



**Multi-centre randomised control trial comparing the clinical and cost effectiveness of trans-foraminal epidural steroid injection to surgical microdiscectomy for the treatment of chronic radicular pain secondary to prolapsed intervertebral disc herniation: Nerve Root Block Versus Surgery (NERVES)**

**Eudract No: 2014-002751-25**

**ISRCTN: 04820368**

**Final Analysis Report V2.0**

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<b>Date</b>	05/12/2019		
<b>Protocol Version and Date</b>	V8.0 10/04/2019		

**Change Control**

Updated shell version no.	Shell section changed	Description of change	Date changed	Initials
2.0	6.8.2.2 6.8.3.2 6.8.4.2 6.8.6.2 6.8.7.2	Addition of the post-hoc joint modelling outcomes for all longitudinal outcomes. For ODQ longitudinal outcome addition of baseline ODQ scores by dropout status.	25/11/2019	AB

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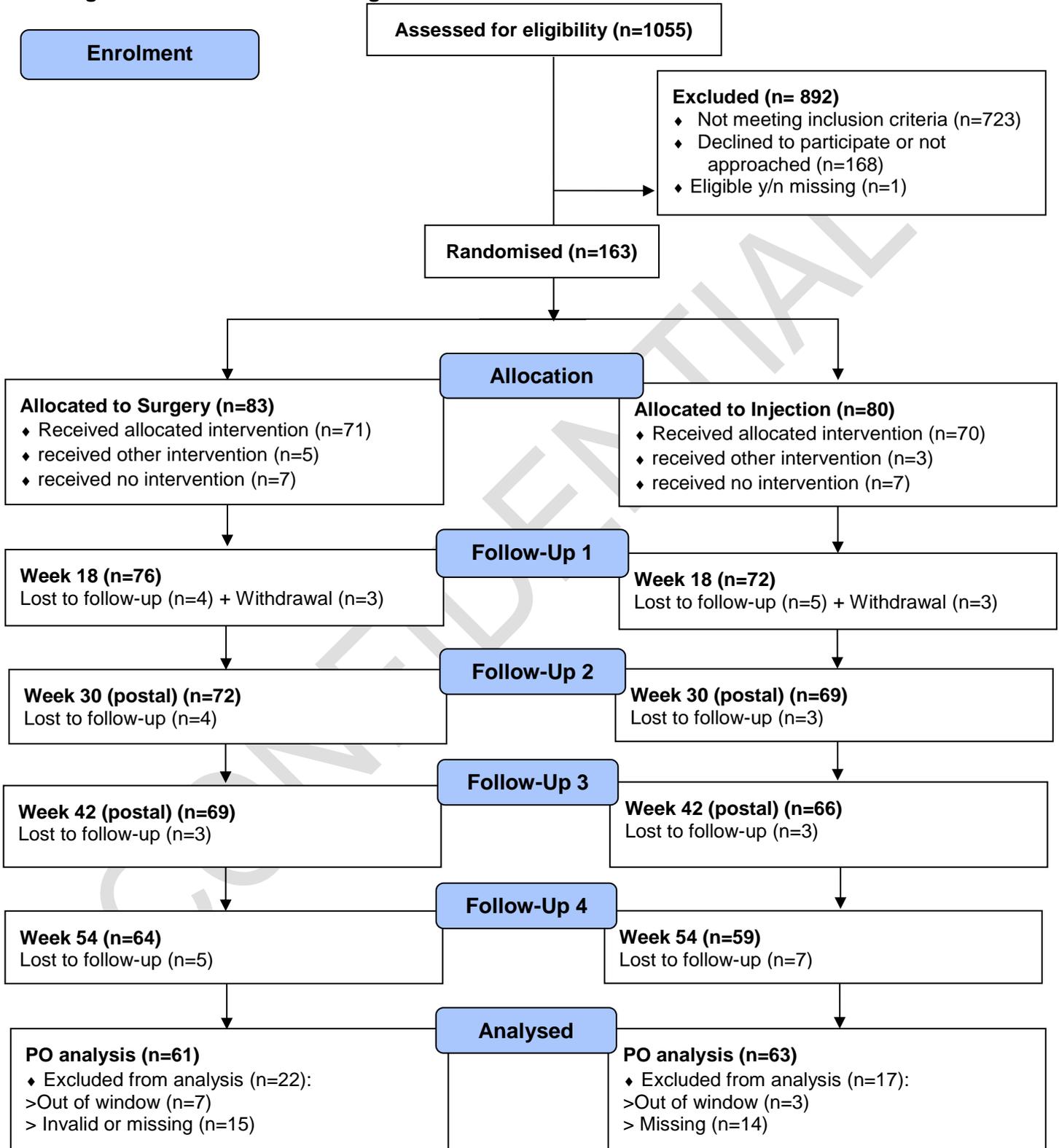
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3. CONSORT diagram

3.1 Flow Diagram

Figure 3-1 CONSORT flow diagram



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#### 4. Randomisation

##### 4.1 Randomisation checks

There were no out of sequence or missing randomisation numbers.

#### 5. Recruitment and screening

##### 5.1 Screening summary

Table 5-1 Summary of screening logs

Centre Code	Hospital	Date site opened	Number of patients screened	Eligible <sup>A</sup>	Ineligible <sup>B</sup>	Consent provided <sup>C</sup>	Consent not provided <sup>D</sup>	Consent provided but patient not randomised <sup>E</sup>	Randomised <sup>F</sup>
			[N] N	[a] n (%)	[b] n (%)	[c] n (%)	[d] n (%)	[e] n (%)	[f] n (%)
0006	James Cook Hospital	01/04/2016	28	27 (96.43%)	1 (3.57%)	14 (51.85%)	13 (48.15%)	0	14 (100.0%)
0007	Addenbrookes Hospital	14/07/2016	23	23 (100.0%)	0 (0.000%)	11 (47.83%)	12 (52.17%)	0	11 (100.0%)
0093	Royal Hallamshire Hospital	15/08/2016	116	16 (13.79%)	100 (86.21%)	6 (37.50%)	10 (62.50%)	0	6 (100.0%)
0137	Barts Health NHS Trust	08/08/2016	33	0 (0.000%)	33 (100.0%)	0	0	0	0
0160	Royal Preston	01/12/2015	287	8 (2.787%)	279 (97.21%)	1 (12.50%)	7 (87.50%)	0	1 (100.0%)
0182	Royal Stoke University Hospital	29/07/2016	5	5 (100.0%)	0 (0.000%)	1 (20.00%)	4 (80.00%)	0	1 (100.0%)
0213	Nottingham University hospital	27/09/2017	8	8 (100.0%)	0 (0.000%)	8 (100.0%)	0 (0.000%)	0	8 (100.0%)

Centre Code	Hospital	Date site opened	Number of patients screened	Eligible <sup>A</sup>	Ineligible <sup>B</sup>	Consent provided <sup>C</sup>	Consent not provided <sup>D</sup>	Consent provided but patient not randomised <sup>E</sup>	Randomised <sup>F</sup>
			[N] N	[a] n (%)	[b] n (%)	[c] n (%)	[d] n (%)	[e] n (%)	[f] n (%)
0400	Salford Royal	13/04/2015	52	20 (38.46%)	32 (61.54%)	9 (45.00%)	11 (55.00%)	0	9 (100.0%)
0428	The Royal Orthopaedic Hospital, Birmingham	07/10/2015	138	32 (23.19%)	106 (76.81%)	6 (18.75%)	26 (81.25%)	0	6 (100.0%)
0492	Seacroft Leeds	02/03/2016	138	55 (39.86%)	83 (60.14%)	14 (25.45%)	41 (74.55%)	0	14 (100.0%)
0578	Walton Centre	04/03/2015	186	103 (55.38%)	82 * (44.09%)	80 (77.67%)	23 (22.33%)	0	80 (100.0%)
3253	Solent MSK Services	01/04/2016	41	34 (82.93%)	7 (17.07%)	13 (38.24%)	21 (61.76%)	0	13 (100.0%)
	<b>Total</b>		<b>1055</b>	<b>331 (31.37%)</b>	<b>723 * (68.53%)</b>	<b>163 (49.24%)</b>	<b>168 (50.76%)</b>	<b>0</b>	<b>163 (100.0%)</b>

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\*Note: Eligible y/n now missing for one patient at site 0578

#### Calculating %s

Item	Equation
A Percent eligible	a/N
B Percent ineligible	b/N
C Percent consent provided	c/a
D Percent consent not provided	d/a
E Percent consent provided but not randomised	e/c
F Percent randomised	f/c

## 5.2 Ineligible patients

Table 5-2 Reasons for ineligibility 1

Patient count N (% of total ineligible per site)	Total number of ineligible patients	Reasons for ineligibility [a,b]							
		R01	R02	R03	R04	R05	R06	R07	R08
Overall [c]	723	174 (24.07%)	9 (1.24%)	107 (14.80%)	57 (7.88%)	0 (0.00%)	61 (8.44%)	25 (3.46%)	62 (8.58%)
James Cook Hospital (0006)	1	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Royal Hallamshire Hospital (0093)	100	0 (0.00%)	2 (2.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	35 (35.00%)	0 (0.00%)	8 (8.00%)
Barts Health NHS Trust (0137)	33	0 (0.00%)	1 (3.03%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (3.03%)	0 (0.00%)	4 (12.12%)
Royal Preston (0160)	279	111 (39.78%)	0 (0.00%)	56 (20.07%)	17 (6.09%)	0 (0.00%)	7 (2.51%)	1 (0.36%)	28 (10.04%)
Salford Royal (0400)	32	4 (12.50%)	1 (3.13%)	10 (31.25%)	8 (25.00%)	0 (0.00%)	0 (0.00%)	2 (6.25%)	3 (9.38%)

The Royal Orthopaedic Hospital, Birmingham (0428)	106	38 (35.85%)	0 (0.00%)	28 (26.42%)	14 (13.21%)	0 (0.00%)	5 (4.72%)	12 (11.32%)	0 (0.00%)
Seacroft Leeds (0492)	83	5 (6.02%)	0 (0.00%)	1 (1.20%)	3 (3.61%)	0 (0.00%)	12 (14.46%)	6 (7.23%)	14 (16.87%)
Walton Centre (0578)	82	16 (19.51%)	5 (6.10%)	12 (14.63%)	15 (18.29%)	0 (0.00%)	1 (1.22%)	0 (0.00%)	5 (6.10%)
Solent MSK Services (3253)	7	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	4 (57.14%)	0 (0.00%)

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[a] Ineligible patients may fail on 1 or more reasons for ineligibility.

[b] Reasons for ineligibility 1-8:

R01. Patient hasn't had sciatica secondary PID proven on MRI scan (1A)

R02. Patient symptoms have occurred for less than six weeks (1B)

R03. Patient symptoms have occurred for more than 6 months (1C)

R04. Patient doesn't have leg pain which is non responsive to conservative non-invasive management (1D)

R05. Patient is under 16 years old (1E)

R06. Patient is over 65 years old (1F)

R07. Patient has attempted at least one form of conservative (non-operative) treatment but this has not provided adequate relief of patient's pain (1G) **OR** Patient has not attempted any form of conservative non-operative treatment (1K)

R08. Patient has serious neurological deficit (1H)

[c] Only sites that have screened at least one ineligible patient are included in table.

**Table 5-3 Reason for ineligibility 2**

Patient count N (% of total ineligible per site)	Total number of ineligible patients	Reasons for ineligibility [a,b]							
		R09	R10	R11	R12	R13	R14	R15	R16
Overall [c]	723	97 (13.42%)	19 (2.63%)	5 (0.69%)	35 (4.84%)	26 (3.60%)	73 (10.10%)	50 (6.92%)	3 (0.41%)
James Cook Hospital (0006)	1	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)
Royal Hallamshire Hospital (0093)	100	44 (44.00%)	0 (0.00%)	1 (1.00%)	3 (3.00%)	0 (0.00%)	36 (36.00%)	25 (25.00%)	0 (0.00%)
Barts Health NHS Trust (0137)	33	8 (24.24%)	0 (0.00%)	0 (0.00%)	5 (15.15%)	5 (15.15%)	7 (21.21%)	6 (18.18%)	0 (0.00%)
Royal Preston (0160)	279	10 (3.58%)	4 (1.43%)	1 (0.36%)	19 (6.81%)	20 (7.17%)	1 (0.36%)	5 (1.79%)	0 (0.00%)
Salford Royal (0400)	32	4 (12.50%)	0 (0.00%)	0 (0.00%)	1 (3.13%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
The Royal Orthopaedic Hospital, Birmingham (0428)	106	1 (0.94%)	7 (6.60%)	2 (1.89%)	4 (3.77%)	0 (0.00%)	2 (1.89%)	4 (3.77%)	0 (0.00%)
Seacroft Leeds (0492)	83	23 (27.71%)	8 (9.64%)	0 (0.00%)	1 (1.20%)	0 (0.00%)	10 (12.05%)	8 (9.64%)	0 (0.00%)

Patient count N (% of total ineligible per site)	Total number of ineligible patients	Reasons for ineligibility [a,b]							
		R09	R10	R11	R12	R13	R14	R15	R16
Walton Centre (0578)	82	7 (8.54%)	0 (0.00%)	1 (1.22%)	2 (2.44%)	1 (1.22%)	13 (15.85%)	2 (2.44%)	3 (3.66%)
Solent MSK Services (3253)	7	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	3 (42.86%)	0 (0.00%)	0 (0.00%)

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[a] Ineligible patients may fail on 1 or more reasons for ineligibility.

