Clinical trial results:
A Phase 3, Double-Blind, Randomized, Multi-center, Placebo-Controlled Sequential Dose Titration Study to Assess Efficacy, Safety and Population Pharmacokinetics of Solifenacin Succinate Suspension in Pediatric Subjects from 5 to less than 18 years of Age with Overactive Bladder (OAB)

Summary

EudraCT number	2011-002066-20
Trial protocol	GB BE NL DE SE DK NO
Global end of trial date	02 January 2014

Results information

Result version number	v1
This version publication date	04 May 2016
First version publication date	10 April 2015

Trial information

Trial identification

Sponsor protocol code	905-CL-076

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT01565707
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Astellas Pharma Europe B.V.
Sponsor organisation address	Sylviusweg 62, Leiden, Netherlands, 2333 BE
Public contact	Clinical Trial Disclosure, Astellas Pharma Europe B.V., Astellas.resultsdisclosure@astellas.com
Scientific contact	Clinical Trial Disclosure, Astellas Pharma Europe B.V., Astellas.resultsdisclosure@astellas.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	Yes
EMA paediatric investigation plan number(s)	EMEA-000573-PIP01-09
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?	Yes

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	02 January 2014
Is this the analysis of the primary completion data?	Yes
Primary completion date	02 January 2014
Global end of trial reached?	Yes
Global end of trial date	02 January 2014
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To evaluate the efficacy and safety of solifenacin succinate once daily (o.d.) in children and adolescents with Overactive Bladder (OAB).

Protection of trial subjects:

This clinical study was written, conducted and reported in accordance with the protocol, ICH GCP Guidelines, and applicable local regulations, including the European Directive 2001/20/EC, on the protection of human rights, and with the ethical principles that have their origin in the Declaration of Helsinki. Astellas ensures that the use and disclosure of protected health information (PHI) obtained during a research study complies with the federal and/or regional legislation related to the privacy and protection of personal information.

Background therapy:

Solifenacin succinate as a tablet formulation is already on the market for the treatment of symptoms of overactive bladder in adults. For the use in children and adolescent patients a new formulation of solifenacin has been developed. This study investigated the effect and safety of solifenacin succinate liquid suspension compared to a non-active drug (placebo) over a 12-week period. The 2 weeks prior to the double blind period was a single-blind placebo run-in period in combination with behavioral urotherapy (Non-interventional diary assisted urotherapy consisting of overactive bladder (OAB) information, awareness, instruction, life-style advice and documentation of voiding habits and symptoms for OAB), followed by a 12 week daily treatment period. The study also investigated how well solifenacin succinate suspension is taken-up by the body and how long it stays in the body during this time.

Evidence for comparator: -

Actual start date of recruitment	01 June 2012
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	Norway: 7
Country: Number of subjects enrolled	Poland: 22
Country: Number of subjects enrolled	Sweden: 9
Country: Number of subjects enrolled	United Kingdom: 2
Country: Number of subjects enrolled	Belgium: 38
Country: Number of subjects enrolled	Denmark: 22
Country: Number of subjects enrolled	Canada: 9
Country: Number of subjects enrolled	United States: 3
Country: Number of subjects enrolled	South Africa: 5
Country: Number of subjects enrolled	Serbia: 19

Country: Number of subjects enrolled	Ukraine: 11
Country: Number of subjects enrolled	Mexico: 10
Country: Number of subjects enrolled	Brazil: 12
Country: Number of subjects enrolled	Philippines: 4
Country: Number of subjects enrolled	Korea, Republic of: 12
Country: Number of subjects enrolled	Turkey: 4
Worldwide total number of subjects	189
EEA total number of subjects	100

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)	148
Adolescents (12-17 years)	41
Adults (18-64 years)	0
From 65 to 84 years	0
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

The study population consisted of male and female children (5 to 11 years old) and adolescents (12 to 17 years old) with overactive bladder (OAB).

Pre-assignment

Screening details:

Subjects received 4 weeks of urotherapy (standard first line therapy for pediatric OAB patients). Two weeks after start of urotherapy a single-blind 2-week placebo run-in period began. After run-in period eligible subjects were randomized to 12 weeks of double-blind treatment (solifenacin succinate suspension or placebo) and continued urotherapy.

Period 1

Period 1 title	Overall Study (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Subject, Investigator, Monitor, Data analyst, Carer, Assessor

Blinding implementation details:

In order to ensure blinding, a matching placebo formulation was used during the single-blind 2-week placebo run-in period, and during the double-blind 12 week treatment period. The placebo and corresponding active suspension were indistinguishable with respect to appearance, taste and aroma.

Arms

Are arms mutually exclusive?	Yes
Arm title	Placebo Children

Arm description: -

Arm type	Placebo
Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Oral suspension
Routes of administration	Oral use

Dosage and administration details:

Children aged 5 to 11 years received matching placebo liquid suspension once a day orally via syringe for 12 weeks along with non interventional diary assisted urotherapy consisting of overactive bladder (OAB) information, awareness, instruction, life-style advice and documentation of voiding habits and symptoms for OAB. The initial dose started with the equivalent of 5 mg in adults, referred to as pediatric equivalent dose (PED) of 5 mg (PED5), based on body weight for three weeks and was titrated up or down in up to three titration steps of three weeks each to reach the optimal dose. Titration up or down could lead to weight-based doses equivalent to doses in adults of 2.5 mg, 5 mg, 7.5 mg or 10 mg once daily and were referred to as PED2.5, PED5, PED7.5 and PED10. The minimum dose was PED2.5, and the maximum dose was PED10. The decision to titrate up or down was made by the investigator using information from the 7 day patient diary.

Arm title	Solifenacin Succinate Suspension Children

Arm description: -

Arm type	Experimental
Investigational medicinal product name	Solifenacin Succinate Suspension
Investigational medicinal product code	YM905
Other name	
Pharmaceutical forms	Oral suspension
Routes of administration	Oral use

Dosage and administration details:

Children aged 5 to 11 years received solifenacin succinate liquid suspension once a day orally via

syringe for 12 weeks along with non interventional diary assisted urotherapy consisting of overactive bladder (OAB) information, awareness, instruction, life-style advice and documentation of voiding habits and symptoms for OAB. The initial dose started with the equivalent of 5 mg in adults, referred to as pediatric equivalent dose (PED) of 5 mg (PED5), based on body weight for three weeks and was titrated up or down in up to three titration steps of three weeks each to reach the optimal dose. Titration up or down could lead to weight-based doses equivalent to doses in adults of 2.5 mg, 5 mg, 7.5 mg or 10 mg once daily and were referred to as PED2.5, PED5, PED7.5 and PED10. The minimum dose was PED2.5, and the maximum dose was PED10. The decision to titrate up or down was made by the investigator using information from the 7 day patient diary.

