | |
|------------------------|---------------|
| Analysis specification | Pre-specified |
|------------------------|---------------|

| | |
|---------------|-------------|
| Analysis type | superiority |
|---------------|-------------|

| | |
|---------|------------------------|
| P-value | = 0.21 ^[17] |
|---------|------------------------|

| | |
|--------|--------|
| Method | ANCOVA |
|--------|--------|

| | |
|--------------------|-----------------------|
| Parameter estimate | Mean difference (net) |
|--------------------|-----------------------|

| | |
|----------------|----|
| Point estimate | -3 |
|----------------|----|

Confidence interval

| | |
|-------|------|
| level | 95 % |
|-------|------|

| | |
|-------|---------|
| sides | 2-sided |
|-------|---------|

| | |
|-------------|-------|
| lower limit | -7.79 |
|-------------|-------|

| | |
|-------------|------|
| upper limit | 1.69 |
|-------------|------|

| | |
|----------------------|----------------------------|
| Variability estimate | Standard error of the mean |
|----------------------|----------------------------|

| | |
|------------------|-------|
| Dispersion value | 2.395 |
|------------------|-------|

Notes:

[17] - P-values are unadjusted for multiplicity

Secondary: EORTC Quality of Life Questionnaire - Head & Neck 35 QOL: H&N Swallowing

| | |
|------------------------|--|
| End point title | EORTC Quality of Life Questionnaire - Head & Neck 35 QOL: H&N Swallowing |
| End point description: | Difficulty swallowing item on the QLQ-H&N35 ranges from 0 to 100 with lower scores representing better (less) difficulty swallowing. If reporting a score on a scale, please include the unabbreviated scale title, the minimum and maximum values, and whether higher scores mean a better or worse outcome. |
| End point type | Secondary |
| End point timeframe: | 3 years |

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | |
|-------------------------------------|--------------------|--------------------|--------------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 117 | 44 | 120 | |
| Units: score on a scale | | | | |
| least squares mean (standard error) | | | | |
| Month 2 | 8.11 (\pm 1.88) | 6.29 (\pm 3.13) | 7.31 (\pm 1.89) | |
| Month 36 | 6.9 (\pm 1.89) | 1.66 (\pm 2.96) | 8.94 (\pm 1.86) | |

Statistical analyses

| | |
|---|--|
| Statistical analysis title | LI + CIZ + SOC, Standard of Care (SOC) |
| Statistical analysis description: | Approximately 30% of the participants completed this QoL instrument. This is a completer analysis. |
| Comparison groups | LI+CIZ+SOC v Standard of care |
| Number of subjects included in analysis | 237 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[18] |
| P-value | = 0.7452 ^[19] |
| Method | ANCOVA |
| Parameter estimate | Mean difference (net) |
| Point estimate | 0.8 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -4.03 |
| upper limit | 5.63 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 2.465 |

Notes:

[18] - Approximately 30% of the participants completed this QoL instrument. This is a completer analysis.

[19] - P-value is not adjusted for multiplicity. Analysis is a repeated measures ANCOVA with treatment, visit, treatment by visit interaction, tumor location, tumor stage, geographic region, and baseline score.

Secondary: Prognoses Using Histopathology (HP) Markers

| | |
|-----------------|---|
| End point title | Prognoses Using Histopathology (HP) Markers ^[20] |
|-----------------|---|

End point description:

OS, PFS, and LRC were examined using a proportional hazards model to assess the interactions between HP levels, risk group (low, high), and treatment (LI+CIZ+SOC, SOC Alone). Twenty (20) HP markers were classified as (low, medium, high), 2 HP ratios as (low, medium, high) and 14 HP combinations as (low, high) resulting in 94 possible treatment comparisons for OS, PFS and LRC. Significance (two-sided $p < 0.05$ always favoring Group 1 vs Group 3) was observed for OS (14/60, 2/6, and 9/28), PFS (11/60, 1/6, and 5/28), and LRC (9/60, 1/6, and 6/28) in support of robust efficacy outcomes, only seen in the low risk population. Combined, significance was reached for 20.9% (59/282) possible comparisons; the one-sided 97.5% confidence bound on the fraction significant was 16.3% which exceeds 5% chance alone.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

Duration of the study

Notes:

[20] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.