[b] Reasons for ineligibility 9-16:

R09: Patient has had previous spinal surgery at the same intervertebral disc (level) (1I)

R10: Patient has had sciatica for longer than 6 months (1J)

R11: Patient is known to be pregnant (1L)

R12: Patient has a contraindication to surgery (1M)

R13: Patient has a contraindication to injection (1N)

R14: Patients symptoms have occurred for more than 12 months (1O)

R15: Patient has had sciatica for longer than 12 months (1P)

R16: No reason given

[c] Only sites that have screened at least one ineligible patient are included in table.

### 5.3 Patients not being consented

Patients can not be consented because they are either not approached for consent or the patient declined to provide consent, below are the summaries of the reasons why in each of these cases separately.

**Table 5-4 Reason eligible patient were not approached for consent**

Patient count N (% of total patient not being approached per site)	Total	Reasons consent not sought [a,b]			
		CNS01	CNS02	CNS03	CNS04 [d]
Overall [c]	24	0 (0.00%)	1 (4.17%)	2 (8.33%)	21 (87.50%)
Addenbrookes Hospital (0007)	2	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (100.00%)
Royal Hallamshire Hospital (0093)	1	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (100.00%)
Royal Preston (0160)	3	0 (0.00%)	1 (33.33%)	0 (0.00%)	2 (66.67%)
Royal Stoke University Hospital (0182)	1	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (100.00%)
The Royal Orthopaedic Hospital, Birmingham (0428)	13	0 (0.00%)	0 (0.00%)	1 (7.69%)	12 (92.31%)
Seacroft Leeds (0492)	2	0 (0.00%)	0 (0.00%)	1 (50.00%)	1 (50.00%)
Solent MSK Services (3253)	2	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (100.00%)

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[a] Consent may not be sought for more than one reason.

[b] Reasons consent not sought:

CNS01. Missed by research nurse/doctor

CNS02. Not approached because of patients lack of understanding

CNS03. Not approached for consultant preference

CNS04. Not approached for other reason

[c] Only sites which have screened at least one eligible patient was not approached for consent included in the table.

[d] See appendix for other reasons

**Table 5-5 Reasons for eligible patient declining to participate**

Patient count N (% of total consent not provided by site)	Total consent not provided	Reasons consent not provided [a,b]				
		CNP01	CNP02	CNP03	CNP04	CNP05
Overall [c]	143	3 (2.10%)	33 (23.08%)	60 (41.96%)	22 (15.38%)	33 (23.08%)
James Cook Hospital (0006)	13	0 (0.00%)	0 (0.00%)	13 (100.00%)	0 (0.00%)	0 (0.00%)
Addenbrookes Hospital (0007)	10	2 (20.00%)	2 (20.00%)	1 (10.00%)	5 (50.00%)	0 (0.00%)
Royal Hallamshire Hospital (0093)	9	0 (0.00%)	1 (11.11%)	0 (0.00%)	5 (55.56%)	3 (33.33%)
Royal Preston (0160)	4	0 (0.00%)	2 (50.00%)	1 (25.00%)	1 (25.00%)	0 (0.00%)
Royal Stoke University Hospital (0182)	3	0 (0.00%)	1 (33.33%)	3 (100.00%)	1 (33.33%)	1 (33.33%)
Salford Royal (0400)	11	0 (0.00%)	2 (18.18%)	3 (27.27%)	4 (36.36%)	3 (27.27%)
The Royal Orthopaedic Hospital, Birmingham (0428)	13	0 (0.00%)	4 (30.77%)	1 (7.69%)	0 (0.00%)	8 (61.54%)
Seacroft Leeds (0492)	39	0 (0.00%)	19 (48.72%)	19 (48.72%)	2 (5.13%)	2 (5.13%)
Walton Centre (0578)	22	0 (0.00%)	1 (4.55%)	12 (54.55%)	2 (9.09%)	7 (31.82%)
Solent MSK Services (3253)	19	1 (5.26%)	1 (5.26%)	7 (36.84%)	2 (10.53%)	9 (47.37%)

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[a] Patients may not provide consent for more than one reason.

[b] Reasons consent not provided:

CNP01. No reason provided – 2A

CNP02. Doesn't want to take part in research – 2B

CNP03. Doesn't wish to be randomly assigned to treatment – 2C

CNP04. Doesn't wish to have TFESI – 2D

CNP05. Doesn't wish to have surgical microdiscectomy – 2E

[c] Only sites that have screened at least one eligible patient who declined consent included in the table.

## 5.4 Randomisation Summary

Table 5-6 Summary of randomisation by site

Centre Code	Hospital	Date site opened	Date site closed	Surgical Microdiscectomy (Surgery)			TFESI (Injection)		
				First randomised	Last randomised	Total	First randomised	Last randomised	Total
0006	James Cook Hospital	01/04/2016	31/12/2017	12/05/2016	02/10/2017	7	12/05/2016	14/12/2017	7
0007	Addenbrookes Hospital	14/07/2016	31/12/2017	09/09/2016	19/10/2017	6	15/11/2016	30/11/2017	5
0093	Royal Hallamshire Hospital	15/08/2016	31/12/2017	03/05/2017	13/12/2017	3	21/09/2016	12/07/2017	3
0160	Royal Preston	01/12/2015	31/12/2017	17/02/2017	17/02/2017	1	N/A	N/A	0
0182	Royal Stoke University Hospital	29/07/2016	31/12/2017	21/11/2017	21/11/2017	1	N/A	N/A	0
0213	Nottingham University hospital	27/09/2017	31/12/2017	20/10/2017	21/12/2017	4	20/10/2017	21/12/2017	4
0400	Salford Royal	13/04/2015	31/12/2017	03/08/2015	04/08/2016	4	14/04/2015	02/02/2017	5
0428	The Royal Orthopaedic Hospital, Birmingham	07/10/2015	31/12/2017	26/10/2015	05/06/2017	3	13/01/2016	14/02/2017	3
0492	Seacroft Leeds	02/03/2016	31/12/2017	13/09/2016	08/08/2017	7	29/09/2016	08/06/2017	7
0578	Walton Centre	04/03/2015	31/12/2017	06/03/2015	25/09/2017	40	06/03/2015	04/08/2017	40
3253	Solent MSK Services	01/04/2016	31/12/2017	13/07/2016	25/09/2017	7	20/06/2016	12/04/2017	6
<b>Overall</b>				<b>06/03/2015</b>	<b>21/12/2017</b>	<b>83</b>	<b>06/03/2015</b>	<b>21/12/2017</b>	<b>80</b>

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## 6. Tables

### 6.1 Baseline characteristics

#### 6.1.1 Demographic details

**Table 6-1 All demographic details split by allocation**

Demographic	Summary	Surgery	Injection	Overall
Gender, n(%)	N	83	80	163
	Female	46 (55.4%)	40 (50.0%)	86 (52.8%)
	Male	37 (44.6%)	40 (50.0%)	77 (47.2%)
Age (continuous) Summary	N	83	80	163
	Mean (S.D.)	43.5 (9.9)	41.2 (8.6)	42.4 (9.3)
	Median (IQR)	42.8 (34.9-50.5)	41.4 (35.2-47.0)	42.2 (35.2-48.9)
	Range	23.2 - 65.6	23.3 - 59.8	23.2 - 65.6
	Data unobtainable	0	0	0
Age (EudraCT), n(%)	N	83	80	163
	18-65 years	82 (98.8%)	80 (100.0%)	162 (99.4%)
	65-84 years	1 (1.2%)	0 (0.0%)	1 (0.6%)
Of reproductive potential, n(%)	N	46	40	86
	No	11 (23.9%)	5 (12.5%)	16 (18.6%)
	Yes	35 (76.1%)	35 (87.5%)	70 (81.4%)
Taking Anticoagulant Medication, n(%)	N	83	80	163
	No	82 (98.8%)	79 (98.8%)	161 (98.8%)
	Yes	1 (1.2%)	1 (1.3%)	2 (1.2%)
Previous surgery at disc level, n(%)	N	83	80	163
	No	82 (98.8%)	80 (100.0%)	162 (99.4%)
	Yes	1 (1.2%)	0 (0.0%)	1 (0.6%)
No. of weeks of symptoms Summary	N	83	80	163
	Mean (S.D.)	21.5 (10.7)	21.1 (11.2)	21.3 (10.9)
	Median (IQR)	17.0 (14.0-28.0)	18.0 (13.0-27.0)	18.0 (14.0-28.0)

	Range	7.0 - 51.0	8.0 - 64.0	7.0 - 64.0
	Data unobtainable	0	0	0
Has patient taken medication for pain and symptoms, n(%)	N	83	80	163
	Yes	83 (100.0%)	80 (100.0%)	163 (100.0%)
Has patient modified activity, n(%)	N	83	80	163
	No	0 (0.0%)	1 (1.3%)	1 (0.6%)
	Yes	83 (100.0%)	79 (98.8%)	162 (99.4%)
Has patient attended physiotherapy, n(%)	N	83	80	163
	No	15 (18.1%)	16 (20.0%)	31 (19.0%)
	Yes	68 (81.9%)	64 (80.0%)	132 (81.0%)
Has patient had other conservative (non operative) treatment for pain and symptoms, n(%)	N	83	80	163
	No	49 (59.0%)	43 (53.8%)	92 (56.4%)
	Yes	34 (41.0%)	37 (46.3%)	71 (43.6%)
Estimated volume of canal occupied by disc prolapse, n(%)	N	83	80	163
	Less than 25%	43 (51.8%)	44 (55.0%)	87 (53.4%)
	Between 25%-50%	36 (43.4%)	34 (42.5%)	70 (42.9%)
	Greater than 50%	4 (4.8%)	2 (2.5%)	6 (3.7%)
Weight (Kg) Summary	N	75	71	146
	Mean (S.D.)	83.7 (16.8)	81.4 (20.7)	82.6 (18.8)
	Median (IQR)	82.0 (72.0-95.1)	77.1 (67.0-94.0)	79.3 (69.8-94.0)
	Range	54.0 - 134.0	51.7 - 154.0	51.7 - 154.0
	Data unobtainable	8	9	17
Height (cm) Summary	N	76	71	147
	Mean (S.D.)	171.7 (10.7)	172.6 (9.5)	172.2 (10.1)
	Median (IQR)	170.1 (164.0-180.7)	173.0 (167.0-180.0)	171.5 (165.0-180.0)
	Range	147.0 - 197.0	150.0 - 192.0	147.0 - 197.0
	Data unobtainable	7	9	16
BMI (Kg / m <sup>2</sup> )	N	74	68	142

	Mean (S.D.)	28.2 (5.3)	27.2 (6.4)	27.7 (5.9)
	Median (IQR)	26.9 (24.5-31.3)	25.6 (22.9-29.4)	26.4 (24.1-30.7)
	Range	18.9 - 44.3	17.1 - 47.1	17.1 - 47.1
	Data unobtainable	9	12	21
Posture, n(%)	N	83	80	163
	Abnormal	38 (45.8%)	41 (51.3%)	79 (48.5%)
	Normal	43 (51.8%)	37 (46.3%)	80 (49.1%)
	Not Done	2 (2.4%)	2 (2.5%)	4 (2.5%)
Range of movement, n(%)	N	83	80	163
	Abnormal	52 (62.7%)	50 (62.5%)	102 (62.6%)
	Normal	27 (32.5%)	27 (33.8%)	54 (33.1%)
	Not Done	4 (4.8%)	3 (3.8%)	7 (4.3%)
Muscle strength, n(%)	N	83	80	163
	Abnormal	12 (14.5%)	18 (22.5%)	30 (18.4%)
	Normal	67 (80.7%)	59 (73.8%)	126 (77.3%)
	Not Done	4 (4.8%)	3 (3.8%)	7 (4.3%)
Left ankle jerks present, n(%)	N	83	80	163
	No	13 (15.7%)	11 (13.8%)	24 (14.7%)
	Yes	68 (81.9%)	66 (82.5%)	134 (82.2%)
	Data unobtainable	2 (2.4%)	3 (3.8%)	5 (3.1%)
Right ankle jerks present, n(%)	N	83	80	163
	No	13 (15.7%)	13 (16.3%)	26 (16.0%)
	Yes	68 (81.9%)	66 (82.5%)	134 (82.2%)
	Data unobtainable	2 (2.4%)	1 (1.3%)	3 (1.8%)
Left knee jerks present, n(%)	N	83	80	163
	No	2 (2.4%)	4 (5.0%)	6 (3.7%)
	Yes	79 (95.2%)	73 (91.3%)	152 (93.3%)
	Data unobtainable	2 (2.4%)	3 (3.8%)	5 (3.1%)
Right knee jerks present, n(%)	N	83	80	163