Arm title	Placebo Adolescents
Arm description: -	
Arm type	Placebo
Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Oral suspension
Routes of administration	Oral use

Dosage and administration details:

Adolescents aged 12 to 17 years received matching placebo liquid suspension once a day orally via syringe for 12 weeks along with non interventional diary assisted urotherapy consisting of overactive bladder (OAB) information, awareness, instruction, life-style advice and documentation of voiding habits and symptoms for OAB. The initial dose started with the equivalent of 5 mg in adults, referred to as pediatric equivalent dose (PED) of 5 mg (PED5), based on body weight for three weeks and was titrated up or down in up to three titration steps of three weeks each to reach the optimal dose. Titration up or down could lead to weight-based doses equivalent to doses in adults of 2.5 mg, 5 mg, 7.5 mg or 10 mg once daily and were referred to as PED2.5, PED5, PED7.5 and PED10. The minimum dose was PED2.5, and the maximum dose was PED10. The decision to titrate up or down was made by the investigator using information from the 7 day patient diary.

Arm title	Solifenacin Succinate Suspension Adolescents
Arm description: -	
Arm type	Experimental
Investigational medicinal product name	Solifenacin Succinate Suspension
Investigational medicinal product code	YM905
Other name	
Pharmaceutical forms	Oral suspension
Routes of administration	Oral use

Dosage and administration details:

Adolescents aged 12 to 17 years received solifenacin succinate liquid suspension once a day orally via syringe for 12 weeks along with non interventional diary assisted urotherapy consisting of overactive bladder (OAB) information, awareness, instruction, life-style advice and documentation of voiding habits and symptoms for OAB. The initial dose started with the equivalent of 5 mg in adults, referred to as pediatric equivalent dose (PED) of 5 mg (PED5), based on body weight for three weeks and was titrated up or down in up to three titration steps of three weeks each to reach the optimal dose. Titration up or down could lead to weight-based doses equivalent to doses in adults of 2.5 mg, 5 mg, 7.5 mg or 10 mg once daily and were referred to as PED2.5, PED5, PED7.5 and PED10. The minimum dose was PED2.5, and the maximum dose was PED10. The decision to titrate up or down was made by the investigator using information from the 7 day patient diary.

Number of subjects in period 1	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents
Started	75	73	19
Treated	73	73	19
Not Completed	9 [1]	8 [2]	3 [3]
Completed	66	65	16
Not completed	9	8	3

Consent withdrawn by subject	3	1	1
Adverse event, non-fatal	1	6	2
Miscellaneous	1	1	-
Randomized but not evaluable	2	-	-
Protocol Violation	1	-	-
Lost to follow-up	1	-	-

Number of subjects in period 1	Solifenacin Succinate Suspension Adolescents
Started	22
Treated	22
Not Completed	5 [4]
Completed	17
Not completed	5
Consent withdrawn by subject	1
Adverse event, non-fatal	1
Miscellaneous	2
Randomized but not evaluable	-
Protocol Violation	1
Lost to follow-up	-

Notes:

[1] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: The started milestone includes all randomized subjects, treated includes subjects from the Safety Analysis Set (SAF), which consisted of all subjects who received at least 1 dose of double-blind study drug and for whom any safety data were reported after first dose of study drug. The not completed number includes the subjects not included in the SAF and are listed as subject non-completion reasons. If the not completed number is added to the completed number this equals the number started.

[2] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: The Safety Analysis Set (SAF) consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The subject non-completion reasons listed explain and add up to the not completed milestone number. If the not completed number is added to the completed number this equals the number of subjects in the started milestone.

[3] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: The Safety Analysis Set (SAF) consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The subject non-completion reasons listed explain and add up to the not completed milestone number. If the not completed number is added to the completed number this equals the number of subjects in the started milestone.

[4] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: The Safety Analysis Set (SAF) consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The subject non-completion reasons listed explain and add up to the not completed milestone number. If the not completed number is added to the completed number this equals the number of

subjects in the started milestone.

Baseline characteristics

Reporting groups	
Reporting group title	Placebo Children
Reporting group description: -	
Reporting group title	Solifenacin Succinate Suspension Children
Reporting group description: -	
Reporting group title	Placebo Adolescents
Reporting group description: -	
Reporting group title	Solifenacin Succinate Suspension Adolescents
Reporting group description: -	

Reporting group values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents
Number of subjects	75	73	19
Age categorical Units: Subjects			
Age continuous			
Age values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: years			
arithmetic mean	7.4	7.6	14.4
standard deviation	± 1.6	± 1.6	± 1.9
Gender categorical			
Gender values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: Subjects			
Female	35	44	16
Male	38	29	3
Not recorded	2	0	0
Race			
Race values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: Subjects			
White	57	62	13
Black/African American	3	2	1
Asian	6	5	3
American Indian/Alaska Native	3	4	2
Other	4	0	0
Not recorded	2	0	0
Ethnicity			
Ethnicity values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: Subjects			