Justification: This analysis included only LI+CIZ+SOC and SOC arms, due to small numbers in the LI+SOC arm this arm was not included.

| End point values | LI+CIZ+SOC | Standard of care | | |
|---|---------------------|------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 395 | 394 | | |
| Units: percentage of treatment comparison | | | | |
| number (confidence interval 95%) | 20.9 (16.3 to 26.1) | 0 (0 to 1.3) | | |

Statistical analyses

| | |
|----------------------------|----------------|
| Statistical analysis title | LI + CIZ + SOC |
|----------------------------|----------------|

Statistical analysis description:

LI plus CIZ (cyclophosphamide, indomethacin and zinc) is given as adjuvant therapy prior to standard of care (SOC).

| | |
|---|--------------------------------|
| Comparison groups | Standard of care v LI+CIZ+SOC |
| Number of subjects included in analysis | 789 |
| Analysis specification | Pre-specified |
| Analysis type | superiority ^[21] |
| P-value | < 0.0001 |
| Method | N% of significant test results |
| Parameter estimate | N % of significant results |
| Point estimate | 20.1 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 16.3 |
| upper limit | 26.1 |

Notes:

[21] - Treatment comparisons of LI+CIZ+SOC v. SOC were repeated at all levels of HP, HP ratios, and HP combinations for endpoints OS, PFS, and LRC. Significant outcomes (two-sided $p < 0.05$ favoring LI+CIZ+SOC) were accumulated. Fifty-nine (59) of the 282 possible comparisons favored LI+CIZ+SOC, well above the 5% of statistically significant results to be expected assuming no treatment effect. There

were no significant test results that favored SOC. All significant ($P < 0.05$) were in the low risk group.

Post-hoc: Multikine Response (Pre-surgery)

| | |
|---|----------------------------------|
| End point title | Multikine Response (Pre-surgery) |
| End point description: | |
| Pre-surgery tumor response was assessed by RECIST 1.0 criteria, see Protocol Appendix 10. | |
| End point type | Post-hoc |
| End point timeframe: | |
| Initiation of treatment through surgery | |

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | SOC low risk |
|-----------------------------|-----------------|-----------------|------------------|----------------------|
| Subject group type | Reporting group | Reporting group | Reporting group | Subject analysis set |
| Number of subjects analysed | 395 | 134 | 394 | 168 |
| Units: participants | | | | |
| number (not applicable) | 32 | 23 | 0 | 0 |

| End point values | LI+CIZ+SOC low risk | LI+SOC low risk | | |
|-----------------------------|----------------------|----------------------|--|--|
| Subject group type | Subject analysis set | Subject analysis set | | |
| Number of subjects analysed | 158 | 54 | | |
| Units: participants | | | | |
| number (not applicable) | 24 | 10 | | |

Statistical analyses

| | |
|---|--|
| Statistical analysis title | LI + CIZ + SOC, Standard of Care (SOC), LI + SOC |
| Statistical analysis description: | |
| Pre-surgery tumor response was assessed by RECIST 1.0 criteria, see Protocol Appendix 10. | |
| Comparison groups | LI+CIZ+SOC v LI+SOC v Standard of care |
| Number of subjects included in analysis | 923 |
| Analysis specification | Post-hoc |
| Analysis type | superiority ^[22] |
| Parameter estimate | mean % |
| Point estimate | 8.1 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 5 |
| upper limit | 11 |

Notes:

[22] - Response Rates (95%CI) are given for each treatment group [ITTpopulation]: LI+CIZ+SOC (n=395) is 8.1% (5.0%, 11.0%), LI+SOC (n=134) is 9.7% (5.0%, 16.0%), SOC (n=394) is 0 (-)

| | |
|--|--|
| Statistical analysis title | Multikine response-low risk participants |
| Statistical analysis description: Intent-to-treat population who are low risk by NCCN guideline | |
| Comparison groups | SOC low risk v LI+CIZ+SOC low risk v LI+SOC low risk |
| Number of subjects included in analysis | 380 |
| Analysis specification | Post-hoc |
| Analysis type | superiority ^[23] |
| Parameter estimate | mean % |
| Point estimate | 16 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 11.4 |
| upper limit | 21.7 |

Notes:

[23] - A total of 34 low risk participants received LI with or without CIZ and were responders. Low risk LI+CIZ+SOC Response Rate (95%CI) is 15.2% (11.8, 25.5), LI+SOC is 18.5% (11.5, 37.8), SOC is 0(--,--)