	No	3 (3.6%)	5 (6.3%)	8 (4.9%)
	Yes	78 (94.0%)	74 (92.5%)	152 (93.3%)
	Data unobtainable	2 (2.4%)	1 (1.3%)	3 (1.8%)
SLR reduction present, n(%)	N	83	80	163
	No	6 (7.2%)	4 (5.0%)	10 (6.1%)
	Yes	75 (90.4%)	76 (95.0%)	151 (92.6%)
	Data unobtainable	2 (2.4%)	0 (0.0%)	2 (1.2%)
Location of SLR reduction present, n(%)	N	75	76	151
	Bilateral	7 (9.3%)	9 (11.8%)	16 (10.6%)
	Unilateral (Left)	37 (49.3%)	39 (51.3%)	76 (50.3%)
	Unilateral (Right)	31 (41.3%)	28 (36.8%)	59 (39.1%)
Any other abnormalities present, n(%)	N	83	80	163
	No	63 (75.9%)	59 (73.8%)	122 (74.8%)
	Yes	19 (22.9%)	21 (26.3%)	40 (24.5%)
	Data unobtainable	1 (1.2%)	0 (0.0%)	1 (0.6%)
Is patient currently employed, n(%)	N	83	80	163
	No	21 (25.3%)	13 (16.3%)	34 (20.9%)
	Yes	62 (74.7%)	66 (82.5%)	128 (78.5%)
	Data unobtainable	0 (0.0%)	1 (1.3%)	1 (0.6%)
Is patient currently unable to work due to sciatica, n(%)	N	62	66	128
	No	41 (66.1%)	34 (51.5%)	75 (58.6%)
	Yes	21 (33.9%)	32 (48.5%)	53 (41.4%)
Is the patient is currently taking analgesics/ steroids/ anticoagulant medication, n(%)	N	83	80	163
	No	7 (8.4%)	7 (8.8%)	14 (8.6%)
	Yes	76 (91.6%)	73 (91.3%)	149 (91.4%)

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## 6.2 Study population

### 6.2.1 Data sets analysed

**Table 6-2 Data sets analysed**

Population	Surgery	Injection	Total
Screened	1055 (total)	1055 (total)	1055
Randomised	83	80	163
Intention-to-treat	83 (100%)	80 (100%)	163 (100%)
Per-protocol	N/A	N/A	N/A
Safety	105 (64.4%)	82 (50.3%)	155 (95.1%)

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\01C-PDs.sas

### 6.2.2 Protocol deviations

**Table 6-3 Protocol deviations**

Protocol deviations: n (%)	Surgery	Injection	Total
N	83	80	163
Any protocol deviation	69 (83.1%)	74 (92.5%)	143 (87.7%)
At least one major:	26 (31.3%)	20 (25.0%)	46 (28.2%)
Duration of symptoms between 6 weeks and 12 months*	0 (1.4%)	1 (1.4%)	1 (0.6%)
Severe leg pain non-responsive to conservative, non invasive management	1 (1.2%)	0 (0.0%)	1 (0.6%)
Previous spinal surgery at the same intervertebral disc (level)	1 (1.2%)	0 (0.0%)	1 (0.6%)
Treatment compliance	12 (14.5%)	10 (12.5%)	22 (13.5%)
Treatment timeline compliance	6 (7.2%)	1 (1.3%)	7 (4.3%)
Missing primary outcome questionnaire	14 (16.9%)	14 (17.5%)	28 (17.2%)
Protocol specified assessment tools not used**	3 (1.3%)	1 (1.3%)	4 (2.5%)
At least one minor:	67 (80.7%)	71 (88.8%)	138 (84.7%)

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\* Exclusion criteria extended from 6 months to 12 months, PD occurred when inclusion criteria was at 12 months.

\*\* no longer protocol deviation under current version of protocol but still reportable for occurrences earlier in study.

### 6.3 Withdrawals

In total, there were 6 withdrawals of consent for follow up during the study, 3 of these were in the surgery arm and 3 were in the injection arm. There were no complete data withdrawals.

**Table 6-4 Withdrawals from follow up**

Allocation	Withdrawal date	Last visit date	Decision by	Level / reason(s)
TFESI	29-Jan-18	29-Jan-18	Clinician	Pt unwilling to have injection or surgery
Surgical Microdiscectomy	08-May-18	31-Jan-18	Participant	Withdrawal of consent for ALL further follow-up  Participant is not happy with the process and will not pick all my phone calls.
TFESI	01-Jun-18	08-Nov-17	Clinician	Site has exhausted all means of communication with the participant, with participant failing to make contact or comply with site requests.
Surgical Microdiscectomy	22-Jun-16	21-Jun-16	Participant	Withdrawal of consent for follow up
TFESI	18-Apr-17	18-Apr-17	Clinician	chest infection and investigation for possible bowel cancer delayed treatment
Surgical Microdiscectomy	24-Jan-17	24-Jan-17	Clinician and Participant	Withdrawal of consent for follow up

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\07A-FU TC.sas

## 6.4 Serious breaches of GCP

There was one confirmed serious breach of GCP during NERVES. See section 16.3 – Serious Breach reports (report no. 002) for full details of the breach. below is an outline of the events:

During the course of the trial a serious breach occurred at a participating centre. It was identified as a systematic failure to follow the protocol and a breach of data integrity for the following reasons:

- Data not recorded in notes:
  - At the time of initial assessment of the breach it was thought that the case report forms (CRFs) had been used as source. Upon further investigation that was not the case, data had been recorded elsewhere however there was a long delay in writing it up / transferring to the electronic medical notes.
- Missing primary outcome data
- Failure to comply with protocol timeline requirements
- Failure to flag to LCTC issues with treatment, follow-up of patients and site data collection
- Inclusion of 3 ineligible patients

None of the issues identified had any implications for patient safety. LCTC advised the centre of appropriate corrective and preventative actions that needed to be completed to address the issues identified; all have been completed and the MHRA have confirmed they consider the serious breach closed.

## 6.5 Compliance with treatment

For treatment timeline, the protocol specifies that treatment should be received within 6 weeks but no later than 12 week

**Table 6-5 Timing of treatment**

Treatment timeline compliance	Summary	Allocation	
		Surgery	Injection
Within 6 weeks or no treatment received	N	57	75
	%	68.67	93.75
Between 6 to 12 weeks	N	20	4
	%	24.1	5
Greater than 12 weeks	N	6	1
	%	7.23	1.25
<b>Total</b>		<b>83</b>	<b>80</b>

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**Table 6-6 Details for patients not receiving allocated treatment**

Allocation	Received Allocated	Actually received	Details
Surgical Microdiscectomy	No	TFESI	Other anaesthetist decided wasn't safe for surgery
Surgical Microdiscectomy	No	TFESI	Patient preference TFESI
Surgical Microdiscectomy	No	TFESI	Other severe sciatic pain down the right leg had resolved. Surgery would be inappropriate.
Surgical Microdiscectomy	No	TFESI	Patient preference patient declined following reflection preferred TFESI
TFESI	No	Surgical Microdiscectomy	Patient preference
TFESI	No	Surgical Microdiscectomy	Patient preference The change to surgical microdiscectomy was patient preference following randomisation.
Surgical Microdiscectomy	No	TFESI	Patient preference declined surgery
TFESI	No	Surgical Microdiscectomy	Other Surgeon decision

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**Table 6-7 details of trial interventions received**

Details	Surgery n=83	Injection n=80
	n (%)	n (%)
<b>Received randomised treatment initially</b>		
Single randomised treatment	65 (78.31)	40 (50)
Repeated randomised treatment	3 (3.61)	2 (2.5)
<b>Randomised treatment then the alternative treatment at least once</b>	<b>3 (3.61)</b>	<b>28 (35)</b>
<b>Received alternative treatment initially</b>		
Single alternative treatment	3 (3.61)	3 (3.75)
Repeated alternative treatment	1 (1.2)	0
<b>Alternative treatment then the randomised treatment</b>	<b>1 (1.2)</b>	<b>0</b>
<b>Late/ no treatment</b>		
No treatment recorded during trial	4 (4.82)	4 (5)
Late randomised treatment	0	1 (1.25)
Late alternative treatment(s)	3	2 (2.5)

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Red text denotes patients who crossed arms during the study.

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**Table 6-8 Treatment cross-over in relation to primary outcome**

Cross-overs	Summary	Randomised treatment	
		Surgery n=83	Injection n=80
Cross-over after PO	N	2	13
	%	2.41	16.25
Cross-over before PO	N	2	13
	%	2.41	16.25
<b>Total</b>	<b>N</b>	<b>4</b>	<b>26</b>

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## 6.6 Unblinding

N/A as NERVES is an open-label trial.

## 6.7 Safety data

### 6.7.1 Adverse events

Table 6-9 Adverse events overall

Adverse event		Surgery (n=105)		Injection (n=82)		Overall (n=155)	
System organ class (SOC)	Preferred term (PT)	Events: n	Patients: n(%)	Events: n	Patients: n(%)	Events: n	Patients: n(%)
<b>Total</b>		<b>18</b>	<b>15 (14.29%)</b>	<b>8</b>	<b>3 (3.66%)</b>	<b>26</b>	<b>18 (11.61%)</b>
Nervous system disorders	Hypoaesthesia	1	1 (0.95%)	5	2 (2.44%)	6	3 (1.94%)
	Cerebrospinal fluid leakage	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
	Peroneal nerve palsy	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
	Radicular pain	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
Injury, poisoning and procedural complications	Dural tear	4	4 (3.81%)	0	0 (0.00%)	4	4 (2.58%)
	Pseudomeningocele	2	2 (1.90%)	0	0 (0.00%)	2	2 (1.29%)
	Surgical procedure repeated	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
	Wound complication	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
Infections and infestations	Postoperative wound infection	2	2 (1.90%)	0	0 (0.00%)	2	2 (1.29%)
	Wound infection	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
Musculoskeletal and connective tissue disorders	Pain in extremity	1	1 (0.95%)	1	1 (1.22%)	2	2 (1.29%)
	Sciatica	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
Renal and urinary disorders	Pollakiuria	0	0 (0.00%)	1	1 (1.22%)	1	1 (0.65%)
	Urinary incontinence	0	0 (0.00%)	1	1 (1.22%)	1	1 (0.65%)
General disorders and administration site conditions	Swelling	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)

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Programming note: Order in descending order of frequency by SOC and then descending order by PT.

**Note:** This table includes all AEs including those categorised as serious, if only the non-serious AEs are required then the number of events for and number of patients should be reduced by 1 for the following adverse events: Injury, poisoning and procedural complications / Surgical procedure repeated, Nervous system disorders / Peroneal nerve palsy, Infections and infestations / Postoperative wound infection, Injury, poisoning and procedural complications / Pseudomeningocele. The total patients affected by AEs in this case would be 14 in the surgery arm and 3 in the TFESI arm.

**Table 6-10 Adverse events by severity**

Adverse event			Surgery (n=105)		Injection (n=82)		Overall (n=155)	
System organ class (SOC)	Preferred term (PT)	Severity	Events: n	Patients: n(%)	Events: n	Patients: n(%)	Events: n	Patients: n(%)
<b>Total</b>		<b>Mild</b>	<b>10</b>	<b>9 (8.67%)</b>	<b>2</b>	<b>2 (2.44%)</b>	<b>12</b>	<b>11 (7.10%)</b>
		<b>Moderate</b>	<b>5</b>	<b>3 (2.86%)</b>	<b>6</b>	<b>1 (1.22%)</b>	<b>11</b>	<b>4 (2.58%)</b>
		<b>Severe</b>	<b>3</b>	<b>3 (2.86%)</b>	<b>0</b>	<b>0 (0.00%)</b>	<b>3</b>	<b>3 (1.94%)</b>
Nervous system disorders	Hypoaesthesia	Mild	1	1 (0.95%)	1	1 (1.22%)	2	2 (1.29%)
		Moderate	0	0 (0.00%)	4	1 (1.22%)	4	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
	Cerebrospinal fluid leakage	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Moderate	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
	Peroneal nerve palsy	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
Radicular pain	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)	
	Moderate	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)	
	Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)	
Injury, poisoning and procedural complications	Dural tear	Mild	3	3 (2.86%)	0	0 (0.00%)	3	3 (1.94%)
		Moderate	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
	Pseudomeningocele	Mild	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Moderate	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
	Surgical procedure repeated	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
	Wound complication	Mild	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)

		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
Infections and infestations	Postoperative wound infection	Mild	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
	Wound infection	Mild	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
Musculoskeletal and connective tissue disorders	Pain in extremity	Mild	1	1 (0.95%)	1	1 (1.22%)	2	2 (1.29%)
		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
	Sciatica	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Moderate	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
Renal and urinary disorders	Pollakiuria	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Moderate	0	0 (0.00%)	1	1 (1.22%)	1	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
	Urinary incontinence	Mild	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Moderate	0	0 (0.00%)	1	1 (1.22%)	1	1 (0.65%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
General disorders and administration site conditions	Swelling	Mild	1	1 (0.95%)	0	0 (0.00%)	1	1 (0.65%)
		Moderate	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)
		Severe	0	0 (0.00%)	0	0 (0.00%)	0	0 (0.00%)

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Programming note: Order in descending order of frequency overall per event and then by ascending severity within event.