Hispanic or Latino	8	9	3
Not Hispanic or Latino	65	64	16
Not recorded	2	0	0

Mean Volume Voided (MVV) per Micturition			
Values for this baseline characteristic are based on the Full Analysis Set (FAS). The FAS consisted of all randomized patients that took at least 1 dose of double-blind study medication after randomization and provided a valid baseline and post baseline value for the primary efficacy endpoint. A micturition is any voluntary urination, excluding episodes of incontinence only. Micturitions voided volumes were recorded in a patient diary for any 2 days in the 7 day period prior to the baseline visit (referred to as "measuring days"). The number of participants was 70; 73; 19; 21 per arm.			
Units: mL			
arithmetic mean	94.06	96.88	169.06
standard deviation	± 38.12	± 40.98	± 63.65
Daytime Maximum Volume Voided (DMaxVV)			
FAS population. The mean DMaxVV was determined using the patient diary data recorded during two measuring days (i.e., days when the patient recorded the volume of each micturition) in the 7 days prior to the baseline visit. The DMaxVV is the largest (non-zero) volume recorded over both of the 2 measuring days in the diary. Daytime is defined as the time between waking up in the morning and going to bed later the same day. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: mL			
arithmetic mean	141.43	155.51	278.16
standard deviation	± 52.09	± 70.66	± 119.21
Mean Number of Incontinence Episodes per 24 Hours			
FAS population. The mean of the number of incontinence episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. An incontinence episode is defined as an episode with any involuntary loss of urine. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: incontinence episodes			
arithmetic mean	2.98	2.46	2.81
standard deviation	± 2.63	± 2.57	± 2.45
Mean Number of Daytime Incontinence Episodes per 24 Hours			
FAS population. The mean of the number of incontinence episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. Daytime is defined as the time between waking up in the morning and going to bed later the same day. An incontinence episode is defined as an episode with any involuntary loss of urine. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: incontinence episodes			
arithmetic mean	2.54	1.98	2.03
standard deviation	± 2.75	± 3.24	± 2.18
Mean Number of Nighttime Incontinence Episodes per 24 Hours			
FAS population. The mean of the number of incontinence episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. An incontinence episode is defined as an episode with any involuntary loss of urine. Nighttime is defined as the time between going to bed and waking up the following morning. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: incontinence episodes			
arithmetic mean	0.59	0.7	0.39
standard deviation	± 0.47	± 0.82	± 0.66
Number of Dry (Incontinence-free) Days per 7 Days			
FAS population. The mean of the number of dry days was determined using diary data recorded by the participant in the 7 days prior to baseline visit. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: dry days			
arithmetic mean	0.5	0.9	1

standard deviation	± 0.9	± 1.6	± 1
Number of Dry (Incontinence-free) Nights per 7 Days			
FAS population. The mean of the number of dry nights was determined using diary data recorded by the participant in the 7 days prior to baseline visit. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: dry nights			
arithmetic mean	3.4	3.1	5.6
standard deviation	± 3	± 3	± 2.2
Mean Number of Micturitions per 24 Hours			
FAS population. The mean of the number of micturitions was determined using diary data recorded by the participant in the 7 days prior to baseline visit. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: micturitions			
arithmetic mean	8.26	8.27	8.08
standard deviation	± 2.56	± 3.01	± 3.82
Mean Number of Daytime Micturitions per 24 Hours			
FAS population. The mean of the number of micturitions was determined using diary data recorded by the participant in the 7 days prior to baseline visit. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: daytime micturitions			
arithmetic mean	7.54	8	6.79
standard deviation	± 3.14	± 3.4	± 2.92
Mean Number of Nighttime Micturitions per 24 Hours			
FAS population. The mean of the number of micturitions was determined using diary data recorded by the participant in the 7 days prior to baseline visit. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: nighttime micturitions			
arithmetic mean	0.6	0.56	0.61
standard deviation	± 0.78	± 0.98	± 1.09
Mean Number of Grade 3 or 4 Urgency Episodes per 24 Hours in Adolescents			
FAS population. Adolescent participants were asked to record the degree of urgency associated with each micturition and incontinence episode according to the Patient Perception of Intensity of Urgency Scale (PPIUS) scale (0 - no urgency, 1 - mild urgency, 2 - moderate urgency, 3 - severe urgency, 4 - urge incontinence). The mean number of grade 3 or 4 urgency episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. The number of participants was N/A; N/A; 19; 20 per treatment arm.			
Units: urgency episodes			
arithmetic mean	0	0	3.67
standard deviation	± 0	± 0	± 4.15

Reporting group values	Solifenacin Succinate Suspension Adolescents	Total	
Number of subjects	22	189	
Age categorical Units: Subjects			

Age continuous			
Age values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: years			

arithmetic mean	14.2		
standard deviation	± 1.8	-	

Gender categorical			
Gender values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: Subjects			
Female	17	112	
Male	5	75	
Not recorded	0	2	
Race			
Race values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: Subjects			
White	16	148	
Black/African American	2	8	
Asian	4	18	
American Indian/Alaska Native	0	9	
Other	0	4	
Not recorded	0	2	
Ethnicity			
Ethnicity values provided are for the Safety Analysis Set (SAF) population. The SAF consisted of all participants who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug. The number of participants was 73; 73; 19; 22 per treatment arm.			
Units: Subjects			
Hispanic or Latino	2	22	
Not Hispanic or Latino	20	165	
Not recorded	0	2	
Mean Volume Voided (MVV) per Micturition			
Values for this baseline characteristic are based on the Full Analysis Set (FAS). The FAS consisted of all randomized patients that took at least 1 dose of double-blind study medication after randomization and provided a valid baseline and post baseline value for the primary efficacy endpoint. A micturition is any voluntary urination, excluding episodes of incontinence only. Micturitions voided volumes were recorded in a patient diary for any 2 days in the 7 day period prior to the baseline visit (referred to as "measuring days"). The number of participants was 70; 73; 19; 21 per arm.			
Units: mL			
arithmetic mean	159.55		
standard deviation	± 61.21	-	
Daytime Maximum Volume Voided (DMaxVV)			
FAS population. The mean DMaxVV was determined using the patient diary data recorded during two measuring days (i.e., days when the patient recorded the volume of each micturition) in the 7 days prior to the baseline visit. The DMaxVV is the largest (non-zero) volume recorded over both of the 2 measuring days in the diary. Daytime is defined as the time between waking up in the morning and going to bed later the same day. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: mL			
arithmetic mean	252.38		
standard deviation	± 108.68	-	
Mean Number of Incontinence Episodes per 24 Hours			
FAS population. The mean of the number of incontinence episodes was determined using diary data			

recorded by the participant in the 7 days prior to baseline visit. An incontinence episode is defined as an episode with any involuntary loss of urine. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: incontinence episodes			
arithmetic mean	1.82		
standard deviation	± 1.66	-	
Mean Number of Daytime Incontinence Episodes per 24 Hours			
FAS population. The mean of the number of incontinence episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. Daytime is defined as the time between waking up in the morning and going to bed later the same day. An incontinence episode is defined as an episode with any involuntary loss of urine. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: incontinence episodes			
arithmetic mean	1.5		
standard deviation	± 1.44	-	
Mean Number of Nighttime Incontinence Episodes per 24 Hours			
FAS population. The mean of the number of incontinence episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. An incontinence episode is defined as an episode with any involuntary loss of urine. Nighttime is defined as the time between going to bed and waking up the following morning. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: incontinence episodes			
arithmetic mean	0.33		
standard deviation	± 0.4	-	
Number of Dry (Incontinence-free) Days per 7 Days			
FAS population. The mean of the number of dry days was determined using diary data recorded by the participant in the 7 days prior to baseline visit. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: dry days			
arithmetic mean	1.5		
standard deviation	± 1.3	-	
Number of Dry (Incontinence-free) Nights per 7 Days			
FAS population. The mean of the number of dry nights was determined using diary data recorded by the participant in the 7 days prior to baseline visit. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: dry nights			
arithmetic mean	5.4		
standard deviation	± 2.2	-	
Mean Number of Micturitions per 24 Hours			
FAS population. The mean of the number of micturitions was determined using diary data recorded by the participant in the 7 days prior to baseline visit. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 73; 19; 21 per treatment arm.			
Units: micturitions			
arithmetic mean	7.52		
standard deviation	± 2.37	-	
Mean Number of Daytime Micturitions per 24 Hours			
FAS population. The mean of the number of micturitions was determined using diary data recorded by the participant in the 7 days prior to baseline visit. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: daytime micturitions			
arithmetic mean	6.88		
standard deviation	± 2.14	-	
Mean Number of Nighttime Micturitions per 24 Hours			