Post-hoc: Overall Survival (OS) by Response (RECIST 1.0)

| | |
|---|--|
| End point title | Overall Survival (OS) by Response (RECIST 1.0) |
| End point description: Survival was assessed for subjects responding (RECIST 1.0) to Multikine treatment | |
| End point type | Post-hoc |
| End point timeframe: Duration of the study | |

| End point values | LI+CIZ+SOC | LI+SOC | Standard of care | |
|------------------------------|-----------------|-----------------|------------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 395 | 134 | 394 | |
| Units: count of participants | | | | |
| number (not applicable) | | | | |
| non-responder and alive | 166 | 56 | 204 | |
| non-responder and dead | 197 | 65 | 190 | |
| responder and alive | 25 | 10 | 0 | |
| responder and dead | 7 | 3 | 0 | |

Statistical analyses

| | |
|--|--|
| Statistical analysis title | LI + CIZ + SOC, Standard of Care (SOC), LI + SOC |
| Statistical analysis description: The null hypothesis that survival is unrelated to MK response versus the alternative hypothesis that MK response is predictive of survival. | |

| | |
|---|--|
| Comparison groups | LI+CIZ+SOC v LI+SOC v Standard of care |
| Number of subjects included in analysis | 923 |
| Analysis specification | Post-hoc |
| Analysis type | superiority ^[24] |
| P-value | < 0.0001 |
| Method | Fisher exact |

Notes:

[24] - Fishers Exact Test (FET) for response and survival is reported as $p < 0.0001$ for treatment group LI+CIZ+SOC. The FET p-value for response and survival for treatment group LI+SOC is 0.0434. No results are given for SOC as there are no responses.

| | |
|-----------------------------------|--|
| Statistical analysis title | LI + CIZ + SOC, SOC, LI + SOC low risk |
|-----------------------------------|--|

Statistical analysis description:

The null hypothesis that survival is unrelated to MK response versus the alternative hypothesis that MK response is predictive of survival for low risk participants

| | |
|---|--|
| Comparison groups | LI+CIZ+SOC v LI+SOC v Standard of care |
| Number of subjects included in analysis | 923 |
| Analysis specification | Post-hoc |
| Analysis type | superiority ^[25] |
| P-value | = 0.0067 ^[26] |
| Method | mean % |

Notes:

[25] - Fishers Exact Test (FET) for response and survival among low risk participants is reported as $p = 0.0101$ for treatment group LI+CIZ+SOC. The FET p-value for response and survival among low risk participants for treatment group LI+SOC is 0.4832. No results are given for SOC as there are no responses.

[26] - Fishers Exact Test (FET) for response and survival among low risk participants is reported as $p = 0.0067$ for subjects receiving either LI+CIZ+SOC or LI+SOC.

Adverse events

Adverse events information

Timeframe for reporting adverse events:

From the signing of the ICF to the end of the study treatment follow up in each group and through the end of the study. For this study, there was an end of study follow-up for AEs 30 and 60 days following the last study treatment component.

Adverse event reporting additional description:

All AEs occurring during the study period were recorded. The clinical course of each event was followed until resolution, stabilization, or until it was determined that the study treatment or participation was not the cause. All unresolved SAEs were followed by the investigator until the events were resolved, the subject was lost to follow-up.

| | |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

Dictionary used

| | |
|--------------------|--------|
| Dictionary name | MedDRA |
| Dictionary version | 23 |

Reporting groups

| | |
|-----------------------|------------|
| Reporting group title | Li+CIZ+SOC |
|-----------------------|------------|

Reporting group description:

LI plus CIZ (cyclophosphamide, indomethacin and zinc) is given as adjuvant therapy prior to standard of care (SOC)

| | |
|-----------------------|------------------------|
| Reporting group title | Standard of Care (SOC) |
|-----------------------|------------------------|

Reporting group description:

SOC for previously untreated SCCHN patients is currently surgery followed by either radiotherapy or combined radiochemotherapy depending the patient's risk status for relapse determined at surgery

| | |
|-----------------------|----------|
| Reporting group title | LI + SOC |
|-----------------------|----------|

Reporting group description:

LI is administered without CIZ to determine the contribution of CIZ to the effects of LI

| Serious adverse events | Li+CIZ+SOC | Standard of Care (SOC) | LI + SOC |
|---|--------------------|------------------------|-------------------|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 216 / 383 (56.40%) | 187 / 367 (50.95%) | 70 / 129 (54.26%) |
| number of deaths (all causes) | 204 | 190 | 68 |
| number of deaths resulting from adverse events | 165 | 139 | 49 |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Adenoma benign | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Basal cell carcinoma | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|------------------|------------------|-----------------|
| Colon cancer | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Epiglottic cancer | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hepatic cancer | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Lip and/or oral cavity cancer | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Lip and/or oral cavity cancer recurrent | | | |
| subjects affected / exposed | 18 / 383 (4.70%) | 18 / 367 (4.90%) | 6 / 129 (4.65%) |
| occurrences causally related to treatment / all | 0 / 18 | 0 / 18 | 0 / 6 |
| deaths causally related to treatment / all | 0 / 11 | 0 / 9 | 0 / 3 |
| Lip and/or oral cavity cancer stage IV | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Lung cancer metastatic | | | |
| subjects affected / exposed | 3 / 383 (0.78%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 3 | 0 / 1 | 0 / 0 |
| Lung neoplasm malignant | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 1 |
| Malignant melanoma | | | |

| | | | |
|---|--------------------|-------------------|-------------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Malignant neoplasm progression | | | |
| subjects affected / exposed | 100 / 383 (26.11%) | 74 / 367 (20.16%) | 32 / 129 (24.81%) |
| occurrences causally related to treatment / all | 3 / 103 | 0 / 74 | 1 / 34 |
| deaths causally related to treatment / all | 3 / 89 | 0 / 68 | 1 / 29 |
| Malignant pleural effusion | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Metastases to bone | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Metastases to central nervous system | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Metastases to liver | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| Metastases to lung | | | |
| subjects affected / exposed | 8 / 383 (2.09%) | 5 / 367 (1.36%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 8 | 0 / 5 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 5 | 0 / 1 | 0 / 1 |
| Metastases to lymph nodes | | | |
| subjects affected / exposed | 6 / 383 (1.57%) | 9 / 367 (2.45%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 8 | 0 / 9 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 4 | 0 / 3 | 0 / 1 |
| Metastases to salivary gland | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Metastatic neoplasm | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Nasal cavity cancer | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Nasal sinus cancer | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Neoplasm progression | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Non-small cell lung cancer | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Oesophageal carcinoma | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Oesophageal squamous cell carcinoma | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Oral cavity cancer metastatic | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 2 / 383 (0.52%) | 4 / 367 (1.09%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 4 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 2 | 0 / 4 | 0 / 0 |
| Prostate cancer | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Second primary malignancy | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Small cell lung cancer | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 2 / 367 (0.54%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Squamous cell carcinoma of lung | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Squamous cell carcinoma of skin | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Squamous cell carcinoma of the hypopharynx | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Squamous cell carcinoma of the oral cavity | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| Tongue cancer metastatic | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Tongue cancer recurrent | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tongue neoplasm malignant stage unspecified | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tonsil cancer | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tracheal cancer | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Tumour haemorrhage | | | |
| subjects affected / exposed | 4 / 383 (1.04%) | 3 / 367 (0.82%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 4 | 0 / 3 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Laryngeal cancer | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Vascular disorders | | | |
| Arterial haemorrhage | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Deep vein thrombosis | | | |

| | | | |
|--|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Jugular vein thrombosis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lymphoedema | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lymphorrhoea | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Peripheral artery thrombosis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Venous thrombosis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| General disorders and administration site conditions | | | |
| Accidental death | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Asthenia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Complication associated with device | | | |

| | | | |
|---|------------------|------------------|-----------------|
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Death | | | |
| subjects affected / exposed | 18 / 383 (4.70%) | 17 / 367 (4.63%) | 4 / 129 (3.10%) |
| occurrences causally related to treatment / all | 0 / 18 | 0 / 17 | 0 / 4 |
| deaths causally related to treatment / all | 0 / 18 | 0 / 17 | 0 / 4 |
| Face oedema | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Fatigue | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| General physical health deterioration | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 5 / 367 (1.36%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 5 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Impaired healing | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Implant site ulcer | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Localised oedema | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Mucosal inflammation | | | |

| | | | |
|--|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Multiple organ dysfunction syndrome | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Organ failure | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Pyrexia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Sudden cardiac death | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Sudden death | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 3 / 367 (0.82%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 3 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Acute pulmonary oedema | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Acute respiratory failure | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Dysphonia | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Epistaxis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Obstructive airways disorder | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Oropharyngeal swelling | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pleural effusion | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Pneumonia aspiration | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Pneumothorax | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pulmonary embolism | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 3 / 367 (0.82%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 3 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 2 | 0 / 3 | 0 / 0 |
| Pulmonary oedema | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Respiratory failure | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Upper airway obstruction | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Psychiatric disorders | | | |
| Completed suicide | | | |
| subjects affected / exposed | 3 / 383 (0.78%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 0 |
| Delirium | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Investigations | | | |
| Oxygen saturation decreased | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Weight decreased | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Injury, poisoning and procedural complications | | | |
| Alcohol poisoning | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|-----------------|-----------------|-----------------|
| Flap necrosis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Humerus fracture | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Jaw fracture | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Osteoradionecrosis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 7 | 1 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Post procedural complication | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Post procedural haemorrhage | | | |
| subjects affected / exposed | 4 / 383 (1.04%) | 4 / 367 (1.09%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 1 / 4 | 0 / 4 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Postoperative adhesion | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Postoperative wound complication | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Radiation mucositis | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Radiation skin injury | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Rib fracture | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Scar | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Seroma | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Skin flap necrosis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Skin graft contracture | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Skin laceration | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Wound dehiscence | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 3 / 383 (0.78%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cardiac disorders | | | |
| Acute coronary syndrome | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Acute myocardial infarction | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| Atrial fibrillation | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cardiac arrest | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 3 / 367 (0.82%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 3 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 2 | 0 / 3 | 0 / 1 |
| Cardiac failure | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cardio-respiratory arrest | | | |
| subjects affected / exposed | 3 / 383 (0.78%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 3 | 0 / 1 | 0 / 0 |
| Cardiopulmonary failure | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 2 |
| Cardiovascular disorder | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Coronary artery disease | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Myocardial infarction | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| Pericardial effusion | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Ventricular arrhythmia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Ventricular fibrillation | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Ventricular tachycardia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Nervous system disorders | | | |
| Cerebral infarction | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cerebrovascular accident | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cranial nerve palsies multiple | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Ischaemic stroke | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Seizure | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Syncope | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 3 / 383 (0.78%) | 5 / 367 (1.36%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 8 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Febrile neutropenia | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lymphadenectomy | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Ear and labyrinth disorders | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| Deafness unilateral | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Vertigo | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Eye disorders | | | |
| Blindness unilateral | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Diplopia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastrointestinal disorders | | | |
| Abdominal pain upper | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Anal fistula | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Ascites | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Constipation | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|-----------------|-----------------|-----------------|
| Diarrhoea | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Duodenal ulcer perforation | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Dysphagia | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Enteritis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastric haemorrhage | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastric perforation | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gingival bleeding | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Glossitis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Haemorrhoids | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypoaesthesia oral | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Incarcerated inguinal hernia | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Intestinal haemorrhage | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Intestinal obstruction | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Mouth ulceration | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Odynophagia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Oesophageal compression | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Oral cavity fistula | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 6 / 383 (1.57%) | 3 / 367 (0.82%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 6 | 0 / 3 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Oral mucosal hypertrophy | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Oroantral fistula | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Small intestinal haemorrhage | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Stomatitis | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 4 / 367 (1.09%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 4 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Submaxillary gland enlargement | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tongue disorder | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tongue movement disturbance | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tongue necrosis | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tongue oedema | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Upper gastrointestinal haemorrhage | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Vomiting | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hepatobiliary disorders | | | |
| Chronic hepatic failure | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Hepatic failure | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |
| subjects affected / exposed | 3 / 383 (0.78%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Azotaemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Renal failure | | | |

| | | | |
|--|-----------------|-----------------|-----------------|
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Musculoskeletal and connective tissue disorders | | | |
| Arthritis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Costochondritis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Muscle contracture | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Osteonecrosis of jaw | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Trismus | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 5 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infections and infestations | | | |
| Abscess | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Abscess neck | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|-----------------|-----------------|-----------------|
| Cellulitis | | | |
| subjects affected / exposed | 5 / 383 (1.31%) | 2 / 367 (0.54%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 6 | 0 / 3 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cystitis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hepatitis B | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lower respiratory tract infection | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Ludwig angina | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lung abscess | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lymph gland infection | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Oral infection | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Osteomyelitis | | | |

| | | | |
|---|-----------------|------------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Osteomyelitis acute | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Periorbital cellulitis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Peritonitis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Pneumonia | | | |
| subjects affected / exposed | 9 / 383 (2.35%) | 11 / 367 (3.00%) | 2 / 129 (1.55%) |
| occurrences causally related to treatment / all | 0 / 11 | 0 / 11 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 7 | 0 / 0 | 0 / 2 |
| Postoperative wound infection | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 4 / 367 (1.09%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 4 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pseudomonas infection | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pulmonary tuberculosis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Rectal abscess | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Sepsis | | | |
| subjects affected / exposed | 4 / 383 (1.04%) | 3 / 367 (0.82%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 4 | 0 / 4 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 2 | 0 / 2 | 0 / 0 |
| Sepsis syndrome | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Septic shock | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Sinusitis | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Streptococcal sepsis | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Subcutaneous abscess | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tooth infection | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Urinary tract infection | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Wound abscess | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Wound infection | | | |
| subjects affected / exposed | 2 / 383 (0.52%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Metabolism and nutrition disorders | | | |
| Cachexia | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Dehydration | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypercalcaemia | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 2 / 367 (0.54%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Hypernatraemia | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Hypertriglyceridaemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hyperuricaemia | | | |

| | | | |
|---|-----------------|-----------------|-----------------|
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypoalbuminaemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypoglycaemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypokalaemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 2 / 367 (0.54%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Hypomagnesaemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hyponatraemia | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 1 / 367 (0.27%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Hypophagia | | | |
| subjects affected / exposed | 1 / 383 (0.26%) | 0 / 367 (0.00%) | 0 / 129 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Malnutrition | | | |
| subjects affected / exposed | 0 / 383 (0.00%) | 0 / 367 (0.00%) | 1 / 129 (0.78%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

Frequency threshold for reporting non-serious adverse events: 5 %

| Non-serious adverse events | Li+CIZ+SOC | Standard of Care (SOC) | LI + SOC |
|---|--------------------|------------------------|--------------------|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 354 / 383 (92.43%) | 352 / 367 (95.91%) | 124 / 129 (96.12%) |
| Investigations | | | |
| Blood creatinine increased | | | |
| subjects affected / exposed | 27 / 383 (7.05%) | 25 / 367 (6.81%) | 8 / 129 (6.20%) |
| occurrences (all) | 32 | 28 | 9 |
| Lymphocyte count decreased | | | |
| subjects affected / exposed | 23 / 383 (6.01%) | 26 / 367 (7.08%) | 6 / 129 (4.65%) |
| occurrences (all) | 50 | 53 | 10 |
| Weight decreased | | | |
| subjects affected / exposed | 169 / 383 (44.13%) | 168 / 367 (45.78%) | 56 / 129 (43.41%) |
| occurrences (all) | 265 | 252 | 94 |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Malignant neoplasm progression | | | |
| subjects affected / exposed | 48 / 383 (12.53%) | 11 / 367 (3.00%) | 13 / 129 (10.08%) |
| occurrences (all) | 50 | 11 | 13 |
| Injury, poisoning and procedural complications | | | |
| Incision site pain | | | |
| subjects affected / exposed | 31 / 383 (8.09%) | 37 / 367 (10.08%) | 13 / 129 (10.08%) |
| occurrences (all) | 39 | 44 | 20 |
| Radiation injury | | | |
| subjects affected / exposed | 47 / 383 (12.27%) | 49 / 367 (13.35%) | 13 / 129 (10.08%) |
| occurrences (all) | 64 | 77 | 20 |
| Radiation mucositis | | | |
| subjects affected / exposed | 28 / 383 (7.31%) | 30 / 367 (8.17%) | 15 / 129 (11.63%) |
| occurrences (all) | 38 | 44 | 24 |
| Radiation skin injury | | | |
| subjects affected / exposed | 71 / 383 (18.54%) | 77 / 367 (20.98%) | 31 / 129 (24.03%) |
| occurrences (all) | 80 | 87 | 48 |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |

| | | | |
|--|---------------------------|---------------------------|-------------------------|
| subjects affected / exposed occurrences (all) | 64 / 383 (16.71%) 116 | 68 / 367 (18.53%) 115 | 26 / 129 (20.16%) 49 |
| Leukopenia subjects affected / exposed occurrences (all) | 36 / 383 (9.40%) 58 | 32 / 367 (8.72%) 45 | 12 / 129 (9.30%) 14 |
| Neutropenia subjects affected / exposed occurrences (all) | 33 / 383 (8.62%) 59 | 36 / 367 (9.81%) 54 | 8 / 129 (6.20%) 10 |
| General disorders and administration site conditions | | | |
| Asthenia subjects affected / exposed occurrences (all) | 29 / 383 (7.57%) 44 | 39 / 367 (10.63%) 46 | 16 / 129 (12.40%) 19 |
| Mucosal inflammation subjects affected / exposed occurrences (all) | 121 / 383 (31.59%) 162 | 117 / 367 (31.88%) 166 | 43 / 129 (33.33%) 56 |
| Pyrexia subjects affected / exposed occurrences (all) | 43 / 383 (11.23%) 78 | 36 / 367 (9.81%) 64 | 16 / 129 (12.40%) 30 |
| Gastrointestinal disorders | | | |
| Constipation subjects affected / exposed occurrences (all) | 29 / 383 (7.57%) 45 | 22 / 367 (5.99%) 34 | 9 / 129 (6.98%) 13 |
| Dry mouth subjects affected / exposed occurrences (all) | 40 / 383 (10.44%) 44 | 48 / 367 (13.08%) 48 | 11 / 129 (8.53%) 11 |
| Dysphagia subjects affected / exposed occurrences (all) | 48 / 383 (12.53%) 55 | 40 / 367 (10.90%) 45 | 17 / 129 (13.18%) 22 |
| Nausea subjects affected / exposed occurrences (all) | 38 / 383 (9.92%) 57 | 34 / 367 (9.26%) 53 | 16 / 129 (12.40%) 24 |
| Oral pain subjects affected / exposed occurrences (all) | 31 / 383 (8.09%) 45 | 32 / 367 (8.72%) 34 | 18 / 129 (13.95%) 22 |
| Stomatitis | | | |

| | | | |
|---|-------------------------|--------------------------|-------------------------|
| subjects affected / exposed occurrences (all) | 50 / 383 (13.05%) 74 | 63 / 367 (17.17%) 108 | 22 / 129 (17.05%) 40 |
| Vomiting subjects affected / exposed occurrences (all) | 29 / 383 (7.57%) 41 | 24 / 367 (6.54%) 38 | 14 / 129 (10.85%) 20 |
| Respiratory, thoracic and mediastinal disorders Cough subjects affected / exposed occurrences (all) | 25 / 383 (6.53%) 35 | 17 / 367 (4.63%) 21 | 4 / 129 (3.10%) 4 |
| Skin and subcutaneous tissue disorders Dermatitis subjects affected / exposed occurrences (all) | 48 / 383 (12.53%) 55 | 43 / 367 (11.72%) 50 | 12 / 129 (9.30%) 15 |
| Scar pain subjects affected / exposed occurrences (all) | 28 / 383 (7.31%) 29 | 20 / 367 (5.45%) 20 | 7 / 129 (5.43%) 9 |
| Psychiatric disorders Insomnia subjects affected / exposed occurrences (all) | 25 / 383 (6.53%) 36 | 21 / 367 (5.72%) 21 | 5 / 129 (3.88%) 8 |
| Metabolism and nutrition disorders Decreased appetite subjects affected / exposed occurrences (all) | 18 / 383 (4.70%) 22 | 21 / 367 (5.72%) 25 | 7 / 129 (5.43%) 9 |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|------------------|--|
| 19 December 2011 | Change in time to surgery to subject randomized to standard of care only |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? Yes

| Date | Interruption | Restart date |
|-------------------|--|----------------|
| 26 September 2016 | Patricia Keegan, M.D., Director of the Division of Oncology Products 2, notified you through the September 26, 2016, telephone conversation that Protocol CS001P3 is on clinical hold and may not be continued except as specified below: Patients enrolled on Protocol CS001P3 prior to September 26, 2016, may continue to receive protocol-specified treatment at the discretion of the treating physician with written confirmation of their consent to remain on study after receiving an updated informed consent document, i.e., a consent document that describes the higher rate of deaths in the Multikine treatment arms identified in interim analyses | 10 August 2017 |

Notes:

Limitations and caveats

None reported