**Table 6-11 Line listings of adverse events by causality**

Patient No.	System Organ Class	Preferred Term	Surgery	TFESI		
				Injection	Steroid	Anaesthetic
1	Musculoskeletal and connective tissue disorders	Sciatica	Almost certainly			
2	Infections and infestations	Wound infection	Almost certainly			
2	Injury, poisoning and procedural complications	Surgical procedure repeated	Almost certainly			
3	Nervous system disorders	Hypoaesthesia	Probably			
4	Infections and infestations	Postoperative wound infection	Almost certainly			
5	Injury, poisoning and procedural complications	Dural tear	Almost certainly			
6	Nervous system disorders	Hypoaesthesia		Possibly		
6	Nervous system disorders	Hypoaesthesia		Possibly		
6	Nervous system disorders	Hypoaesthesia		Possibly		
6	Nervous system disorders	Hypoaesthesia		Possibly		
6	Renal and urinary disorders	Pollakiuria		Possibly		
6	Renal and urinary disorders	Urinary incontinence		Possibly		Possibly
7	Musculoskeletal and connective tissue disorders	Pain in extremity		Almost certainly	Possibly	Possibly
8	General disorders and administration site conditions	Swelling	Almost certainly			
9	Musculoskeletal and connective tissue disorders	Pain in extremity	Probably			
10	Injury, poisoning and procedural complications	Wound complication	Probably			
11	Injury, poisoning and procedural complications	Dural tear	Almost certainly			
12	Nervous system disorders	Peroneal nerve palsy	Almost certainly			
13	Injury, poisoning and procedural complications	Pseudomeningocele	Almost certainly			
14	Nervous system disorders	Hypoaesthesia		Probably	Probably	Probably
15	Infections and infestations	Postoperative wound infection	Almost certainly			
15	Nervous system disorders	Radicular pain	Almost certainly			
16	Injury, poisoning and procedural complications	Dural tear	Almost certainly			

17	Injury, poisoning and procedural complications	Pseudomeningocele	Almost certainly			
17	Nervous system disorders	Cerebrospinal fluid leakage	Almost certainly			
18	Injury, poisoning and procedural complications	Dural tear	Almost certainly			

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\06B-Safety Tables.SAS

## 6.7.2 Serious adverse events

Table 6-12 SAE line listings

Allocation	System Organ Class (SOC) / Preferred Term (PT)	Onset Date	Serious Criteria		Severity	Expected	Related	Action	Outcome
			PI	CI	PI	CI	PI / CI		
Surgical Microdiscectomy	Injury, poisoning and procedural complications / Surgical procedure repeated	25/11/2015	Required Hospitalisation	Required Hospitalisation	Severe	Expected	Almost certainly / Almost certainly	Hospital admission, Other action: Redo disc surgery	Resolved
Surgical Microdiscectomy	Nervous system disorders / Peroneal nerve palsy	11/02/2017	Prolonged existing hospitalisation	Prolonged existing hospitalisation, Persistent or significant disability / incapacity, weakness of foot, further surgical intervention.	Severe	Expected	Almost certainly / Almost certainly	Treated with concomitant medication, Prolongation of hospital stay, Other action: Return to theatre. re-explored surgically 12/02/2017	Ongoing at final follow up
Surgical Microdiscectomy	Infections and infestations / Postoperative wound infection	19/09/2017	Required Hospitalisation	Required Hospitalisation	Severe	Expected	Almost certainly/ Probably	Treated with concomitant medication, Hospital admission	Resolved

Allocation	System Organ Class (SOC) / Preferred Term (PT)	Onset Date	Serious Criteria		Severity	Expected	Related	Action	Outcome
			PI	CI	PI	CI	PI / CI		
Surgical Microdiscectomy	Injury, poisoning and procedural complications / Pseudomeningocele	05/12/2016	Required Hospitalisation	Required Hospitalisation	Moderate	Expected	Almost certainly/ Almost certainly	Treated with concomitant medication, Hospital admission, Other action: MRI. since follow-up report 1 patient has attended 2 outpatient appointments in the neurosurgery dept. Attended outpatient appts in Neurosurgery Dept	Resolved

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## 6.8 Efficacy data

### 6.8.1 Primary efficacy assessment

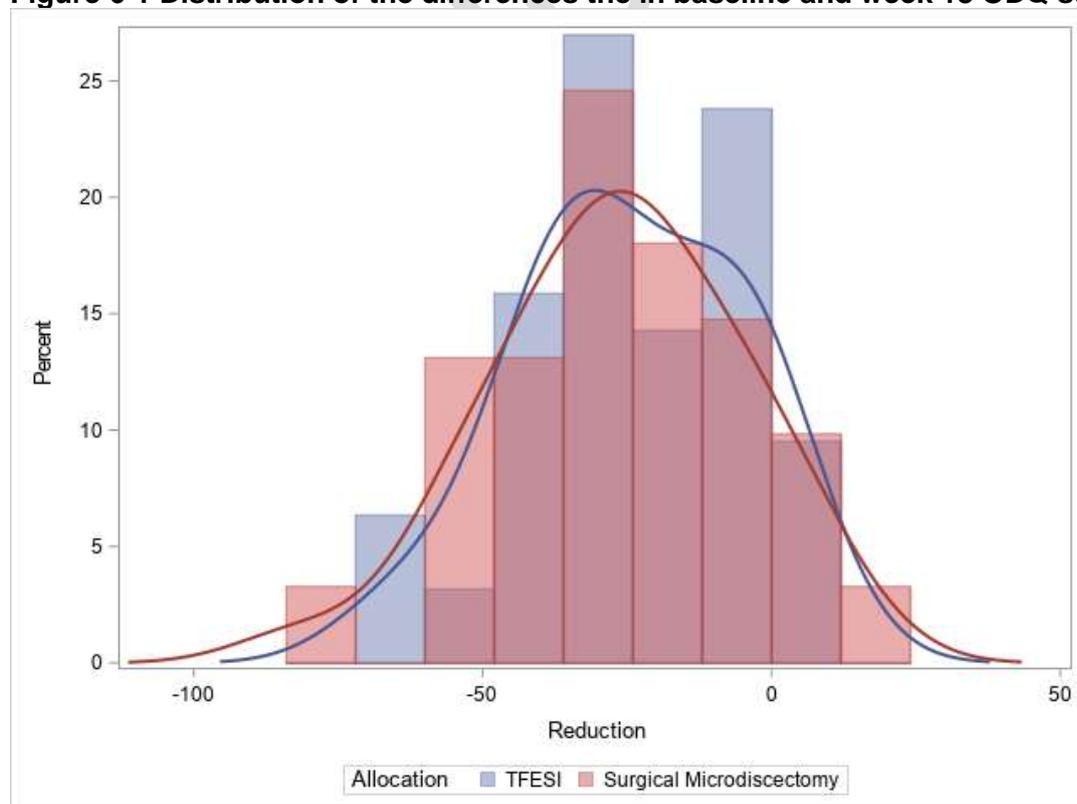
#### 6.8.1.1 ODQ (18 weeks)

Table 6-13 ODQ summaries at baseline and week 18

Time point	Summary	Surgery	Injection	Overall
Baseline	<b>N</b>	<b>83</b>	<b>79</b>	<b>162</b>
	N missing	0	1	1
	Mean (S.D.)	49.39 (17.81)	53.74 (19.35)	51.51 (18.64)
	Median (IQR)	46.67 (36.00,62.22)	54.00 (40.00,71.11)	50.00 (38.00,66.00)
Week 18	<b>N</b>	<b>61</b>	<b>63</b>	<b>124</b>
	N missing / invalid	22	17	39
	Mean (S.D.)	22.30 (19.83)	30.02 (24.38)	26.22 (22.51)
	Median (IQR)	18.00 (6.00,36.00)	22.22 (10.00,50.00)	20.00 (9.00,37.89)
Difference	<b>N</b>	<b>61</b>	<b>63</b>	<b>124</b>
	N missing/ invalid	22	17	39
	Mean (S.D.)	-26.74 (21.35)	-24.52 (18.89)	-25.61 (20.09)
	Median (IQR)	-26 (-40,-8.89)	-26 (-38,-6)	-26 (-39,-8)
	95% CI	(-32.21 , -21.27)	(-29.28 , -19.76)	(-29.18 , -22.04)

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03B-Primary Outcome.sas

Figure 6-1 Distribution of the differences the in baseline and week 18 ODQ scores



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

For the patients who completed a valid baseline and week 18 ODQ questionnaire within the correct window, the following table shows a breakdown of the number of participants who improved or got worse in each treatment arm.

**Table 6-14 Frequencies of level of improvement for the ODQ scores**

Change in symptoms	Surgery n=61	Injection n=63	Overall n=124
	n (%)	n (%)	n (%)
Clinically significant improvement*	45 (73.8%)	43 (68.3%)	88 (71.0%)
Small improvement	8 (13.1%)	14 (22.2%)	22 (17.7%)
Symptoms got worse	8 (13.1%)	6 (9.5%)	14 (11.3%)

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

\*Note: A reduction of 10 points for the ODQ score was considered clinically important.

**Table 6-15 Model estimates for ODQ**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	-4.37	(-17.03 , 8.28)	-
ODQ at baseline	0.63	(0.45 , 0.81)	-
Surgery versus Injection	-4.25	(-11.09 , 2.59)	0.221

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03B-Primary Outcome.sas

### 6.8.1.2 ODQ estimates when patients switched treatment arms

The approach to primary outcome analysis was ITT, there were some treatment cross-overs before primary outcome time point. Below are summary statistics for the patients who did switch treatments (before completion of valid primary outcome) and those who did not have a cross-over before PO completion.

**Table 6-16 Summary statistics for ODQ by cross-over status**

Crossover before PO	No				Yes			
	Surgery		Injection		Surgery		Injection	
Initial treatment actually received								
ODQ time point	BL	18	BL	18	BL	18	BL	18
N	57	57	47	47	1	1	14	14
Mean	49.84	21.58	50.58	27.74	52	44	64.17	35.24
Std. Dev.	18.58	19.81	19.77	24.23	.	.	14.97	23.15
Median	44	18	48.89	20	52	44	67	24
LQ	36	6	36	8	52	44	56	20
UQ	62	35.56	66	44	52	44	72	54

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\07A-FU TC.sas

### 6.8.1.3 ODQ sensitivity analysis

As the amount of missing data was found to be >10% a sensitivity analysis was conducted to test the robustness of our primary analysis by using multiple imputations to impute missing ODQ questionnaire scores. Out of the 163 randomised patients 39 (23.93 %) were excluded from primary outcome analysis so this exceeds the 10% missing data criteria. Of the 39 exclusions 22/83 (26.51%) were in the surgery arm and 17/80 (21.25%) were in the injection arm.

162 patients were included in the sensitivity analysis, 1 patient in the TFESI arm was still excluded as they did not have a baseline ODQ so a week 18 questionnaire could not be imputed for this patient.

**Table 6-17 Model estimates for ODQ with imputed data**

Original estimates	parameter	Parameter Estimate	Confidence interval	p-value
Intercept		-4.37	(-17.03 , 8.28)	-
ODQ at baseline		0.63	(0.45 , 0.81)	-
Surgery versus Injection		-4.25	(-11.09 , 2.59)	0.221
Imputed estimates	parameter	Parameter Estimate	Confidence interval	p-value
Intercept		3.12	(-14.63 , 8.40)	-
ODQ at baseline		0.67	(0.48 , 0.86)	-
Surgery versus Injection		-3.08	(-10.16 , 3.99)	0.393

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03F-Primary Outcome - sensitivity.sas

### 6.8.1.4 Extended ODQ model

There were 56 participants in the Surgery arm and 53 in the injection arm for this analysis.

**Table 6-18 Model estimates for the extended primary outcome mixed effects model**

Variable	Level	Estimate	CI	p-value
Intercept		3.40	(-29.36,36.17)	-
Baseline ODQ		0.62	(0.42,0.82)	-
Age (years)		-0.16	(-0.56,0.23)	-
Gender	Female	7.70	(0.05,15.34)	-
	Male	0	.	-
Duration of Symptoms (weeks)		0.1667	(-0.26,0.59)	-
BMI (KG/M <sup>2</sup> )		-0.2591	(-0.90,0.39)	-
Volume	Between 25%-50%	-0.1854	(-7.85,7.48)	-
	Greater than 50%	-10.7563	(-31.03,9.52)	-
	Less than 25%	0	.	-
Allocation	Surgery Vs Injection	-5.0334	(-12.76,2.70)	0.1991

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03B-Primary Outcome.sas

### 6.8.1.5 Post-hoc analysis: Extended model including level of disc prolapse

There were 54 participants in the Surgery arm and 52 in the injection arm for this analysis.

**Table 6-19 Parameter estimates for extended model included disc prolapse level**

Variable	Level	Estimate	CI	p-value
Intercept		5.95	(-28.76,40.66)	-
Baseline ODQ		0.63	(0.43,0.83)	-
Age (years)		-0.2	(-0.61,0.21)	-
Gender	Female	5.78	(-2.06,13.63)	-
	Male	0	-	-
Duration of Symptoms (weeks)		0.22	(-0.21,0.65)	-
BMI (KG/M <sup>2</sup> )		-0.22	(-0.88,0.45)	-
Location	L2/3	-17.07	(-56.93,22.79)	
	L3/4	13.81	(-25.93,53.55)	
	L4/5	-5.6	(-13.48,2.29)	
	L5/S1	0	-	-
Volume	Between 25%-50%	-17.07	(-8.68,7.04)	-
	Greater than 50%	13.81	(-32.05,8.36)	-
	Less than 25%	0	-	-
Allocation	Surgery Vs Injection	-4.94	(-12.81,2.93)	0.215

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

## 6.8.2 Secondary efficacy endpoint 1 – ODQ (18, 30, 42, 54 weeks)

### 6.8.2.1 Longitudinal analysis

Change from baseline summaries (ODQ score at follow up - baseline) are presented below where both the baseline ODQ questionnaire and follow up questionnaire were completed. A lower ODQ score represents lower levels of disability therefore a decrease from baseline represents an improvement. Questionnaires are only included in the summaries if they were completed at the protocol specified time points post randomisation (+/- 2 weeks for week 18, week 30 and week 42 and 54-62 weeks for week 54 questionnaire).

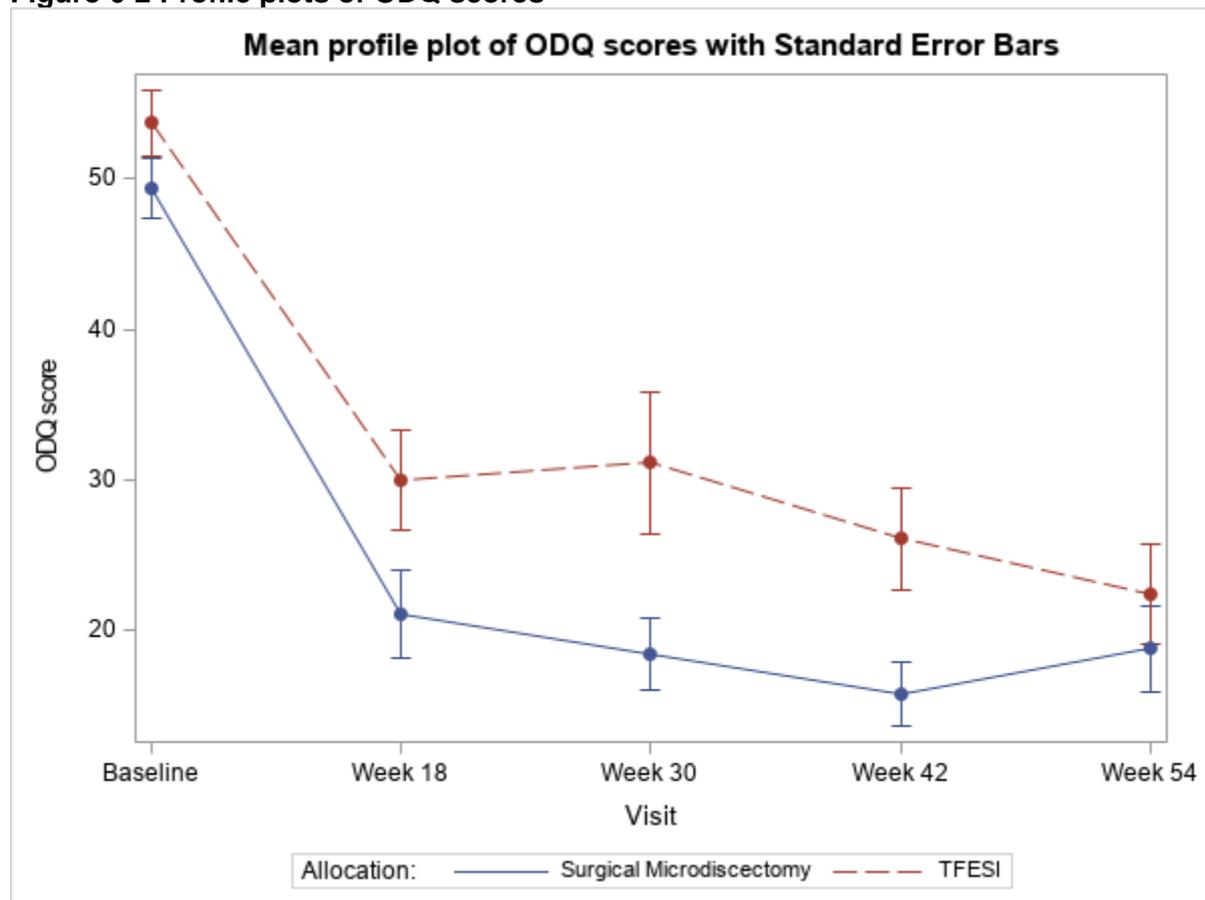
The ODQ is only considered valid if at least 8 out of 10 items were answered.

**Table 6-20 Change from baseline summaries for ODQ**

Time point	summary	Surgery	Injection	Overall
Week 18 ODQ summary	<b>N</b>	<b>46</b>	<b>51</b>	<b>97</b>
	Mean (S.D.)	-27.18 (22.31)	-24.29 (18.28)	-25.66 (20.24)
	Median (IQR)	-27.00 (-40.00--8.89)	-26.00 (-36.00--8.00)	-26.00 (-38.00--8.00)
	Range	-84.00 - 16.00	-65.11 - 10.00	-84.00 - 16.00
	N out of window	22	15	37
	N invalid	1	0	1
	N missing	14	14	28
Week 30 ODQ summary	<b>N</b>	<b>40</b>	<b>30</b>	<b>70</b>
	Mean (S.D.)	-26.62 (19.12)	-23.25 (17.45)	-25.17 (18.37)
	Median (IQR)	-29.00 (-33.67--13.00)	-25.33 (-34.00--10.00)	-27.33 (-34.00--12.00)
	Range	-78.00 - 12.00	-64.00 - 12.00	-78.00 - 12.00
	N out of window	12	14	26
	N invalid	0	1	1
	N missing	31	35	66
Week 42 ODQ summary	<b>N</b>	<b>40</b>	<b>34</b>	<b>74</b>
	Mean (S.D.)	-31.40 (17.22)	-25.51 (23.74)	-28.69 (20.54)
	Median (IQR)	-30.00 (-41.00--20.39)	-26.00 (-42.00--8.00)	-29.00 (-42.00--16.00)
	Range	-68.00 - 14.00	-70.00 - 21.11	-70.00 - 21.11
	N out of window	10	11	21
	N invalid	1	0	1
	N missing	32	35	67
Week 54 ODQ summary	<b>N</b>	<b>48</b>	<b>42</b>	<b>90</b>
	Mean (S.D.)	-30.38 (17.77)	-31.10 (24.35)	-30.71 (20.97)
	Median (IQR)	-31.00 (-42.00--20.00)	-23.00 (-48.00--12.00)	-29.00 (-42.00--18.00)
	Range	-68.00 - 9.56	-84.00 - 4.00	-84.00 - 9.56
	N out of window	16	17	33
	N invalid	0	0	0
	N missing	19	21	40

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03B-Primary Outcome.sas

Figure 6-2 Profile plots of ODQ scores



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

The study design defines questionnaires to be measured at specific time-points, measurements that are not taken at per-protocol time-points were still included in this mixed model analysis as the time in weeks was included in the model to directly account for the time between baseline and completed follow up questionnaires. As such there were 75 patients in the surgery arm and 72 patients in the TFESI arm included in this analysis.

A time-treatment interaction was tested and was found to be non-significant so was excluded from the model, below the treatment effect (estimated mean difference in ODQ) is reported together with a 95% CI and a p-value.

Table 6-21 Parameter estimates for ODQ longitudinal model

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	1.17	(-9.87,12.22)	-
Baseline ODQ	0.57	(0.41,0.73)	-
Time (Weeks)	-0.08	(-0.15,-0.02)	-
Surgery versus Injection	-4.67	(-10.61,1.28)	0.123

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03B-Primary Outcome.sas

### 6.8.2.2 Post-hoc analysis

As a post-hoc analysis, joint modelling of the longitudinal outcome (as above) and the time to study dropout was done to consider the possibility of informative dropout. The longitudinal model was fitted as mixed effects model with a random intercept and random slope for participant. The parameter estimates are found below, the standard errors were calculated from 246 bootstrapped samples (4 failed to converge).

**Table 6-22 Post-hoc: parameter estimates for ODQ joint model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	2.65	(-7.76, 11.26)	-
Baseline ODQ	0.54	(0.37, 0.73)	-
Time (Weeks)	-0.08	(-0.16, -0.02)	-
Surgery versus Injection	-4.62	(-9.84, 1.27)	0.108

R file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 2.0\SAS Programmes\Joint modelling.R

The parameter estimates are similar to the original longitudinal estimates found in Table 6-21 and the conclusions remain unchanged once adjusted for informative dropout.

To consider the effects of baseline dropout (as these would not include in the original model or the joint model due to lack of follow up), the following summaries are provided.

**Table 6-23 Post-hoc: summaries of baseline ODQ scores by dropout status**

	N	Mean (SD)	Median (IQR)	Range
Overall baseline ODQ for surgical arm	83	49.39 (17.81)	46.67 (36 - 62.22)	14 - 96
Overall baseline ODQ for TFESI arm	79	53.74 (19.35)	54 (40 - 71.11)	18 - 100
<b>Baseline ODQ for baseline dropout surgical arm</b>	<b>7</b>	<b>45.78 (23.02)</b>	<b>38 (28 - 64.44)</b>	<b>18 - 86</b>
<b>BL ODQ for BL dropout TFESI arm</b>	<b>7</b>	<b>57.43 (23.17)</b>	<b>56 (44 - 80)</b>	<b>20 - 82</b>
Baseline ODQ for no dropout/ non-baseline dropout in surgical arm	76	49.72 (17.41)	46.67 (36 - 62.11)	14 - 96
Baseline ODQ for no dropout/ non-baseline dropout in TFESI arm	72	53.38 (19.09)	53 (39 - 70.56)	18 - 100

For the participants who dropped out at baseline, the mean and median ODQ scores are not the same between treatment groups. They are lower in the group randomised to surgical microdiscectomy. However, since these groups are small, no formal comparison has been made.

### 6.8.3 Secondary efficacy endpoint 2 – Leg pain (18, 30, 42 and 54 weeks)

#### 6.8.3.1 Longitudinal analysis

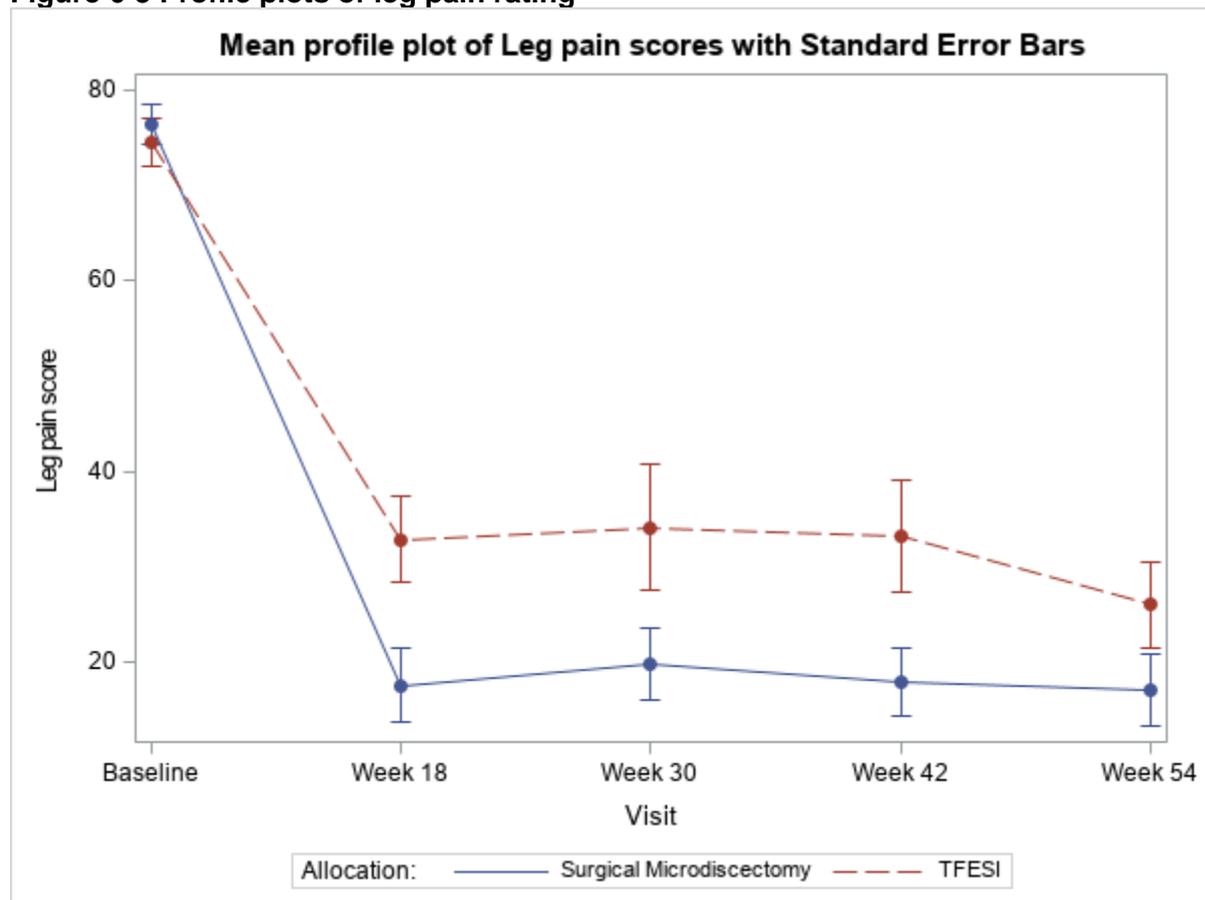
Change from baseline summaries (Numerical rating of leg pain at follow up - baseline) are presented below where the numerical rating for leg pain were completed. A lower leg pain rating (0-100) represents lower overall pain so a decrease from baseline represents an improvement. Questionnaires were only included in the summaries if they were completed at protocol specified time points post randomisation (+/- 2 weeks for week 18, week 30 and week 42 and 54-62 weeks for week 54 questionnaire).

**Table 6-24 Change from baseline summaries for leg pain rating**

Time point	summary	Surgery	Injection	Overall
Week 18 leg pain summary	<b>N</b>	<b>45</b>	<b>49</b>	<b>94</b>
	Mean (S.D.)	-58.31 (34.51)	-43.55 (32.52)	-50.62 (34.12)
	Median (IQR)	-65.00 (-85.00--40.00)	-50.00 (-75.00--20.00)	-60.00 (-80.00--25.00)
	Range	-100.00 - 20.00	-95.00 - 25.00	-100.00 - 25.00
	N out of window	16	14	30
	N missing	22	17	39
Week 30 leg pain summary	<b>N</b>	<b>38</b>	<b>30</b>	<b>68</b>
	Mean (S.D.)	-54.37 (27.05)	-42.70 (35.27)	-49.22 (31.25)
	Median (IQR)	-60.00 (-70.00--40.00)	-42.50 (-80.00--10.00)	-55.00 (-75.00--20.00)
	Range	-100.00 - 5.00	-95.00 - 15.00	-100.00 - 15.00
	N out of window	10	12	22
	N missing	35	38	73
Week 42 leg pain summary	<b>N</b>	<b>37</b>	<b>33</b>	<b>70</b>
	Mean (S.D.)	-55.81 (31.66)	-47.12 (42.28)	-51.71 (37.03)
	Median (IQR)	-70.00 (-80.00--30.00)	-49.00 (-85.00--25.00)	-65.00 (-80.00--30.00)
	Range	-100.00 - 30.00	-100.00 - 45.00	-100.00 - 45.00
	N out of window	9	11	20
	N missing	37	36	73
Week 54 leg pain summary	<b>N</b>	<b>43</b>	<b>39</b>	<b>82</b>
	Mean (S.D.)	-55.44 (33.57)	-47.08 (33.06)	-51.46 (33.39)
	Median (IQR)	-65.00 (-80.00--30.00)	-50.00 (-74.00--25.00)	-57.50 (-80.00--30.00)
	Range	-100.00 - 19.00	-100.00 - 40.00	-100.00 - 40.00
	N out of window	15	17	32
	N missing	25	24	49

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

**Figure 6-3 Profile plots of leg pain rating**



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

The study design defines questionnaires to be measured at specific time-points, measurements that are not taken at per-protocol time-points were still included in this mixed model analysis as the time in weeks was included in the model to directly account for the time between baseline and completed follow up questionnaire. As such there were 70 patients in the surgery arm and 70 patients in the TFESI arm included in this analysis.

A time-treatment interaction was tested and was found to be non-significant so was excluded from the model, below the treatment effect (estimated mean difference in numerical rating of leg pain) is reported together with a 95% CI and a p-value.

**Table 6-25 Parameter estimates for leg pain rating longitudinal model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	27.95	(6.43 , 49.48)	-
Baseline leg pain	0.12	(-0.09 , 0.33)	-
Time (Weeks)	-0.08	(-0.19 , 0.04)	-
Surgery versus Injection	-7.04	(-15.81 , 1.73)	0.115

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

**Table 6-26 Summary statistics for leg pain rating by cross-over status**

Crossover before Week 18 questionnaire	No				Yes			
	Surgery		Injection		Surgery		Injection	
Initial treatment actually received								
Leg pain time point	BL	18	BL	18	BL	18	BL	18
<b>N</b>	57	57	47	47	60	80	14	14
<b>Mean</b>	76.46	19.84	70.6	32.34	.	.	86.43	29.29
<b>Std. Dev.</b>	19.94	26.58	21.91	31.99	60	80	17.26	26.52
<b>Median</b>	80	10	75	20	60	80	90	20
<b>LQ</b>	65	0	50	5	60	80	80	10
<b>UQ</b>	90	30	90	60	60	80	100	55

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

### 6.8.3.2 Post-hoc analysis

As a post-hoc analysis, joint modelling of the longitudinal outcome (as above) and the time to study dropout was done to consider the possibility of informative dropout. The longitudinal model was fitted as mixed effects model with a random intercept for participant. The random intercept and slope model failed to converge and the model improvement was marginal. The parameter estimates are found below, the standard errors were calculated from 250 bootstrapped samples.

**Table 6-27 Post-hoc: parameter estimates for leg pain joint model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	24.86	(9.91, 41.09)	
Baseline leg pain	0.12	(-0.09, 0.29)	
Time (Weeks)	-0.06	(-0.18, 0.04)	
Surgery versus Injection	-7.06	(-15.82, 0.86)	0.098

R file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 2.0\SAS Programmes\Joint modelling.R

The parameter estimates are similar to the original longitudinal estimates found in Table 6-25 and the conclusions remain unchanged once adjusted for informative dropout.

## 6.8.4 Secondary efficacy endpoint 3 – Back pain (18, 30, 42 and 54 weeks)

### 6.8.4.1 Longitudinal analysis

Change from baseline summaries (Numerical rating of back pain at follow up - baseline) are presented below where the numerical rating for back pain were completed. A lower score for back pain represents lower overall pain so a decrease from baseline represents an improvement. Questionnaires were only included in the summaries if they were completed at protocol specified time points (+/- 2 weeks for week 18, week 30 and week 42 and 54-62 weeks for week 54 questionnaire).

**Table 6-28 Change from baseline summaries for back pain rating**

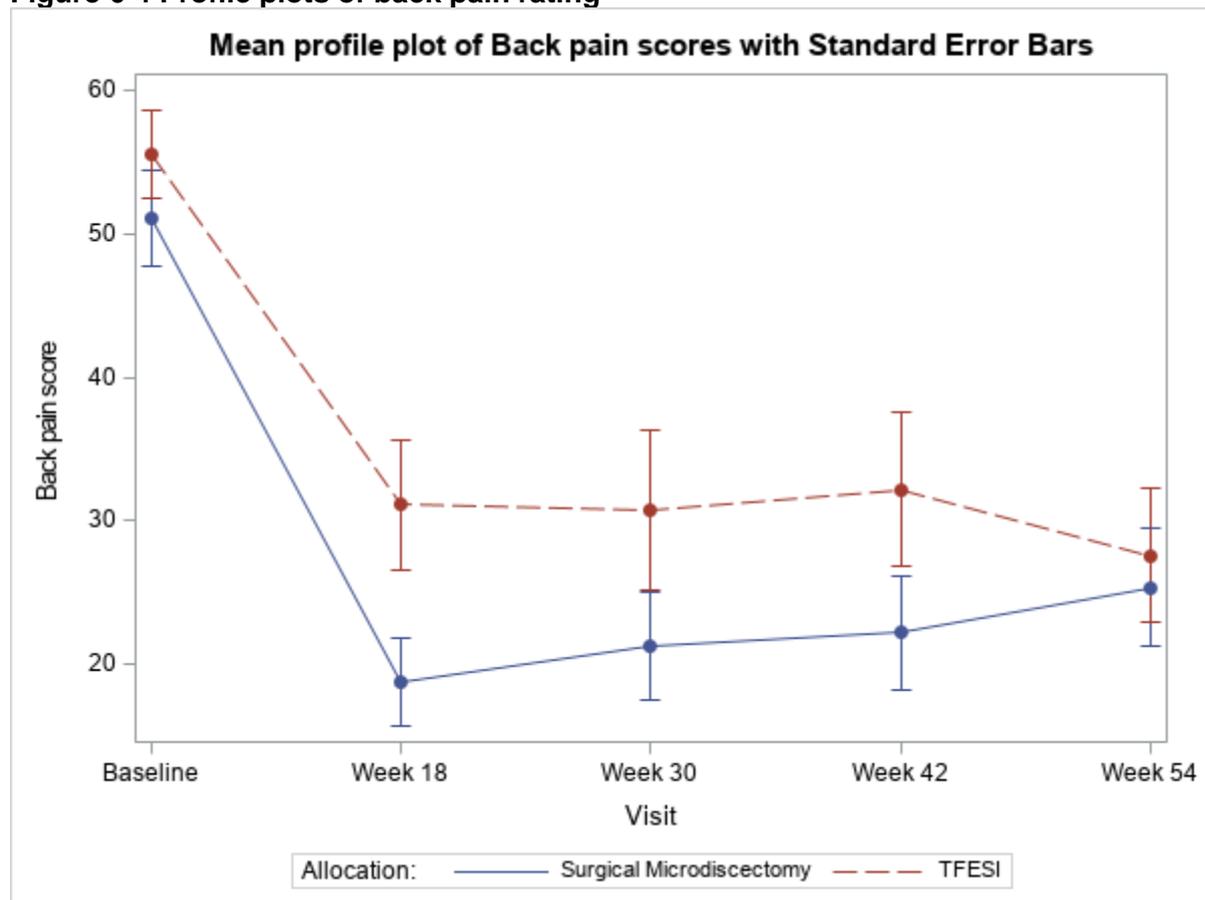
<b>Time point</b>	<b>summary</b>	<b>Surgery</b>	<b>Injection</b>	<b>Overall</b>
Week 18 back pain summary	<b>N</b>	45	49	94
	Mean (S.D.)	-26.02 (32.83)	-23.41 (27.69)	-24.66 (30.12)
	Median (IQR)	-22.00 (-55.00-0.00)	-18.00 (-45.00-0.00)	-20.00 (-52.00-0.00)
	Range	-95.00 - 45.00	-84.00 - 16.00	-95.00 - 45.00
	N out of window	16	14	30
	N missing	22	17	39
Week 30 back pain summary	<b>N</b>	<b>38</b>	<b>30</b>	<b>68</b>
	Mean (S.D.)	-25.00 (32.04)	-24.33 (31.95)	-24.71 (31.77)
	Median (IQR)	-25.00 (-50.00-0.00)	-15.00 (-45.00-0.00)	-20.00 (-47.50-0.00)
	Range	-95.00 - 40.00	-90.00 - 30.00	-95.00 - 40.00
	N out of window	9	12	21
	N missing	36	38	74
Week 42 back pain summary	<b>N</b>	<b>37</b>	<b>33</b>	<b>70</b>
	Mean (S.D.)	-20.81 (37.43)	-23.00 (37.29)	-21.84 (37.11)
	Median (IQR)	-25.00 (-45.00--1.00)	-20.00 (-50.00-0.00)	-20.00 (-49.00-0.00)
	Range	-95.00 - 80.00	-84.00 - 48.00	-95.00 - 80.00
	N out of window	9	11	20
	N missing	37	36	73
Week 54 back pain summary	<b>N</b>	<b>42</b>	<b>39</b>	<b>81</b>
	Mean (S.D.)	-23.07 (34.54)	-22.90 (29.11)	-22.99 (31.84)
	Median (IQR)	-22.50 (-55.00-0.00)	-15.00 (-45.00-0.00)	-20.00 (-48.00-0.00)
	Range	-95.00 - 65.00	-80.00 - 30.00	-95.00 - 65.00
	N out of window	16	17	33
	N missing	25	24	49

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

The study design defines numerical rating for back pain be measured a specific time-points, measurements that are not taken at per-protocol time-points will still be included in this mixed model analysis as time in weeks will be included in the model to directly account for the time between baseline and follow up questionnaires. As such there were 71 patients in the surgery arm and 70 patients in the TFESI arm included in this analysis.

A time-treatment interaction was tested and was found to be non-significant so was excluded from the model, below the treatment effect (estimated mean difference in numerical rating of back pain) is reported together with a 95% CI and a p-value.

Figure 6-4 Profile plots of back pain rating



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

Table 6-29 Parameter estimates for back pain rating longitudinal model

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	9.12	(-2.72 , 20.98)	-
Baseline back pain	0.39	(0.24 , 0.54)	-
Time (Weeks)	0.08	(-0.03 , 0.18)	-
Surgery versus Injection	-3.01	(-11.29 , 5.26)	0.473

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

Table 6-30 Summary statistics for back pain rating by cross-over status

Crossover before Week 18 questionnaire	No				Yes			
	Surgery		Injection		Surgery		Injection	
Initial treatment actually received								
Leg pain time point	BL	18	BL	18	BL	18	BL	18
N	57	57	47	47	55	2	47.14	29
Mean	47.79	21.53	54.09	32.28	.	.	32.8	28.43
Std. Dev.	28	24.47	28.1	32.76	55	2	50	16.5

<b>Median</b>	50	10	60	20	55	2	10	5
<b>LQ</b>	30	5	30	5	55	2	75	60
<b>UQ</b>	70	25	75	60	55	2	47.14	29

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

#### 6.8.4.2 Post-hoc analysis

As a post-hoc analysis, joint modelling of the longitudinal outcome (as above) and the time to study dropout was done to consider the possibility of informative dropout. The longitudinal model was fitted as mixed effects model with a random intercept and random slopes for participant. The parameter estimates are found below, the standard errors were calculated from 197 bootstrapped samples (53 failed to converge).

**Table 6-31 Post-hoc: parameter estimates for back pain joint model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	8.92	(-0.24, 16.01)	
Baseline back pain	0.39	(0.25, 0.54)	
Time (Weeks)	0.08	(-0.04, 0.21)	
Surgery versus Injection	-2.87	(-10.58, 3.16)	0.457

R file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 2.0\SAS Programmes\Joint modelling.R

The parameter estimates are similar to the original longitudinal estimates found in Table 6-29 and the conclusions remain unchanged once adjusted for informative dropout.

#### 6.8.5 Secondary efficacy endpoint 4 – Likert scale for satisfaction with care

The Likert scale for satisfaction with care was used to assess patients' satisfaction with the care received during the study and this was assessed at 54 weeks post randomisation. Lower scores over the 2 questions indicated higher levels of satisfaction.

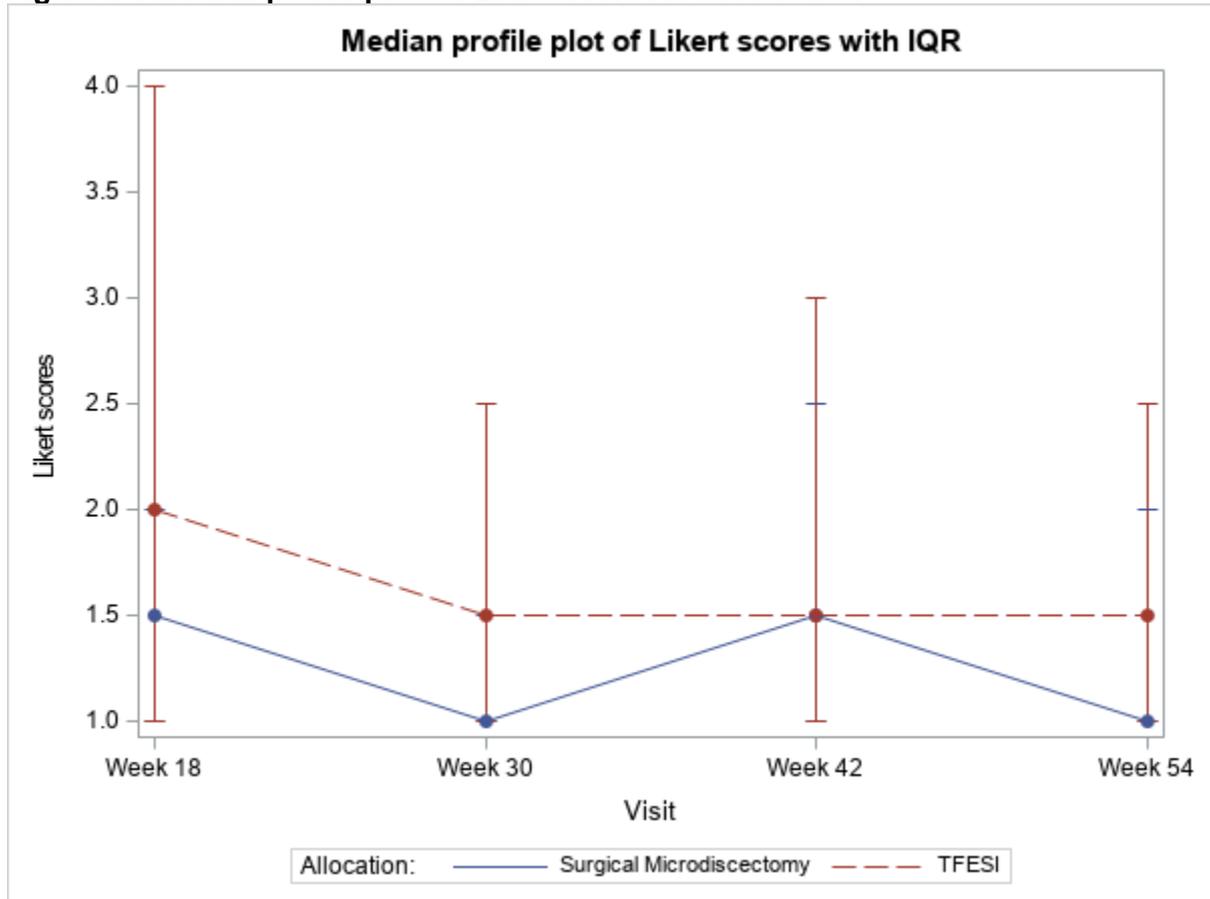
**Table 6-32 Summaries for Likert scale for satisfaction with care at week 54**

Allocation	N	N missing	Median	Lower Quartile	Upper Quartile
Surgical Microdiscectomy	61	22	1	1	2
TFESI	58	22	1.5	1	3

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

The median difference at 54 weeks was 0.5.

Figure 6-5 Median profile plot for Likert score for satisfaction



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

Table 6-33 Mann-Whitney results

Mann-Whitney U statistic	Z-statistic	p-value
1358.5	2.30	0.021

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

## 6.8.6 Secondary efficacy endpoint 5 – Roland-Morris (18, 30, 42, 54 weeks)

### 6.8.6.1 Longitudinal analysis

Change from baseline summaries (Roland-Morris at follow up - baseline) are presented below were the modified Roland-Morris (MRM) was completed at both time points. A Lower MRM score relates to lower levels of disability so a decrease from baseline represents an improvement. Questionnaires are only included in the summaries if they were completed at protocol specified time points (+/- 2 weeks for week 18, week 30 and week 42 and 54-62 weeks for week 54 questionnaire).

**Table 6-34 Change from baseline summaries for MRM**

Time point	summary	Surgery	Injection	Overall
Week 18 MRM summary	<b>N</b>	<b>47</b>	<b>51</b>	<b>98</b>
	Mean (S.D.)	-9.09 (6.27)	-7.73 (5.91)	-8.38 (6.09)
	Median (IQR)	-9.00 (-14.00--4.00)	-9.00 (-12.00--2.00)	-9.00 (-13.00--4.00)
	Range	-22.00 - 3.00	-19.00 - 2.00	-22.00 - 3.00
	N out of window	21	14	35
	N missing	15	15	30
Week 30 MRM summary	<b>N</b>	<b>40</b>	<b>31</b>	<b>71</b>
	Mean (S.D.)	-9.58 (5.60)	-7.48 (6.68)	-8.66 (6.14)
	Median (IQR)	-11.00 (-13.00--6.00)	-7.00 (-12.00--2.00)	-10.00 (-13.00--4.00)
	Range	-19.00 - 2.00	-20.00 - 4.00	-20.00 - 4.00
	N out of window	11	14	25
	N missing	32	35	67
Week 42 MRM summary	<b>N</b>	<b>39</b>	<b>34</b>	<b>73</b>
	Mean (S.D.)	-9.56 (5.86)	-8.35 (8.56)	-9.00 (7.21)
	Median (IQR)	-10.00 (-14.00--6.00)	-9.50 (-15.00--2.00)	-10.00 (-15.00--5.00)
	Range	-19.00 - 4.00	-21.00 - 9.00	-21.00 - 9.00
	N out of window	11	11	22
	N missing	33	35	68
Week 54 MRM summary	<b>N</b>	<b>47</b>	<b>42</b>	<b>89</b>
	Mean (S.D.)	-9.74 (6.65)	-9.24 (6.68)	-9.51 (6.63)
	Median (IQR)	-12.00 (-14.00--6.00)	-9.50 (-13.00--5.00)	-10.00 (-14.00--5.00)
	Range	-22.00 - 8.00	-21.00 - 6.00	-22.00 - 8.00
	N out of window	15	17	32
	N missing	21	21	42

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03B-Primary Outcome.sas

**Figure 6-6 Profile plots of modified Roland-Morris scores**



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

The study design defines questionnaires to be measured at specific time-points, measurements that are not taken at per-protocol time-points were still included in this mixed model analysis as the time in weeks was included in the model to directly account for the time between baseline and completed follow up questionnaires. As such there were 74 patients in the surgery arm and 72 patients in the TFESI arm included in this analysis.

A time-treatment interaction was tested and was found to be non-significant so was excluded from the model, below the treatment effect (estimated mean difference in MRM) is reported together with a 95% CI and a p-value.

**Table 6-35 Parameter estimates for the MRM longitudinal model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	-0.46	(-3.82 , 2.91)	-
Baseline MRM	0.55	(0.37 , 0.72)	-
Time (Weeks)	-0.02	(-0.04 , 0.004)	-
Surgery versus Injection	-1.82	(-3.67 , 0.03)	0.054

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\03D-SO Roland Morris V2.0.sas

### 6.8.6.2 Post-hoc analysis

As a post-hoc analysis, joint modelling of the longitudinal outcome (as above) and the time to study dropout was done to consider the possibility of informative dropout. The longitudinal model was fitted as mixed effects model with a random intercept and random slopes for participant. The parameter estimates are found below, the standard errors were calculated from 250 bootstrapped samples.

**Table 6-36 Post-hoc: parameter estimates for MRM joint model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	-0.02	(-2.60, 2.36)	
Baseline MRM	0.51	(0.36, 0.71)	
Time (Weeks)	-0.02	(-0.04, 0.01)	
Surgery versus Injection	-1.72	(-3.44, 0.10)	0.063

R file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 2.0\SAS Programmes\Joint modelling.R

The parameter estimates are similar to the original longitudinal estimates found in Table 6-35 Table 6-21 and the conclusions remain unchanged once adjusted for informative dropout.

## 6.8.7 Secondary efficacy endpoint 6 – COMI (18, 30, 42, 54 weeks)

### 6.8.7.1 Longitudinal analysis

Change from baseline summaries (COMI at follow up – baseline COMI) are presented below were the numerical rating for leg pain were completed. Lower leg pain rating represents lower overall pain so a decrease from baseline represents an improvement. Questionnaires were only included in the summaries if they were completed at protocol specified time points (+/- 2 weeks for week 18, week 30 and week 42 and 54-62 weeks for week 54 questionnaire).

Only COMI questionnaires with all items answered will be included in the summaries below. If a COMI questionnaire is missing an item then it is recorded as missing.

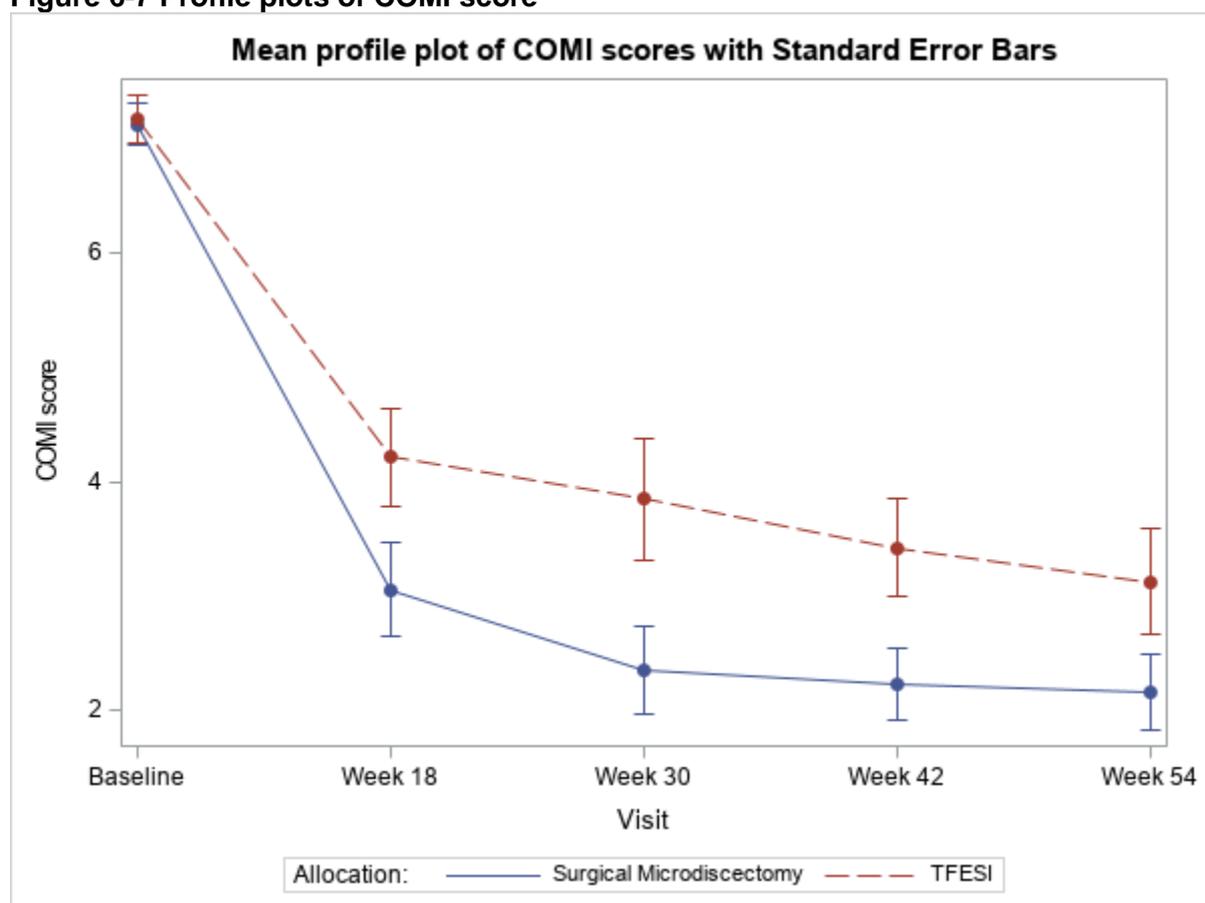
**Table 6-37 Change from baseline summaries for COMI**

Time point	summary	Surgery	Injection	Overall
Week 18 COMI summary	<b>N</b>	<b>42</b>	<b>47</b>	<b>89</b>
	Mean (S.D.)	-3.93 (2.80)	-3.05 (2.69)	-3.46 (2.76)
	Median (IQR)	-4.17 (-5.83--1.67)	-3.33 (-5.00--1.25)	-3.75 (-5.42--1.25)
	Range	-9.17 - 1.25	-9.17 - 1.67	-9.17 - 1.67
	N out of window	16	14	30
	N missing	25	19	44
Week 30 COMI summary	<b>N</b>	<b>32</b>	<b>27</b>	<b>59</b>
	Mean (S.D.)	-4.49 (2.44)	-3.33 (2.35)	-3.96 (2.45)
	Median (IQR)	-4.79 (-6.04--3.13)	-3.33 (-4.58--1.25)	-4.17 (-5.42--2.08)
	Range	-8.75 - 0.00	-7.92 - 0.83	-8.75 - 0.83
	N out of window	8	9	17
	N missing	43	44	87
Week 42 COMI summary	<b>N</b>	<b>33</b>	<b>32</b>	<b>65</b>
	Mean (S.D.)	-4.92 (2.18)	-3.45 (3.14)	-4.20 (2.77)
	Median (IQR)	-4.58 (-6.25--4.17)	-4.58 (-5.63--1.25)	-4.58 (-5.83--3.33)
	Range	-8.75 - 0.00	-8.33 - 3.33	-8.75 - 3.33
	N out of window	8	6	14
	N missing	42	42	84
Week 54 COMI summary	<b>N</b>	<b>39</b>	<b>37</b>	<b>76</b>
	Mean (S.D.)	-5.02 (2.32)	-3.93 (2.81)	-4.49 (2.61)
	Median (IQR)	-5.42 (-6.67--3.33)	-3.75 (-5.83--2.50)	-5.00 (-6.46--2.92)
	Range	-9.17 - 1.67	-9.17 - 1.67	-9.17 - 1.67
	N out of window	13	16	29
	N missing	31	27	58

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

The study design defines that COMI be measured a specific time-points, measurements that are not taken at per-protocol time-points will still be included in this mixed model analysis as time in weeks will be included in the model to directly account for the time between baseline and follow up questionnaires. As such there were 65 patients in the surgery arm and 67 patients in the TFESI arm included in this analysis.