FAS population. The mean of the number of micturitions was determined using diary data recorded by the participant in the 7 days prior to baseline visit. A micturition is any voluntary urination, excluding episodes of incontinence only. The number of participants was 70; 71; 19; 21 per treatment arm.			
Units: nighttime micturitions			
arithmetic mean	0.26		
standard deviation	± 0.41	-	
Mean Number of Grade 3 or 4 Urgency Episodes per 24 Hours in Adolescents			
FAS population. Adolescent participants were asked to record the degree of urgency associated with each micturition and incontinence episode according to the Patient Perception of Intensity of Urgency Scale (PPIUS) scale (0 - no urgency, 1 - mild urgency, 2 - moderate urgency, 3 - severe urgency, 4 - urge incontinence). The mean number of grade 3 or 4 urgency episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit. The number of participants was N/A; N/A; 19; 20 per treatment arm.			
Units: urgency episodes			
arithmetic mean	2.42		
standard deviation	± 2.13	-	

End points

End points reporting groups

Reporting group title	Placebo Children
Reporting group description: -	
Reporting group title	Solifenacin Succinate Suspension Children
Reporting group description: -	
Reporting group title	Placebo Adolescents
Reporting group description: -	
Reporting group title	Solifenacin Succinate Suspension Adolescents
Reporting group description: -	
Subject analysis set title	Children PED 5
Subject analysis set type	Sub-group analysis

Subject analysis set description:

The Pharmacokinetic analysis set (PKAS) consisted of the subset of the Safety Analysis Set (SAF) for which plasma concentration data were available to facilitate derivation of at least 1 pharmacokinetic parameter and for whom the time of last dose prior to sampling was known.

Subject analysis set title	Children PED 7.5
Subject analysis set type	Sub-group analysis

Subject analysis set description:

The Pharmacokinetic analysis set (PKAS) consisted of the subset of the Safety Analysis Set (SAF) for which plasma concentration data were available to facilitate derivation of at least 1 pharmacokinetic parameter and for whom the time of last dose prior to sampling was known.

Subject analysis set title	Adolescents PED 7.5
Subject analysis set type	Sub-group analysis

Subject analysis set description:

The Pharmacokinetic analysis set (PKAS) consisted of the subset of the Safety Analysis Set (SAF) for which plasma concentration data were available to facilitate derivation of at least 1 pharmacokinetic parameter and for whom the time of last dose prior to sampling was known.

Subject analysis set title	Children PED 10
Subject analysis set type	Sub-group analysis

Subject analysis set description:

The Pharmacokinetic analysis set (PKAS) consisted of the subset of the Safety Analysis Set (SAF) for which plasma concentration data were available to facilitate derivation of at least 1 pharmacokinetic parameter and for whom the time of last dose prior to sampling was known.

Subject analysis set title	Adolescents PED 10
Subject analysis set type	Sub-group analysis

Subject analysis set description:

The Pharmacokinetic analysis set (PKAS) consisted of the subset of the Safety Analysis Set (SAF) for which plasma concentration data were available to facilitate derivation of at least 1 pharmacokinetic parameter and for whom the time of last dose prior to sampling was known.

Primary: Change From Baseline to End of Treatment (EoT) in Mean Volume Voided (MVV) Per Micturition

End point title	Change From Baseline to End of Treatment (EoT) in Mean Volume Voided (MVV) Per Micturition

End point description:

The mean voided volume was calculated from the patient diary data recorded during two measuring days (i.e., those days when the patient recorded the volume of each micturition) in the 7 days prior to the baseline and end of treatment visits. The MVV is equal to the mean of the non-zero volumes recorded over the 2 measuring days. A micturition is any voluntary urination, excluding episodes of incontinence. Study analysis population for this endpoint consisted of the Full Analysis Set (FAS). The FAS consists of all randomized patients that took at least one dose of double-blind study medication after randomization and provided both valid baseline and post-baseline values for the primary efficacy endpoint. Missing values at End of Treatment (EoT) were imputed using the last observation carried forward (LOCF) method.

End point type	Primary

End point timeframe:

Baseline and Week 12.

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	73	19	21
Units: mL				
least squares mean (standard error)	13.4 (± 4.8)	25.5 (± 4.8)	6.9 (± 14.6)	2.3 (± 14)

Statistical analyses

Statistical analysis title	Statistical Analysis Children

Statistical analysis description:

The following hypotheses were tested at the 2-sided significance level 0.05:
• H0: Change from baseline to EoT in mean MVV per micturition is the same for placebo and solifenacin succinate oral suspension
• H1: Change from baseline to EoT in mean MVV per micturition is not the same for placebo and solifenacin succinate oral suspension

Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	143
Analysis specification	Pre-specified
Analysis type	other[1]
P-value	= 0.046
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	12.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.2
upper limit	24
Variability estimate	Standard error of the mean
Dispersion value	6

Notes:

[1] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents

Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[2]
Parameter estimate	Adjusted Mean Difference
Point estimate	-4.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	-36.7
upper limit	27.4
Variability estimate	Standard error of the mean
Dispersion value	15.7

Notes:

[2] - From an ANCOVA model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Daytime Maximum Volume Voided (DMaxVV) Per Micturition

End point title	Change From Baseline to End of Treatment in Daytime Maximum Volume Voided (DMaxVV) Per Micturition

End point description:

The mean daytime maximum volume voided (DMaxVV) was determined using the patient diary data recorded during two measuring days (i.e., those days when the patient recorded the volume of each micturition) in the 7 days prior to the baseline and end of treatment visits. The daytime maximum volume voided (DMaxVV) is the largest (non-zero) volume recorded over both of the 2 measuring days in the diary. Daytime is defined as the time between waking up in the morning and going to bed later the same day. A micturition is any voluntary urination, excluding episodes of incontinence. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	73	19	21
Units: mL				
least squares mean (standard error)	11.3 (± 11.2)	43.2 (± 11.1)	-8.4 (± 27)	-25.7 (± 26.3)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children

Number of subjects included in analysis	143
Analysis specification	Pre-specified
Analysis type	other[3]
P-value	= 0.024
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	31.9
Confidence interval	
level	95 %
sides	2-sided
lower limit	4.3
upper limit	59.5
Variability estimate	Standard error of the mean
Dispersion value	13.9

Notes:

[3] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[4]
Parameter estimate	Adjusted Mean Difference
Point estimate	-17.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	-76.5
upper limit	41.9
Variability estimate	Standard error of the mean
Dispersion value	29.1

Notes:

[4] - From an ANCOVA model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Incontinence Episodes Per 24 Hours

End point title	Change From Baseline to End of Treatment in Mean Number of Incontinence Episodes Per 24 Hours

End point description:

An incontinence episode is defined as an episode with any involuntary loss of urine. The mean number of incontinence episodes was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	73	19	21
Units: incontinence episodes				
least squares mean (standard error)	-1.2 (± 0.2)	-1.1 (± 0.2)	-0.7 (± 0.4)	-0.6 (± 0.4)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	143
Analysis specification	Pre-specified
Analysis type	other[5]
P-value	= 0.763 [6]
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	0
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.3
upper limit	0.4
Variability estimate	Standard error of the mean
Dispersion value	0.2

Notes:

[5] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.
[6] - P-value is from a rank ANCOVA analysis stratified by geographic region.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[7]
Parameter estimate	Adjusted Mean Difference
Point estimate	0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.8
upper limit	1
Variability estimate	Standard error of the mean
Dispersion value	0.4

Notes:

[7] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Daytime Incontinence Episodes Per 24 Hours

End point title	Change From Baseline to End of Treatment in Mean Number of Daytime Incontinence Episodes Per 24 Hours

End point description:

The mean number of incontinence episodes was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. An incontinence episode is defined as an episode with any involuntary loss of urine. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	71	19	21
Units: daytime incontinence episodes				
least squares mean (standard error)	-1.1 (± 0.2)	-1.2 (± 0.2)	-0.2 (± 0.4)	-0.8 (± 0.4)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	141
Analysis specification	Pre-specified
Analysis type	other[8]
P-value	= 0.402 [9]
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.5
upper limit	0.3
Variability estimate	Standard error of the mean
Dispersion value	0.2

Notes:

[8] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

[9] - P-value is from a rank ANCOVA analysis stratified by geographic region.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents

Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[10]
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.5
upper limit	0.4
Variability estimate	Standard error of the mean
Dispersion value	0.5

Notes:

[10] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Nighttime Incontinence Episodes Per 24 Hours

End point title	Change From Baseline to End of Treatment in Mean Number of Nighttime Incontinence Episodes Per 24 Hours

End point description:

The mean number of incontinence episodes was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. An incontinence episode is defined as an episode with any involuntary loss of urine. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	71	19	21
Units: incontinence episodes				
least squares mean (standard error)	-0.2 (± 0)	-0.1 (± 0)	-0.2 (± 0.1)	-0.2 (± 0.1)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	141
Analysis specification	Pre-specified
Analysis type	other[11]
P-value	= 0.63 [12]
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	0.1

Confidence interval	
level	95 %
sides	2-sided
lower limit	0
upper limit	0.2
Variability estimate	Standard error of the mean
Dispersion value	0.1

Notes:

[11] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.
[12] - P-value is from a rank ANCOVA analysis stratified by geographic region.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[13]
Parameter estimate	Adjusted Mean Difference
Point estimate	0
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.2
upper limit	0.2
Variability estimate	Standard error of the mean
Dispersion value	0.1

Notes:

[13] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Dry (Incontinence-free) Days Per 7 Days

End point title	Change From Baseline to End of Treatment in Mean Number of Dry (Incontinence-free) Days Per 7 Days

End point description:

The mean number of dry days was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. An incontinence episode is defined as an episode with any involuntary loss of urine. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12.

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	71	19	21
Units: dry days				
least squares mean (standard error)	1.7 (± 0.3)	1.3 (± 0.3)	1.5 (± 0.8)	1.6 (± 0.7)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	141
Analysis specification	Pre-specified
Analysis type	other[14]
P-value	= 0.563 [15]
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1
upper limit	0.3
Variability estimate	Standard error of the mean
Dispersion value	0.3

Notes:

[14] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.
[15] - P-value is from a rank ANCOVA analysis stratified by geographic region.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[16]
Parameter estimate	Adjusted Mean Difference
Point estimate	0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.6
upper limit	1.9
Variability estimate	Standard error of the mean
Dispersion value	0.8

Notes:

[16] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Dry (Incontinence-free) Nighttimes Per 7 Days

End point title	Change From Baseline to End of Treatment in Mean Number of Dry (Incontinence-free) Nighttimes Per 7 Days

End point description:

The mean number of dry nights was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. An incontinence episode is defined as an episode with any involuntary loss of urine. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12.

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	73	19	21
Units: dry nights				
least squares mean (standard error)	0.7 (± 0.2)	0.4 (± 0.2)	-0.1 (± 0.4)	0.4 (± 0.4)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	143
Analysis specification	Pre-specified
Analysis type	other[17]
P-value	= 0.77 [18]
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.9
upper limit	0.3
Variability estimate	Standard error of the mean
Dispersion value	0.3

Notes:

[17] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.
[18] - P-value is from a rank ANCOVA analysis stratified by geographic region.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents

Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[19]
Parameter estimate	Adjusted Mean Difference
Point estimate	0.5
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.4
upper limit	1.3
Variability estimate	Standard error of the mean
Dispersion value	0.4

Notes:

[19] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Micturitions Per 24 Hours

End point title	Change From Baseline to End of Treatment in Mean Number of Micturitions Per 24 Hours

End point description:

The mean number of micturitions was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. A micturition is any voluntary urination, excluding episodes of incontinence. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12.