Figure 6-7 Profile plots of COMI score



SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\08-POST HOC.sas

A time-treatment interaction was tested and was found to be non-significant so was excluded from the model, below the treatment effect (estimated mean difference in COMI score) is reported together with a 95% CI and a p-value.

Table 6-38 Parameter estimates for the COMI longitudinal model

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	0.94	(-1.14 , 3.02)	-
Baseline COMI	0.44	(0.20 , 0.67)	-
Time (Weeks)	-0.02	(-0.02 , -0.01)	-
Surgery versus Injection	-0.77	(-1.58 , 0.03)	0.059

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03C-SO COMI and Numerical rating.sas

### 6.8.7.2 Post-hoc analysis

As a post-hoc analysis, joint modelling of the longitudinal outcome (as above) and the time to study dropout was done to consider the possibility of informative dropout. The longitudinal model was fitted as mixed effects model with a random intercepts and random slopes for participant. The parameter estimates are found below, the standard errors were calculated from 250 bootstrapped samples.

**Table 6-39 Post-hoc: parameter estimates for COMI joint model**

Variable	Parameter Estimate	Confidence interval	p-value
Intercept	1.45	(-0.37, 3.16)	
Baseline COMI	0.39	(0.15, 0.66)	
Time (Weeks)	-0.02	(-0.03, -0.01)	
Surgery versus Injection	-0.78	(-1.54, -0.02)	0.046

R file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 2.0\SAS Programmes\Joint modelling.R

The parameter estimates are similar to the original longitudinal estimates found in Table 6-38 however the p-value and confidence intervals suggest a marginally significant treatment effect once adjusted for informative dropout.

### 6.8.8 Secondary efficacy endpoint 7 – Work Status

Below the number of patients that are employed/not employed at baseline, week 18 and week 54 are presented by treatment group. Of those patients who are employed, the number of patients that are off work/at work are also presented by treatment group.

The baseline CRF asks if the patient is employed and if the patient is able to work or not if they are employed. However, on the week 18 and week 54 CRF the questions asked are if the patient is employed or not and then if they have returned to work or not since the last visit and as such it can be difficult to say for certain whether the patient was employed and able to work or not at follow up. If we are unable to tell for sure then the status at the last follow up will be carried forward were there is no clear contradiction in doing so.

**Table 6-40 Employment summaries at baseline and follow up**

Time point	Detail	Surgery (n=83)	Injection (n=80)	Overall (n=163)
<b>Baseline</b>	Unemployed	21	13	34
	Employed	62	66	128
	Working	41	34	75
	Not working	21	32	53
	Missing/ can't tell	0	1	1
<b>Week 18</b>	Unemployed	18	16	34
	Employed	54	53	107
	Working	45	44	89
	Not working	6	9	15
	Missing/ can't tell	14	11	25
<b>Week 54</b>	Unemployed	15	13	28
	Employed	49	44	80
	Working	45	37	82
	Not working	0	1	1
	Missing/ can't tell	23	29	52

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03E-SO Work Status.sas

Due to the same reasons as above the number of days lost to work cannot be calculated accurately as in some cases it is impossible to know when someone stopped work and when someone returned. As such the number of days lost to work will not be presented.

**Table 6-41 Two way table for Chi-square test of association - week 18**

Allocation	Employment status Week 18	
	Not working	Working
<b>Surgery</b>	6	45
<b>Injection</b>	9	44

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03E-SO Work Status.sas

The Chi-square test statistic for the test of association is 0.57 with a corresponding p-value of 0.449. The relative risk of not working across arms (Surgery/ Injection) is 0.69 with corresponding 95% CI of (0.27 , 1.81)

**Table 6-42 Two way table for Chi-square test of association - week 54**

Allocation	Employment status Week 54	
	Not working	Working
Surgery	0	45
Injection	1	37

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\03E-SO Work Status.sas

**Note:** The assumption of expected cell count of >5 in 80% of cells to perform is not met for the week 54 employment status.

The Chi-square test statistic for the test of association is 1.20 with a corresponding p-value of 0.274. The relative risk of not working at 54 weeks cannot be calculate as one of the cell counts for not working is 0.

## 6.9 Additional analyses

### 6.9.1 Additional analysis 1

Additional analysis 1 was the extended model for the primary outcome and is reported in section 6.8.1.4

## 7. Plots and graphs

Plot number	Title	Section number of data to be included	Population	x-axis/y-axis
Figure 6-1	Distribution of the differences the in baseline and week 18 ODQ scores	Table 6-13 ODQ summaries at baseline and week 18 (final row)	ITT	Reduction from baseline to week 18 in ODQ (%) / Percentage
Figure 6-2	Profile plots of ODQ scores	Table 6-20 Change from baseline summaries for ODQ	ITT	Visit timepoint (weeks) / ODQ score (%)
Figure 6-3	Profile plots of leg pain rating	Table 6-24 Change from baseline summaries for leg pain rating	ITT	Visit timepoint (weeks) / Leg pain score (score out of 100)
Figure 6-4	Profile plots of back pain rating	Table 6-28 Change from baseline summaries for back pain rating	ITT	Visit timepoint (weeks) / Back pain score (score out of 100)
Figure 6-5	Median profile plot for Likert score for satisfaction	Table 6-32 Summaries for Likert scale for satisfaction with care at week 54	ITT	Visit timepoint (weeks) / Likert score for satisfaction with care (score 2-10)
Figure 6-6	Profile plots of modified Roland-Morris scores	Table 6-34 Change from baseline summaries for MRM	ITT	Visit timepoint (weeks) / MRM score (score out of 24)
Figure 6-7	Profile plots of COMI score	Table 6-37 Change from baseline summaries for COMI	ITT	Visit timepoint (weeks) / COMI score (Average score)

## Appendix 1: Mapping report contents to SAP

This report has been created following the NERVES Statistical Analysis Plan V2.0 (dated 25/06/2019).

The following table lists each item (tables, figures and section when applicable) in this report and maps each to the relevant SAP section that describes the methods used to compute it.

Section/subsection of SAP	Item within report	Additional details (if required)
14.1. Screening, eligibility and recruitment	Table 5-1 Summary of screening logs Table 5-2 Reasons for ineligibility 1 Table 5-3 Reason for ineligibility 2 Table 5-4 Reason eligible patient were not approached for consent Table 5-5 Reasons for eligible patient declining to participate Table 5-6 Summary of randomisation by site	
14.2. Post randomisation discontinuations	Table 6-4 Withdrawals from follow up	
15. Protocol Deviations	Table 6-3 Protocol deviations	
17.1. Data Sets Analysed	Table 6-2 Data sets analysed	
17.2. Demographic and Other Baseline Characteristics	Table 6-1 All demographic details split by allocation	Included BMI
17.3. Compliance with treatment	Table 6-5 Timing of treatment Table 6-6 Details for patients not receiving allocated treatment Table 6-7 details of trial interventions received Table 6-8 Treatment cross-over in relation to primary outcome	
17.4.1 Primary Outcome / 17.4.1.2 Analysis	Table 6-13 ODQ summaries at baseline and week 18 Table 6-14 Frequencies of level of improvement for the ODQ scores Table 6-15 Model estimates for ODQ Table 6-16 Summary statistics for ODQ by cross-over status	Included descriptive statistics of baseline and week 18 ODQ score and added histogram split by group. Included descriptive statistics of ODQ scores split by cross-over status and

	Figure 6-1 Distribution of the differences the in baseline and week 18 ODQ scores	treatment actually received at baseline and week 18.
17.4.2 ODQ at 30, 42 and 54 weeks after randomisation / 17.4.2.2 Analysis	Table 6-20 Change from baseline summaries for ODQ Table 6-21 Parameter estimates for ODQ longitudinal model Figure 6-2 Profile plots of ODQ scores	Included mean profile plots alongside change from baseline summaries.
17.4.3 Numerical rating scores for leg pain at baseline, and at 18, 30, 42 and 54 weeks after randomisation / 17.4.3.2 Analysis	Table 6-24 Change from baseline summaries for leg pain rating Table 6-25 Parameter estimates for leg pain rating longitudinal model Table 6-26 Summary statistics for leg pain rating by cross-over status Figure 6-3 Profile plots of leg pain rating	Included mean profile plots alongside change from baseline summaries.  Included descriptive statistics of leg pain scores split by cross-over status and treatment actually received at week 18.
17.4.4 Numerical rating scores for back pain at baseline, and at 18, 30, 42 and 54 weeks after randomisation / 17.4.4.2 Analysis	Table 6-28 Change from baseline summaries for back pain rating Table 6-29 Parameter estimates for back pain rating longitudinal model Table 6-30 Summary statistics for back pain rating by cross-over status Table 6-28 Change from baseline summaries for back pain rating Figure 6-4 Profile plots of back pain rating	Included mean profile plots alongside change from baseline summaries.  Included descriptive statistics of back pain scores split by cross-over status and treatment actually received at week 18.
17.4.5 Likert Scale to assess patient treatment satisfaction at 54 weeks after randomisation / 17.4.5.2 Analysis	Table 6-32 Summaries for Likert scale for satisfaction with care at week 54 Table 6-33 Mann-Whitney results	Median, IQR and median difference presented (rather than mean, SD and mean difference) for Likert scale as more appropriate for skewed data.  Included median profile plots alongside week 54 summaries.
17.4.6 Modified Roland-Morris outcome score for sciatica at baseline, and at	Table 6-34 Change from baseline summaries for MRM Table 6-35 Parameter estimates for the MRM longitudinal model	Included mean profile plots alongside change from baseline summaries.

18, 30, 42 and 54 weeks after randomisation / 17.4.6.2 Analysis	<b>Error! Reference source not found.</b> Figure 6-6 Profile plots of modified Roland-Morris scores	
17.4.7 Core Outcome Measures Index (COMI) at baseline, and at 18, 30, 42 and 54 weeks after randomisation / 17.4.7.2 Analysis	Table 6-37 Change from baseline summaries for COMI Table 6-38 Parameter estimates for the COMI longitudinal model Figure 6-7 Profile plots of COMI score	Included mean profile plots alongside change from baseline summaries.
17.4.8 Work status at follow-up / 17.4.8.2 Analysis	Table 6-40 Employment summaries at baseline and follow up Table 6-41 Two way table for Chi-square test of association - week 18 Table 6-42 Two way table for Chi-square test of association - week 54	Summaries for the number of work days lost could not be presented.
18 Missing data and withdrawals	Table 6-17 Model estimates for ODQ with imputed data	
19 Additional analyses / Additional analysis 1	Table 6-18 Model estimates for the extended primary outcome mixed effects model Table 6-19 Parameter estimates for extended model included disc prolapse level	Included a further post-hoc analysis based on the additional analysis model which also included disc prolapse level.
20 Safety Evaluations / 20.1 Data sets analysed	Table 6-2 Data sets analysed	
20 Safety Evaluations / 20.2 Presentation of the data	Table 6-9 Adverse events overall Table 6-10 Adverse events by severity Table 6-11 Line listings of adverse events by causality	Line listings for the relationship to intervention were presented rather than a table summarising frequencies as there multiple levels of causality for the TFESI.

**Appendix 2: Other reasons for eligible patients not being approached for consent**

The other reasons provided for eligible patients not being approached for consent are presented below as line listings and the frequencies of these is also presented if similar reasons are grouped together.

<b>Other Reason</b>
sent postal info/phoned- no response
In prison - unable to contact
did not attend apt
non compliant with treatments
patient transferred to private care
Patient gone private
Symptoms need to be managed conservatively
Symptoms resolved.
Symptoms had resolved
Symptoms resolved
Symptoms resolved.
Resolution of symptoms
Symptoms had improved
Improvement in symptoms
Improvement in symptoms
Improvement in symptoms
Improvement in symptoms.
Improvement in symptoms.
required urgent spinal surgery
Already listed and given date for injection
already had TFESI

<b>Other reason (grouped)</b>	<b>Frequency</b>
Already listed and given date for injection	1
In prison - unable to contact	1
Patients in private care	2
Patients symptoms improved/ resolved	11
Symptoms need to be managed conservatively	1
already had TFESI	1
did not attend appt	1
non compliant with treatments	1
required urgent spinal surgery	1
sent postal info/phoned- no response	1

SAS file: T:\Nerves\Statistical Analysis\Final analysis\Analysis\Version 1.0\SAS Programmes\02A-Screening and Recruitment.SAS