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	73	19	21
Units: micturitions				
least squares mean (standard error)	-0.8 (± 0.2)	-1.1 (± 0.2)	-0.6 (± 0.5)	-0.4 (± 0.4)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Placebo Children v Solifenacin Succinate Suspension Children
Number of subjects included in analysis	143
Analysis specification	Pre-specified
Analysis type	other[20]
P-value	= 0.303
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.3

Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.8
upper limit	0.2
Variability estimate	Standard error of the mean
Dispersion value	0.2

Notes:

[20] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[21]
Parameter estimate	Adjusted Mean Difference
Point estimate	0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.9
upper limit	1.1
Variability estimate	Standard error of the mean
Dispersion value	0.5

Notes:

[21] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Daytime Micturitions Per 24 Hours

End point title	Change From Baseline to End of Treatment in Mean Number of Daytime Micturitions Per 24 Hours

End point description:

The mean number of micturitions was determined using the patient diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. A micturition is any voluntary urination, excluding episodes of incontinence. The study analysis population for this endpoint consisted of the FAS population. Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12.

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	71	19	21
Units: daytime micturitions				
least squares mean (standard error)	-1.1 (± 0.2)	-1.2 (± 0.2)	-0.5 (± 0.5)	-0.3 (± 0.5)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Solifenacin Succinate Suspension Children v Placebo Children
Number of subjects included in analysis	141
Analysis specification	Pre-specified
Analysis type	other[22]
P-value	= 0.64
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.8
upper limit	0.5
Variability estimate	Standard error of the mean
Dispersion value	0.3

Notes:

[22] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[23]
Parameter estimate	Adjusted Mean Difference
Point estimate	0.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.9
upper limit	1.4
Variability estimate	Standard error of the mean
Dispersion value	0.6

Notes:

[23] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Nighttime Micturitions Per 24 Hours

End point title	Change From Baseline to End of Treatment in Mean Number of Nighttime Micturitions Per 24 Hours

End point description:

The mean number of micturitions was determined using the patient diary data recorded by the

participant in the 7 days prior to baseline visit and end of treatment visit. A micturition is any voluntary urination, excluding episodes of incontinence.

End point type	Secondary

End point timeframe:

Baseline and Week 12.

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	70	71	19	21
Units: nighttime micturitions				
least squares mean (standard error)	0 (± 0.1)	-0.1 (± 0.1)	0.4 (± 0.3)	0.1 (± 0.3)

Statistical analyses

Statistical analysis title	Statistical Analysis Children
Comparison groups	Solifenacin Succinate Suspension Children v Placebo Children
Number of subjects included in analysis	141
Analysis specification	Pre-specified
Analysis type	other[24]
P-value	= 0.846 [25]
Method	ANCOVA
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.3
upper limit	0.1
Variability estimate	Standard error of the mean
Dispersion value	0.1

Notes:

[24] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

[25] - P-value is from a rank ANCOVA analysis stratified by geographic region.

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Solifenacin Succinate Suspension Adolescents v Placebo Adolescents
Number of subjects included in analysis	40
Analysis specification	Pre-specified
Analysis type	other[26]
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.2

Confidence interval	
level	95 %
sides	2-sided
lower limit	-1
upper limit	0.5
Variability estimate	Standard error of the mean
Dispersion value	0.4

Notes:

[26] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Change From Baseline to End of Treatment in Mean Number of Grade 3 or 4 Urgency Episodes Per 24 Hours in Adolescents

End point title	Change From Baseline to End of Treatment in Mean Number of Grade 3 or 4 Urgency Episodes Per 24 Hours in Adolescents[27]

End point description:

Adolescent participants were asked to record the degree of urgency associated with each micturition and incontinence episode according to the Patient Perception of Intensity of Urgency Scale (PPIUS) scale (0 - no urgency, 1 - mild urgency, 2 - moderate urgency, 3 - severe urgency, 4 - urge incontinence). The mean number of grade 3 or 4 urgency episodes was determined using diary data recorded by the participant in the 7 days prior to baseline visit and end of treatment visit. The study analysis population for this endpoint consisted of the FAS population (adolescents only). Missing values at EoT were imputed using the LOCF method.

End point type	Secondary

End point timeframe:

Baseline and Week 12.

Notes:

[27] - 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: The study population for this endpoint consisted of adolescents only.

End point values	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	19	20		
Units: grade 3 or 4 urgency episodes				
least squares mean (standard error)	-0.7 (± 0.5)	-1 (± 0.5)		

Statistical analyses

Statistical analysis title	Statistical Analysis Adolescents
Comparison groups	Placebo Adolescents v Solifenacin Succinate Suspension Adolescents
Number of subjects included in analysis	39
Analysis specification	Pre-specified
Analysis type	other[28]
Parameter estimate	Adjusted Mean Difference
Point estimate	-0.3

Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.4
upper limit	0.8
Variability estimate	Standard error of the mean
Dispersion value	0.5

Notes:

[28] - From an ANCOVA (analysis of covariance) model including treatment and geographic regions as fixed-effect and the baseline value as a covariate.

Secondary: Maximum Concentration (Cmax) of Solifenacin

End point title	Maximum Concentration (Cmax) of Solifenacin

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the Pharmacokinetic Analysis Set (PKAS). The PKAS consisted of the subset of the Safety Analysis Set (SAF) for which plasma concentration data were available to facilitate derivation of at least 1 pharmacokinetic parameter and for whom the time of last dose prior to sampling was known. Cmax could not be calculated for 2 children and 1 adolescent in the PKAS.

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	6	12	1[29]	46
Units: ng/mL				
arithmetic mean (standard deviation)	16.67 (± 4.593)	26.24 (± 6.617)	17.08 (± 0)	33.48 (± 11.93)

Notes:

[29] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had Cmax measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	16			
Units: ng/mL				
arithmetic mean (standard deviation)	42.85 (± 21.44)			

Statistical analyses

No statistical analyses for this end point

Secondary: Time to Attain Maximum Concentration (Tmax)

End point title	Time to Attain Maximum Concentration (Tmax)

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the PKAS. Tmax could not be calculated for 2 children and 1 adolescent in the PKAS

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	6	12	1[30]	46
Units: ng/mL				
arithmetic mean (standard deviation)	2.933 (± 0.5354)	3.175 (± 0.561)	2.8 (± 0)	2.874 (± 0.5268)

Notes:

[30] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had Tmax measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	16			
Units: ng/mL				
arithmetic mean (standard deviation)	2.85 (± 0.4733)			

Statistical analyses

No statistical analyses for this end point

Secondary: Plasma Concentration Before Drug Administration (Ctrough)

End point title	Plasma Concentration Before Drug Administration (Ctrough)

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the PKAS. Ctrough could not be calculated for 2 children and 1 adolescent in the PKAS.

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	6	12	1[31]	46
Units: ng/mL				
arithmetic mean (standard deviation)	9.534 (± 3.083)	16.1 (± 4.951)	8.828 (± 0)	19.05 (± 8.7)

Notes:

[31] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had Ctrough measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	16			
Units: ng/mL				
arithmetic mean (standard deviation)	27.94 (± 16.76)			

Statistical analyses

No statistical analyses for this end point

Secondary: Area Under the Plasma Concentration - Time to Curve (AUC) for a Dose Interval (AUCtau)

End point title	Area Under the Plasma Concentration - Time to Curve (AUC) for a Dose Interval (AUCtau)

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the PKAS.

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	8	12	1[32]	46
Units: ng*h/mL				
arithmetic mean (standard deviation)	298.7 (± 80.35)	452.8 (± 112.6)	269.2 (± 0)	560 (± 216.8)

Notes:

[32] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had AUCtau measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	17			
Units: ng*h/mL				

arithmetic mean (standard deviation)	745.7 (± 411)			

Statistical analyses

No statistical analyses for this end point

Secondary: Apparent Terminal Elimination Half-life (t1/2)

End point title	Apparent Terminal Elimination Half-life (t1/2)

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the PKAS.

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	8	12	1[33]	46
Units: hours				
arithmetic mean (standard deviation)	27.3 (± 5.486)	30.98 (± 7.147)	24.84 (± 0)	26.85 (± 7.475)

Notes:

[33] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had t1/2 measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	17			
Units: hours				
arithmetic mean (standard deviation)	41.27 (± 17.44)			

Statistical analyses

No statistical analyses for this end point

Secondary: Apparent Total Body Clearance (CL/F)

End point title	Apparent Total Body Clearance (CL/F)

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the PKAS.

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	8	12	1[34]	46
Units: L/h				
arithmetic mean (standard deviation)	6.968 (± 2.129)	7.608 (± 1.782)	14.56 (± 0)	8.773 (± 3.763)

Notes:

[34] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had CL/F measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	17			
Units: L/h				
arithmetic mean (standard deviation)	11.3 (± 7.294)			

Statistical analyses

No statistical analyses for this end point

Secondary: Apparent Volume of Distribution (Vz/F)

End point title	Apparent Volume of Distribution (Vz/F)

End point description:

Pharmacokinetic sampling was performed at steady state at the end of treatment. The study analysis population for this endpoint consisted of the PKAS.

End point type	Secondary

End point timeframe:

Week 12/Day 84 (within 3 hours before dosing, 1-3 hours, 4-5 hours, 7-10 hours after dosing) and one sample at Visit 8/Day 87 (2-3 days after last dose intake).

End point values	Children PED 5	Children PED 7.5	Adolescents PED 7.5	Children PED 10
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	8	12	1[35]	46
Units: Liters (L)				
arithmetic mean (standard deviation)	272.4 (± 96.84)	329.5 (± 63.32)	521.9 (± 0)	315.7 (± 96.23)

Notes:
[35] - Standard deviation is not applicable, only 1 adolescent received PED 7.5 that had Vz/F measured.

End point values	Adolescents PED 10			
Subject group type	Subject analysis set			
Number of subjects analysed	17			
Units: Liters (L)				
arithmetic mean (standard deviation)	561.7 (± 181.7)			

Statistical analyses

No statistical analyses for this end point

Secondary: Safety as Assessed by Recording Adverse Events, Laboratory Assessments, Vital Signs and electrocardiograms (ECGs)

End point title	Safety as Assessed by Recording Adverse Events, Laboratory Assessments, Vital Signs and electrocardiograms (ECGs)

End point description:

A treatment emergent adverse event (TEAE) was defined as an AE that occurred after the first dose of study drug and within 7 days after last dose of study medication. The study analysis population for this endpoint consisted of the Safety Analysis Set (SAF). The SAF consisted of all patients who received at least 1 dose of double-blind study medication and for whom any safety data were reported after first dose of study drug.

End point type	Secondary

End point timeframe:

From the first dose of study drug until 7 days after last dose of study medication (13 weeks).

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	73	73	19	22
Units: participants				
number (not applicable)				
Any TEAE	45	44	12	9
Drug Related TEAEs	9	14	2	3
Deaths	0	0	0	0
Serious TEAEs	2	2	1	1
Drug-related Serious TEAEs	1	0	0	0
TEAEs Leading to Discontinuation	1	6	2	2
Drug-related TEAEs Leading to Permanent Discont.	1	3	1	1

Statistical analyses

No statistical analyses for this end point

Secondary: Change From Baseline in Post Void Residual (PVR) Volume

End point title	Change From Baseline in Post Void Residual (PVR) Volume

End point description:

Post Void Residual (PVR) Volume was assessed by ultrasonography or bladder scan. The study analysis population for this endpoint consisted of the SAF.

End point type	Secondary

End point timeframe:

Baseline and Week 12

End point values	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents	Solifenacin Succinate Suspension Adolescents
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	73	73	19	22
Units: mL				
least squares mean (standard deviation)	0.07 (± 7.28)	-0.99 (± 6.45)	-3.58 (± 4.72)	0.95 (± 9.85)

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

A treatment-emergent adverse event (TEAE) is defined as an adverse event observed after starting administration of the first dose of double-blind study medication on Day 1 and up to 7 days after last dose date (Treatment period was 12 weeks).

Adverse event reporting additional description:

An adverse event (AE) was defined as any untoward medical occurrence in a patient administered a study drug or who had undergone study procedures and which did not necessarily have a causal relationship with this treatment. SAF population.

Assessment type	Systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	13.0

Reporting groups

Reporting group title	Placebo Children

Reporting group description:

Children aged 5 to 11 years received matching placebo suspension once a day for 12 weeks.

Reporting group title	Solifenacin Succinate Suspension Children

Reporting group description:

Children aged 5 to 11 years received solifenacin succinate suspension once a day for 12 weeks.

Reporting group title	Placebo Adolescents

Reporting group description:

Adolescents aged 12 to 17 years received matching placebo suspension once a day for 12 weeks.

Reporting group title	Solifenacin Succinate Suspension Adolescents

Reporting group description:

Adolescents aged 12 to 17 years received solifenacin succinate suspension once a day for 12 weeks.

Serious adverse events	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents
Total subjects affected by serious adverse events			
subjects affected / exposed	2 / 73 (2.74%)	2 / 73 (2.74%)	1 / 19 (5.26%)
number of deaths (all causes)	0	0	0
number of deaths resulting from adverse events	0	0	0
Vascular disorders			
Hypertension			
subjects affected / exposed	1 / 73 (1.37%)	0 / 73 (0.00%)	0 / 19 (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
Cardiac disorders			
Tachycardia			

subjects affected / exposed	1 / 73 (1.37%)	0 / 73 (0.00%)	0 / 19 (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
Nervous system disorders			
Frontal lobe epilepsy			
subjects affected / exposed	0 / 73 (0.00%)	1 / 73 (1.37%)	0 / 19 (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
Blood and lymphatic system disorders			
Lymphadenitis			
subjects affected / exposed	1 / 73 (1.37%)	0 / 73 (0.00%)	0 / 19 (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
Gastrointestinal disorders			
Abdominal pain			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infections and infestations			
Appendicitis			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	0 / 19 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pyelonephritis			
subjects affected / exposed	0 / 73 (0.00%)	1 / 73 (1.37%)	0 / 19 (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

Serious adverse events	Solifenacin Succinate Suspension Adolescents		
Total subjects affected by serious adverse events			
subjects affected / exposed	1 / 22 (4.55%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		
Vascular disorders			

Hypertension			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Cardiac disorders			
Tachycardia			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Nervous system disorders			
Frontal lobe epilepsy			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Blood and lymphatic system disorders			
Lymphadenitis			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Gastrointestinal disorders			
Abdominal pain			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Infections and infestations			
Appendicitis			
subjects affected / exposed	1 / 22 (4.55%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Pyelonephritis			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		

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

Non-serious adverse events	Placebo Children	Solifenacin Succinate Suspension Children	Placebo Adolescents
Total subjects affected by non-serious adverse events			
subjects affected / exposed	44 / 73 (60.27%)	43 / 73 (58.90%)	12 / 19 (63.16%)
Investigations			
Electrocardiogram QT prolonged			
subjects affected / exposed	2 / 73 (2.74%)	5 / 73 (6.85%)	1 / 19 (5.26%)
occurrences (all)	2	5	1
Nervous system disorders			
Dizziness			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1
Headache			
subjects affected / exposed	2 / 73 (2.74%)	5 / 73 (6.85%)	1 / 19 (5.26%)
occurrences (all)	2	7	1
Somnolence			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1
Immune system disorders			
Hypersensitivity			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1
Eye disorders			
Vision blurred			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1
Gastrointestinal disorders			
Abdominal pain			
subjects affected / exposed	0 / 73 (0.00%)	1 / 73 (1.37%)	2 / 19 (10.53%)
occurrences (all)	0	1	2
Constipation			
subjects affected / exposed	2 / 73 (2.74%)	4 / 73 (5.48%)	0 / 19 (0.00%)
occurrences (all)	2	4	0
Diarrhoea			
subjects affected / exposed	4 / 73 (5.48%)	4 / 73 (5.48%)	0 / 19 (0.00%)
occurrences (all)	4	4	0
Dry mouth			

subjects affected / exposed	1 / 73 (1.37%)	2 / 73 (2.74%)	1 / 19 (5.26%)
occurrences (all)	1	2	1
Reproductive system and breast disorders			
Dysmenorrhoea			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	3 / 19 (15.79%)
occurrences (all)	0	0	3
Respiratory, thoracic and mediastinal disorders			
Allergic respiratory symptom			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1
Oropharyngeal pain			
subjects affected / exposed	1 / 73 (1.37%)	1 / 73 (1.37%)	1 / 19 (5.26%)
occurrences (all)	1	1	1
Renal and urinary disorders			
Dysuria			
subjects affected / exposed	1 / 73 (1.37%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	1	0	1
Infections and infestations			
Bronchitis			
subjects affected / exposed	2 / 73 (2.74%)	1 / 73 (1.37%)	1 / 19 (5.26%)
occurrences (all)	2	1	1
Escherichia urinary tract infection			
subjects affected / exposed	2 / 73 (2.74%)	3 / 73 (4.11%)	2 / 19 (10.53%)
occurrences (all)	2	3	2
Influenza			
subjects affected / exposed	4 / 73 (5.48%)	0 / 73 (0.00%)	0 / 19 (0.00%)
occurrences (all)	4	0	0
Nasopharyngitis			
subjects affected / exposed	7 / 73 (9.59%)	6 / 73 (8.22%)	2 / 19 (10.53%)
occurrences (all)	8	6	2
Streptobacillus infection			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1
Tooth abscess			
subjects affected / exposed	0 / 73 (0.00%)	0 / 73 (0.00%)	1 / 19 (5.26%)
occurrences (all)	0	0	1

Upper respiratory tract infection			
subjects affected / exposed	2 / 73 (2.74%)	2 / 73 (2.74%)	2 / 19 (10.53%)
occurrences (all)	4	2	2

Non-serious adverse events	Solifenacin Succinate Suspension Adolescents		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	9 / 22 (40.91%)		
Investigations			
Electrocardiogram QT prolonged			
subjects affected / exposed	2 / 22 (9.09%)		
occurrences (all)	2		
Nervous system disorders			
Dizziness			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Headache			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Somnolence			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Immune system disorders			
Hypersensitivity			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Eye disorders			
Vision blurred			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Gastrointestinal disorders			
Abdominal pain			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Constipation			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Diarrhoea			

subjects affected / exposed	2 / 22 (9.09%)		
occurrences (all)	2		
Dry mouth			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Reproductive system and breast disorders			
Dysmenorrhoea			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Respiratory, thoracic and mediastinal disorders			
Allergic respiratory symptom			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Oropharyngeal pain			
subjects affected / exposed	1 / 22 (4.55%)		
occurrences (all)	1		
Renal and urinary disorders			
Dysuria			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Infections and infestations			
Bronchitis			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Escherichia urinary tract infection			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Influenza			
subjects affected / exposed	1 / 22 (4.55%)		
occurrences (all)	1		
Nasopharyngitis			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		
Streptobacillus infection			
subjects affected / exposed	0 / 22 (0.00%)		
occurrences (all)	0		

Tooth abscess subjects affected / exposed occurrences (all)	0 / 22 (0.00%) 0		
Upper respiratory tract infection subjects affected / exposed occurrences (all)	0 / 22 (0.00%) 0		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
20 April 2012	Substantial Global Amendment No 1, dated 20 April 2012. Exclusion criteria were updated, the changes to the protocol were implemented prior to the enrollment of participants.
21 September 2013	Substantial Global Amendment No. 2 dated 21 September 2013. Amendment 2 reduced the planned number of randomized adolescents, due to this and subsequent reduction in statistical power, no conclusions can be drawn for analyses of primary and secondary variables for this age cohort.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported