

**Clinical trial results:****A Phase III, Open-Label, Randomized Study of Atezolizumab (MPDL3280A, Anti-PD-L1 Antibody) in Combination With Carboplatin+Paclitaxel With or Without Bevacizumab Compared With Carboplatin + Paclitaxel + Bevacizumab in Chemotherapy-Naïve Patients With Stage IV Non-Squamous Non-Small Cell Lung Cancer****Summary**

EudraCT number	2014-003207-30
Trial protocol	LV AT DE BE ES BG NL LT PT FR SK IT
Global end of trial date	

**Results information**

Result version number	v1
This version publication date	20 September 2020
First version publication date	20 September 2020

**Trial information****Trial identification**

Sponsor protocol code	GO29436
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**Additional study identifiers**

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02366143
WHO universal trial number (UTN)	-

Notes:

**Sponsors**

Sponsor organisation name	Hoffmann-La Roche
Sponsor organisation address	Grenzacherstrasse 124, Basel, Switzerland,
Public contact	F. Hoffmann-La Roche AG, F. Hoffmann-La Roche AG, 41 616878333, global.trial_information@roche.com
Scientific contact	F. Hoffmann-La Roche AG, F. Hoffmann-La Roche AG, 42 616878333, global.trial_information@roche.com

Notes:

**Paediatric regulatory details**

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

Notes:

## Results analysis stage

Analysis stage	Interim
Date of interim/final analysis	13 September 2019
Is this the analysis of the primary completion data?	Yes
Primary completion date	13 September 2019
Global end of trial reached?	No

Notes:

## General information about the trial

Main objective of the trial:

The main objective of this trial was to evaluate the safety and efficacy of atezolizumab in combination with carboplatin+paclitaxel with or without bevacizumab compared with treatment with carboplatin+paclitaxel+bevacizumab in chemotherapy-naïve patients with Stage IV non-squamous non-small cell lung cancer (NSCLC).

Protection of trial subjects:

All study subjects were required to read and sign an Informed Consent Form.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	31 March 2015
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	Australia: 88
Country: Number of subjects enrolled	Argentina: 10
Country: Number of subjects enrolled	Austria: 12
Country: Number of subjects enrolled	Belgium: 16
Country: Number of subjects enrolled	Bulgaria: 10
Country: Number of subjects enrolled	Brazil: 27
Country: Number of subjects enrolled	Canada: 6
Country: Number of subjects enrolled	Switzerland: 14
Country: Number of subjects enrolled	Chile: 44
Country: Number of subjects enrolled	Germany: 94
Country: Number of subjects enrolled	Spain: 138
Country: Number of subjects enrolled	France: 72
Country: Number of subjects enrolled	Italy: 50
Country: Number of subjects enrolled	Japan: 93
Country: Number of subjects enrolled	Lithuania: 3
Country: Number of subjects enrolled	Latvia: 17
Country: Number of subjects enrolled	Mexico: 9
Country: Number of subjects enrolled	Netherlands: 39
Country: Number of subjects enrolled	Peru: 9
Country: Number of subjects enrolled	Portugal: 23
Country: Number of subjects enrolled	Russian Federation: 37
Country: Number of subjects enrolled	Singapore: 9

Country: Number of subjects enrolled	Slovakia: 8
Country: Number of subjects enrolled	Taiwan: 34
Country: Number of subjects enrolled	Ukraine: 74
Country: Number of subjects enrolled	United States: 266
Worldwide total number of subjects	1202
EEA total number of subjects	482

Notes:

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### **Subjects enrolled per age group**

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	664
From 65 to 84 years	531
85 years and over	7

## Subject disposition

### Recruitment

Recruitment details: -

### Pre-assignment

Screening details:

This study included chemotherapy-naive subjects with metastatic non-squamous non-small cell lung cancer (NSCLC).

### Period 1

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

### Arms

Are arms mutually exclusive?	Yes
<b>Arm title</b>	Arm B

Arm description:

Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin

Arm type	Experimental
Investigational medicinal product name	Atezolizumab
Investigational medicinal product code	
Other name	Tecentriq
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Atezolizumab was administered as IV infusion at a dose of 1200 milligrams (mg) on Day 1 of each 21-day cycle until loss of clinical benefit.

Investigational medicinal product name	Paclitaxel
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Paclitaxel was administered as IV infusion at a dose of 200 milligrams per square meter (mg/m<sup>2</sup>) on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first.

Investigational medicinal product name	Carboplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Carboplatin was administered at area under the concentration-time curve (AUC) 6 milligrams per milliliter per minute (mg/mL/min) on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first.

Investigational medicinal product name	Bevacizumab
Investigational medicinal product code	
Other name	Avastin
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Bevacizumab was administered as IV infusion at a dose of 15 milligrams per kilogram (mg/kg) on Day 1 of each 21-day cycle until progressive disease, unacceptable toxicity, or death.

<b>Arm title</b>	Arm A
Arm description: Atezolizumab+Paclitaxel+Carboplatin	
Arm type	Experimental
Investigational medicinal product name	Atezolizumab
Investigational medicinal product code	
Other name	Tecentriq
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Atezolizumab was administered as IV infusion at a dose of 1200 milligrams (mg) on Day 1 of each 21-day cycle until loss of clinical benefit.

Investigational medicinal product name	Paclitaxel
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Paclitaxel was administered as IV infusion at a dose of 200 milligrams per square meter (mg/m<sup>2</sup>) on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first.

Investigational medicinal product name	Carboplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Carboplatin was administered at area under the concentration-time curve (AUC) 6 milligrams per milliliter per minute (mg/mL/min) on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first.

<b>Arm title</b>	Arm C
Arm description: Bevacizumab+Paclitaxel+Carboplatin	
Arm type	Active comparator
Investigational medicinal product name	Bevacizumab
Investigational medicinal product code	
Other name	Avastin
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Bevacizumab was administered as IV infusion at a dose of 15 milligrams per kilogram (mg/kg) on Day 1 of each 21-day cycle until progressive disease, unacceptable toxicity, or death.

Investigational medicinal product name	Paclitaxel
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Paclitaxel was administered as IV infusion at a dose of 200 milligrams per square meter (mg/m<sup>2</sup>) on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first.

Investigational medicinal product name	Carboplatin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Carboplatin was administered at area under the concentration-time curve (AUC) 6 milligrams per milliliter per minute (mg/mL/min) on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first.

<b>Number of subjects in period 1</b>	Arm B	Arm A	Arm C
Started	400	402	400
Completed	0	0	0
Not completed	400	402	400
Adverse event, serious fatal	272	275	301
On-Going in Study	107	101	79
Ineligible	1	-	-
PI Move and Site Closure	-	1	1
Physician decision	2	1	1
Consent withdrawn by subject	15	21	16
Lost to follow-up	2	1	1
Randomization Error	-	-	1
Increased Microscopic RBCS on Urinalysis	1	-	-
Protocol deviation	-	2	-

## Baseline characteristics

<b>Reporting groups</b>	
Reporting group title	Arm B
Reporting group description: Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin	
Reporting group title	Arm A
Reporting group description: Atezolizumab+Paclitaxel+Carboplatin	
Reporting group title	Arm C
Reporting group description: Bevacizumab+Paclitaxel+Carboplatin	

<b>Reporting group values</b>	Arm B	Arm A	Arm C
Number of subjects	400	402	400
Age categorical			
Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	0	0	0
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	215	223	226
From 65-84 years	182	178	171
85 years and over	3	1	3
Age Continuous			
Units: Years			
arithmetic mean	63.0	62.3	63.1
standard deviation	± 9.5	± 9.2	± 9.3
Sex: Female, Male			
Units: Participants			
Female	160	161	161
Male	240	241	239
Race (NIH/OMB)			
Units: Subjects			
American Indian or Alaska Native	3	0	1
Asian	56	48	46
Native Hawaiian or Other Pacific Islander	0	0	0
Black or African American	3	9	12
White	322	331	335
More than one race	3	4	0
Unknown or Not Reported	13	10	6

<b>Reporting group values</b>	Total		
Number of subjects	1202		

Age categorical Units: Subjects			
In utero	0		
Preterm newborn infants (gestational age < 37 wks)	0		
Newborns (0-27 days)	0		
Infants and toddlers (28 days-23 months)	0		
Children (2-11 years)	0		
Adolescents (12-17 years)	0		
Adults (18-64 years)	664		
From 65-84 years	531		
85 years and over	7		
Age Continuous Units: Years			
arithmetic mean			
standard deviation	-		
Sex: Female, Male Units: Participants			
Female	482		
Male	720		
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native	4		
Asian	150		
Native Hawaiian or Other Pacific Islander	0		
Black or African American	24		
White	988		
More than one race	7		
Unknown or Not Reported	29		

### Subject analysis sets

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit

whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

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Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

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Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

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Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

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Subject analysis set type	Per protocol

Subject analysis set description:

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Subject analysis set type	Per protocol

Subject analysis set description:

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Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

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Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

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Subject analysis set type	Per protocol
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Subject analysis set description:

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Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
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Subject analysis set type	Per protocol
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Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or

death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Safety analysis

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Safety analysis

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Safety analysis

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

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Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

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until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
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Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

<b>Reporting group values</b>	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects	336	359	337
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±

Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm A (Atezolizumab+Paclitaxel+Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Number of subjects	350	338	400
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel)

			+ Carboplatin)
Number of subjects	400	348	190
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects	164	192	165
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			

Age Continuous Units: Years arithmetic mean standard deviation			
	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm A (Atezolizumab+Paclitaxel+Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Number of subjects	185	402	224
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation			
	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race			

Unknown or Not Reported			
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<b>Reporting group values</b>	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects	159	347	353
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel+Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects	331	235	196
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years)			

Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm A (Atezolizumab+Paclitaxel+Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Number of subjects	222	197	348
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian			

Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
More than one race			
Unknown or Not Reported			

<b>Reporting group values</b>	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Number of subjects	356	336	400
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Number of subjects	393	394	389
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days)			

Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	4.6 ±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Number of subjects	376	345	28
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	2.9 ±	±	±
Sex: Female, Male Units: Participants			
Female Male			

Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Number of subjects	35	24	325
Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	±
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

<b>Reporting group values</b>	Arm C (Bevacizumab+Paclitaxel+Carboplatin)	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)	
Number of subjects	348	356	

Age categorical Units: Subjects			
In utero Preterm newborn infants (gestational age < 37 wks) Newborns (0-27 days) Infants and toddlers (28 days-23 months) Children (2-11 years) Adolescents (12-17 years) Adults (18-64 years) From 65-84 years 85 years and over			
Age Continuous Units: Years arithmetic mean standard deviation	±	±	
Sex: Female, Male Units: Participants			
Female Male			
Race (NIH/OMB) Units: Subjects			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White More than one race Unknown or Not Reported			

## End points

### End points reporting groups

Reporting group title	Arm B
Reporting group description:	Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin
Reporting group title	Arm A
Reporting group description:	Atezolizumab+Paclitaxel+Carboplatin
Reporting group title	Arm C
Reporting group description:	Bevacizumab+Paclitaxel+Carboplatin
Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.
Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.
Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.
Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.
Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.
Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	
Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.	
Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	
Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.	
Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	
Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.	
Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	
Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.	
Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol
Subject analysis set description:	
Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.	
Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Safety analysis
Subject analysis set description:	
Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.	
Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Safety analysis
Subject analysis set description:	
Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.	
Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Safety analysis
Subject analysis set description:	
Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or	

death.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm A (Atezolizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received intravenous (IV) infusion of atezolizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab during maintenance treatment phase until loss of clinical benefit.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

Subject analysis set title	Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of bevacizumab on Day 1 of each 21-day cycle followed by IV infusion

of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of bevacizumab during maintenance treatment phase until progressive disease, unacceptable toxicity, or death.

Subject analysis set title	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)
Subject analysis set type	Per protocol

Subject analysis set description:

Participants received IV infusion of atezolizumab and bevacizumab on Day 1 of each 21-day cycle followed by IV infusion of paclitaxel and carboplatin on Day 1 of each 21-day cycle for 4 or 6 cycles or until loss of clinical benefit whichever occurs first, during induction treatment phase. Participants received IV infusion of atezolizumab until loss of clinical benefit and bevacizumab until progressive disease, unacceptable toxicity, or death during maintenance treatment phase.

**Primary: Progression Free Survival (PFS), as Determined by the Investigator in Arm B Versus Arm C in the Teff-high WT Population and ITT-WT Population**

End point title	Progression Free Survival (PFS), as Determined by the Investigator in Arm B Versus Arm C in the Teff-high WT Population and ITT-WT Population
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End point description:

Progression Free Survival (PFS), as Determined by the Investigator using Response Evaluation Criteria in Solid Tumors Version 1.1 (RECIST 1.1) in Arm B versus Arm C in the T-effector (Teff)-high wild type (WT) population and the intent-to-treat (ITT)-WT population.

End point type	Primary
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End point timeframe:

Baseline until disease progression or death, whichever occurs first until data cut-off on 15 September 2017 (up to approximately 29 months)

End point values	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	336	356		
Units: Months				
median (confidence interval 95%)				
Teff-high WT (Arm B n=155; Arm C=129)	6.8 (5.9 to 7.4)	11.3 (9.1 to 13.0)		
ITT-WT (Arm B n=356; Arm C=336)	6.8 (6.0 to 7.1)	8.3 (7.7 to 9.8)		

**Statistical analyses**

Statistical analysis title	PFS Statistical Analysis
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Statistical analysis description:

ITT-WT population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
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Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[1]</sup>
P-value	< 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.62
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.52
upper limit	0.74

Notes:

[1] - Stratified Analysis

<b>Statistical analysis title</b>	PFS Statistical Analysis
Statistical analysis description: Teff-high WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	
P-value	< 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.51
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.38
upper limit	0.68

### **Primary: Overall Survival (OS) in Arm B Versus Arm C in ITT-WT Population**

End point title	Overall Survival (OS) in Arm B Versus Arm C in ITT-WT Population
End point description:	
End point type	Primary
End point timeframe: Baseline until death until data cut-off on 22 January 2018 (up to approximately 34 months)	

<b>End point values</b>	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	359	337		
Units: Months				
median (confidence interval 95%)	19.2 (17.0 to 23.8)	14.7 (13.3 to 16.9)		

## Statistical analyses

<b>Statistical analysis title</b>	OS Statistical Analysis
Statistical analysis description: ITT-WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	696
Analysis specification	Pre-specified
Analysis type	superiority <sup>[2]</sup>
P-value	= 0.0164
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.78
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.64
upper limit	0.96

Notes:

[2] - Stratified Analysis

### **Primary: Overall Survival (OS) in Arm A Versus Arm C in ITT-WT Population**

End point title	Overall Survival (OS) in Arm A Versus Arm C in ITT-WT Population
End point description: Overall Survival (OS) in Arm A Versus Arm C in ITT-WT Population	
End point type	Primary
End point timeframe: Baseline until death (up approximately 53 months)	

<b>End point values</b>	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	350	338		
Units: Months				
median (confidence interval 95%)	19.0 (15.7 to 21.5)	14.7 (12.9 to 17.1)		

## Statistical analyses

<b>Statistical analysis title</b>	OS Statistical Analysis
Statistical analysis description: ITT-WT Population	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	688
Analysis specification	Pre-specified
Analysis type	superiority <sup>[3]</sup>
P-value	= 0.0528
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.842
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.707
upper limit	1.002

Notes:

[3] - Stratified Analysis

## **Secondary: PFS, as Determined by the Independent Review Facility (IRF) in Arm B Versus Arm C in Teff-High-WT Population and ITT-WT Population**

End point title	PFS, as Determined by the Independent Review Facility (IRF) in Arm B Versus Arm C in Teff-High-WT Population and ITT-WT Population
End point description: PFS, as determined by the independent review facility (IRF) Using RECIST v1.1 in Arm B versus Arm C in the T-effector (Teff)-high wild type (WT) population and the intent-to-treat (ITT)-WT population.	
End point type	Secondary
End point timeframe: Baseline until disease progression or death, whichever occurs first (up to approximately 29 months)	

<b>End point values</b>	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	336	356		
Units: Months				
median (confidence interval 95%)				
Teff-high WT Population (Arm B n=155; Arm C n=129)	7.0 (6.1 to 8.1)	10.7 (8.4 to 13.0)		
ITT-WT Population (Arm B n=356; Arm C n=336)	7.0 (6.3 to 8.0)	8.5 (7.7 to 9.7)		

## Statistical analyses

<b>Statistical analysis title</b>	PFS Statistical Analysis
Statistical analysis description: ITT-WT population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[4]</sup>
P-value	= 0.0002
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.71
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.59
upper limit	0.85

Notes:

[4] - Stratified Analysis

<b>Statistical analysis title</b>	PFS Statistical Analysis
Statistical analysis description: Teff-high WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[5]</sup>
P-value	= 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.564

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.418
upper limit	0.76

Notes:

[5] - Stratified Analysis

### Secondary: PFS, as Determined by the Investigator in Arm B Versus Arm C in Teff High Population and ITT Population

End point title	PFS, as Determined by the Investigator in Arm B Versus Arm C in Teff High Population and ITT Population
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End point description:

PFS, as determined by the investigator according to RECIST v1.1, in Arm B versus C in the Teff high population and ITT population.

End point type	Secondary
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End point timeframe:

Baseline until disease progression or death, whichever occurs first (up to approximately 29 months)

End point values	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	400	400		
Units: Months				
median (confidence interval 95%)				
Teff-high (Arm B n=166; Arm C=148)	11.3 (9.1 to 13.0)	6.8 (5.8 to 7.3)		
ITT Population (Arm B n=400; Arm C=4008)	8.3 (7.9 to 9.8)	6.8 (6.0 to 7.1)		

### Statistical analyses

Statistical analysis title	PFS Statistical Analysis
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Statistical analysis description:

ITT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
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Number of subjects included in analysis	800
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Analysis specification	Pre-specified
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Analysis type	superiority <sup>[6]</sup>
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P-value	< 0.0001
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Method	Logrank
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Parameter estimate	Hazard ratio (HR)
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Point estimate	0.61
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Confidence interval	
level	95 %
sides	2-sided
lower limit	0.517
upper limit	0.72

Notes:

[6] - Stratified Analysis

<b>Statistical analysis title</b>	PFS Statistical Analysis
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Statistical analysis description:

Teff-high Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	800
Analysis specification	Pre-specified
Analysis type	superiority <sup>[7]</sup>
P-value	< 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.492

Confidence interval

level	95 %
sides	2-sided
lower limit	0.374
upper limit	0.649

Notes:

[7] - Stratified Analysis

### **Secondary: PFS, as Determined by the Investigator in Arm A Versus Arm B in Teff High-WT Population and ITT-WT Population**

End point title	PFS, as Determined by the Investigator in Arm A Versus Arm B in Teff High-WT Population and ITT-WT Population
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End point description:

PFS, as determined by the investigator according to RECIST v1.1, in Arm A versus B in the Teff high-WT population and ITT-WT population.

End point type	Secondary
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End point timeframe:

Baseline until disease progression or death, whichever occurs first (up to approximately 29 months)

<b>End point values</b>	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	348	356		
Units: Months				
median (confidence interval 95%)				
Teff-high WT (Arm A n=161; Arm B n=155)	6.3 (5.6 to 7.8)	11.3 (9.1 to 13.0)		

ITT-WT (Arm A n=348; Arm C n=356)	6.3 (5.6 to 7.0)	8.3 (7.7 to 9.8)		
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## Statistical analyses

No statistical analyses for this end point

### Secondary: PFS, as Determined by the Investigator in Arm B Versus Arm C by PD-L1 Subgroup

End point title	PFS, as Determined by the Investigator in Arm B Versus Arm C by PD-L1 Subgroup
End point description:	PFS as Determined by the Investigator according to RECIST v1.1, in Arm B Versus Arm C by PD-L1 Subgroup: TC2/3 or 1C2/3 and TC1/2/3 or IC1/2/3 (ITT-WT Population)
End point type	Secondary
End point timeframe:	Baseline until disease progression or death, whichever occurs first (up to approximately 29 months)

End point values	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	190	164		
Units: Months				
median (confidence interval 95%)				
TC2/3 or IC2/3 (Arm B n=129; Arm C n=115)	11.1 (8.3 to 13.0)	6.8 (5.8 to 7.7)		
TC1/2/3 or IC1/2/3 (Arm B n=190; Arm C n=164)	11.0 (8.3 to 12.5)	6.8 (5.8 to 7.3)		

## Statistical analyses

Statistical analysis title	PFS Statistical Analysis
Statistical analysis description:	TC1/2/3 or IC1/2/3 Subgroup
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	354
Analysis specification	Pre-specified
Analysis type	superiority <sup>[8]</sup>
P-value	< 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.486

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.386
upper limit	0.639

Notes:

[8] - Stratified Analysis

<b>Statistical analysis title</b>	PFS Statistical Analysis
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Statistical analysis description:

TC2/3 or IC2/3 Subgroup

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	354
Analysis specification	Pre-specified
Analysis type	superiority <sup>[9]</sup>
P-value	< 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.471

Confidence interval

level	95 %
sides	2-sided
lower limit	0.352
upper limit	0.647

Notes:

[9] - Stratified Analysis

### Secondary: OS in Arm B Versus Arm C by PD-L1 Subgroup

End point title	OS in Arm B Versus Arm C by PD-L1 Subgroup
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End point description:

OS in Arm B Versus Arm C by PD-L1 Subgroup: TC2/3 or 1C2/3 and TC1/2/3 or IC1/2/3 (ITT-WT Population)

End point type	Secondary
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End point timeframe:

Baseline until death (up to approximately 34 months)

<b>End point values</b>	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	192	165		
Units: Months				
median (confidence interval 95%)				
TC 2/3 or IC2/3 (Arm B n=129; Arm C n=116)	22.2 (17.0 to 26.1)	16.7 (10.5 to 24.2)		
TC1/2/3 or IC1/2/3 (Arm B n=192; Arm C n=165)	22.5 (18.2 to 26.1)	16.4 (11.2 to 22.9)		

## Statistical analyses

<b>Statistical analysis title</b>	OS Analysis by PD-L1 Subgroup
Statistical analysis description: TC2/3 or IC2/3, WT ITT	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	357
Analysis specification	Pre-specified
Analysis type	superiority <sup>[10]</sup>
P-value	= 0.2765
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.824
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.58
upper limit	1.169

Notes:

[10] - Unstratified Analysis

<b>Statistical analysis title</b>	OS Analysis by PD-L1 Subgroup
Statistical analysis description: TC1/2/3 or IC1/2/3, WT ITT	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	357
Analysis specification	Pre-specified
Analysis type	superiority <sup>[11]</sup>
P-value	= 0.0829
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.771
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.575
upper limit	1.035

Notes:

[11] - Unstratified Analysis

## Secondary: OS in Arm A Versus Arm C by PD-L1 Subgroup

End point title	OS in Arm A Versus Arm C by PD-L1 Subgroup
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End point description:

OS in Arm A Versus Arm C by PD-L1 Subgroup: TC2/3 or 1C2/3 and TC1/2/3 or IC1/2/3 (ITT-WT Population)

End point type Secondary

End point timeframe:

Baseline until death (up approximately 53 months)

End point values	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	Arm A (Atezolizumab +Paclitaxel+Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	165	185		
Units: Months				
median (confidence interval 95%)				
TC2/3 or IC2/3 (Arm A n=124; Arm C n=116)	17.0 (10.3 to 22.9)	26.1 (20.5 to 40.0)		
TC1/2/3 or IC1/2/3 (Arm A n=185; Arm C n=165)	16.0 (11.2 to 20.1)	24.4 (20.2 to 28.1)		

## Statistical analyses

**Statistical analysis title** OS by PD-L1 Subgroup

Statistical analysis description:

TC2/3 or IC2/3 Population

Comparison groups Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)

Number of subjects included in analysis 350

Analysis specification Pre-specified

Analysis type superiority<sup>[12]</sup>

P-value = 0.0097

Method Logrank

Parameter estimate Hazard ratio (HR)

Point estimate 0.662

Confidence interval

level 95 %

sides 2-sided

lower limit 0.484

upper limit 0.907

Notes:

[12] - Unstratified Analysis

**Statistical analysis title** OS by PD-L1 Subgroup

Statistical analysis description:

TC1/2/3 or IC1/2/3 ITT-WT

Comparison groups Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)

Number of subjects included in analysis	350
Analysis specification	Pre-specified
Analysis type	superiority <sup>[13]</sup>
P-value	= 0.0073
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.709
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.551
upper limit	0.913

Notes:

[13] - Unstratified Analysis

### Secondary: OS in Arm B Versus Arm C in Teff High-WT Population, Teff High Population, and ITT Population

End point title	OS in Arm B Versus Arm C in Teff High-WT Population, Teff High Population, and ITT Population
End point description:	
Note: 999999=Not estimable	
End point type	Secondary
End point timeframe:	
Baseline until death (up to approximately 34 months)	

End point values	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	400	400		
Units: Months				
median (confidence interval 95%)				
Teff High-WT (Arm B n=156; Arm C n=129)	25.0 (17.8 to 999999)	16.7 (12.4 to 999999)		
Teff High Population (Arm B n=166; Arm C n=148)	25.2 (19.1 to 999999)	16.7 (12.4 to 999999)		
ITT Population (Arm B n=400; Arm C n=400)	19.8 (17.4 to 24.2)	14.9 (13.4 to 17.1)		

### Statistical analyses

Statistical analysis title	OS Statistical Analysis
Statistical analysis description:	
Teff high-WT	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)

Number of subjects included in analysis	800
Analysis specification	Pre-specified
Analysis type	superiority <sup>[14]</sup>
P-value	= 0.2843
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.831
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.592
upper limit	1.167

Notes:

[14] - Stratified Analysis

<b>Statistical analysis title</b>	OS Statistical Analysis
Statistical analysis description:	
Teff high	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	800
Analysis specification	Pre-specified
Analysis type	superiority <sup>[15]</sup>
P-value	= 0.1861
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.802
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.579
upper limit	1.113

Notes:

[15] - Stratified Analysis

<b>Statistical analysis title</b>	OS Statistical Analysis
Statistical analysis description:	
ITT	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	800
Analysis specification	Pre-specified
Analysis type	
P-value	= 0.006
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.764

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.63
upper limit	0.926

### Secondary: OS in Arm A Versus Arm C in Teff High-WT Population, Teff High Population, and ITT Population

End point title	OS in Arm A Versus Arm C in Teff High-WT Population, Teff High Population, and ITT Population
End point description:	
End point type	Secondary
End point timeframe:	
Baseline until death (up approximately 53 months)	

End point values	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	Arm A (Atezolizumab +Paclitaxel+Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	400	402		
Units: Months				
median (confidence interval 95%)				
Teff-high WT (Arm A n=163; Arm C n=130)	16.3 (11.2 to 22.3)	21.3 (17.6 to 26.3)		
Teff-high Population (Arm A n=177; Arm C n=148)	16.7 (11.4 to 21.6)	21.0 (17.1 to 26.0)		
ITT Population (Arm A n=402; Arm C n=400)	15.0 (13.4 to 17.1)	19.0 (16.3 to 21.5)		

### Statistical analyses

Statistical analysis title	OS Statistical Analysis
Statistical analysis description:	
Teff high-WT	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevericizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	802
Analysis specification	Pre-specified
Analysis type	superiority <sup>[16]</sup>
P-value	= 0.0894
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.786

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.595
upper limit	1.038

Notes:

[16] - Stratified Analysis

<b>Statistical analysis title</b>	OS Statistical Analysis
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Statistical analysis description:

Teff high

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	802
Analysis specification	Pre-specified
Analysis type	superiority <sup>[17]</sup>
P-value	= 0.1276
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.815
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.626
upper limit	1.061

Notes:

[17] - Stratified Analysis

<b>Statistical analysis title</b>	OS Statistical Analysis
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Statistical analysis description:

ITT

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	802
Analysis specification	Pre-specified
Analysis type	superiority <sup>[18]</sup>
P-value	= 0.0681
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.861
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.733
upper limit	1.011

Notes:

[18] - Stratified Analysis

### Secondary: OS in Arm A Versus Arm B in Teff High-WT Population and ITT-WT Population

End point title	OS in Arm A Versus Arm B in Teff High-WT Population and ITT-
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End point description:

End point type Secondary

End point timeframe:

Baseline until death (up approximately 53 months)

<b>End point values</b>	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm A (Atezolizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	359	350		
Units: Months				
median (confidence interval 95%)				
Teff High-WT (Arm A n=163; Arm B n=156)	25.8 (19.1 to 32.6)	21.3 (17.6 to 26.3)		
ITT-WT (Arm A n=350; Arm B n=359)	19.5 (17.0 to 22.2)	19.0 (15.7 to 21.5)		

**Statistical analyses****Statistical analysis title** OS Statistical Analysis

Statistical analysis description:

Teff high-WT ITT

Comparison groups Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin)

Number of subjects included in analysis 709

Analysis specification Pre-specified

Analysis type superiority<sup>[19]</sup>

P-value = 0.4599

Method Logrank

Parameter estimate Hazard ratio (HR)

Point estimate 0.901

Confidence interval

level 95 %

sides 2-sided

lower limit 0.683

upper limit 1.188

Notes:

[19] - Stratified Analysis

**Secondary: Duration of Response (DOR), as Determined By Investigator in Arm B Versus Arm C**

End point title Duration of Response (DOR), as Determined By Investigator in Arm B Versus Arm C

End point description:

DOR, as determined by investigator according to RECIST v1.1 in Arm B versus Arm C in the Teff high-WT population and the ITT-WT population.

End point type Secondary

End point timeframe:

Baseline until disease progression or death, whichever occurs first (up to approximately 29 months)

End point values	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	224	159		
Units: Months				
median (confidence interval 95%)				
Teff high-WT (Arm B n=106; Arm C n=68)	11.2 (9.7 to 15.7)	5.7 (4.9 to 7.0)		
ITT-WT (Arm B n=224; Arm C n=159)	9.0 (6.9 to 11.4)	5.7 (5.1 to 6.5)		

### Statistical analyses

**Statistical analysis title** DOR Statistical Analysis

Statistical analysis description:

ITT-WT

Comparison groups Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)

Number of subjects included in analysis 383

Analysis specification Pre-specified

Analysis type superiority<sup>[20]</sup>

P-value < 0.0001

Method Logrank

Parameter estimate Hazard ratio (HR)

Point estimate 0.523

Confidence interval

level 95 %

sides 2-sided

lower limit 0.406

upper limit 0.675

Notes:

[20] - Stratified Analysis

**Statistical analysis title** DOR Statistical Analysis

Statistical analysis description:

Teff-high WT

Comparison groups Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)

Number of subjects included in analysis	383
Analysis specification	Pre-specified
Analysis type	superiority <sup>[21]</sup>
P-value	< 0.0001
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.42
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.283
upper limit	0.624

Notes:

[21] - Stratified Analysis

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**Secondary: Percentage of Participants With an Objective Response (OR) (Complete Response [CR] or Partial Response [PR]) as Determined by the Investigator in the Teff-High-WT Population and ITT-WT Population**

End point title	Percentage of Participants With an Objective Response (OR) (Complete Response [CR] or Partial Response [PR]) as Determined by the Investigator in the Teff-High-WT Population and ITT-WT Population
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End point description:

Percentage of Participants With an Objective Response (OR) (Complete Response [CR] or Partial Response [PR]) as Determined by the Investigator using RECIST v1.1 in the Teff-High-WT population and ITT-WT population.

End point type	Secondary
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End point timeframe:

Baseline until disease progression or death, whichever occurs first (up to approximately 29 months)

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	347	353	331	
Units: Percentage				
number (not applicable)				
Teff-high WT (Arm A n=161; Arm B n=153)	54.0	69.3	53.5	
ITT-WT (Arm A n=347; Arm B n=353)	49.3	63.5	48.0	

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**Statistical analyses**

No statistical analyses for this end point

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**Secondary: OS Rates at Years 1 and 2 in Arm B Versus Arm C**

End point title	OS Rates at Years 1 and 2 in Arm B Versus Arm C
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End point description:

OS at 1- and 2-year landmark timepoints in Teff-high WT population and ITT-WT population.

End point type Secondary

End point timeframe:

Years 1 and 2 (up to approximately 34 months)

End point values	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	235	196		
Units: Percentage				
number (confidence interval 95%)				
1-Year Teff-high WT (Arm B n=105; Arm C n=71)	68.63 (61.28 to 75.98)	58.74 (50.03 to 67.45)		
1-Year ITT-WT (Arm B n=235; Arm C n=196)	67.32 (62.41 to 72.22)	60.63 (55.34 to 65.93)		
2-Year Teff-high WT (Arm B n=21; Arm C n=15)	52.03 (43.12 to 60.94)	41.70 (31.55 to 51.85)		
2-Year ITT-WT (Arm B n=34; Arm C n=29)	43.42 (36.94 to 49.90)	33.71 (27.44 to 39.98)		

## Statistical analyses

**Statistical analysis title** OS Rate at Year 1 Statistical Analysis

Statistical analysis description:

1-Year ITT-WT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	431
Analysis specification	Pre-specified
Analysis type	superiority <sup>[22]</sup>
P-value	= 0.0697
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	6.68
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.54
upper limit	13.9

Notes:

[22] - Stratified Analysis

**Statistical analysis title** OS Rate at Year 2 Statistical Analysis

Statistical analysis description:

2-Year ITT-WT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	431
Analysis specification	Pre-specified
Analysis type	superiority <sup>[23]</sup>
P-value	= 0.0347
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	9.71
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.7
upper limit	18.73

Notes:

[23] - Stratified Analysis

<b>Statistical analysis title</b>	OS Rate at Year 1 Statistical Analysis
Statistical analysis description: 1-Year Teff-high WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	431
Analysis specification	Pre-specified
Analysis type	superiority <sup>[24]</sup>
P-value	= 0.089
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	9.89
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.51
upper limit	21.29

Notes:

[24] - Stratified Analysis

<b>Statistical analysis title</b>	OS Rate at Year 2 Statistical Analysis
Statistical analysis description: 2-Year Teff-high WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	431
Analysis specification	Pre-specified
Analysis type	superiority <sup>[25]</sup>
P-value	= 0.1336
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	10.34

Confidence interval	
level	95 %
sides	2-sided
lower limit	-3.17
upper limit	23.84

Notes:

[25] - Stratified Analysis

### Secondary: OS Rates at Years 1 and 2 in Arm A Versus Arm C

End point title	OS Rates at Years 1 and 2 in Arm A Versus Arm C
End point description: OS at 1- and 2-year landmark timepoints in Teff-high WT population and ITT-WT population.	
End point type	Secondary
End point timeframe: Years 1 and 2 (up to approximately 53 months)	

End point values	Arm A (Atezolizumab +Paclitaxel+Ca rboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	222	197		
Units: Percentage				
number (confidence interval 95%)				
1-Year Teff-high WT (Arm A n=110; Arm C n=72)	67.48 (60.29 to 74.68)	56.92 (48.32 to 65.53)		
2-Year Teff-high WT (Arm A n=75; Arm C n=49)	46.01 (38.36 to 53.66)	38.74 (30.26 to 47.22)		
1-Year ITT-WT (Arm A n=222; Arm C n=1972)	64.06 (59.02 to 69.11)	59.89 (54.61 to 65.17)		
2-Year ITT-WT (Arm A n=143; Arm C n=104)	41.45 (36.26 to 46.64)	31.79 (26.75 to 36.82)		

### Statistical analyses

Statistical analysis title	OS Rate at Year 1
Statistical analysis description: 1-Year ITT-WT Population	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Beveracizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	419
Analysis specification	Pre-specified
Analysis type	superiority <sup>[26]</sup>
P-value	= 0.2624
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	4.18

Confidence interval	
level	95 %
sides	2-sided
lower limit	-3.13
upper limit	11.48

Notes:

[26] - Stratified Analysis

<b>Statistical analysis title</b>	OS Rate at Year 2
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Statistical analysis description:

2-Year ITT-WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	419
Analysis specification	Pre-specified
Analysis type	superiority <sup>[27]</sup>
P-value	= 0.0088
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	9.67

Confidence interval

level	95 %
sides	2-sided
lower limit	2.43
upper limit	16.9

Notes:

[27] - Stratified Analysis

<b>Statistical analysis title</b>	OS Rate at Year 1
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Statistical analysis description:

1-Year Teff-high WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	419
Analysis specification	Pre-specified
Analysis type	superiority <sup>[28]</sup>
P-value	= 0.0649
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	10.56

Confidence interval

level	95 %
sides	2-sided
lower limit	-0.65
upper limit	21.77

Notes:

[28] - Stratified Analysis

<b>Statistical analysis title</b>	OS Rate at Year 2
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Statistical analysis description:

2-Year Teff-high WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	419
Analysis specification	Pre-specified
Analysis type	superiority <sup>[29]</sup>
P-value	= 0.212
Method	Z-test
Parameter estimate	Difference in Event Free Rate
Point estimate	7.27
Confidence interval	
level	95 %
sides	2-sided
lower limit	-4.15
upper limit	18.69

Notes:

[29] - Stratified Analysis

**Secondary: Time to Deterioration (TTD) in Patient-Reported Lung Cancer Symptoms Determined by European Organization for Research and Treatment of Cancer (EORTC) Quality-of-Life Questionnaire-Core 30 (QLQ-C30) Score**

End point title	Time to Deterioration (TTD) in Patient-Reported Lung Cancer Symptoms Determined by European Organization for Research and Treatment of Cancer (EORTC) Quality-of-Life Questionnaire-Core 30 (QLQ-C30) Score
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End point description:

EORTC QLQ-C30 is a validated & reliable self-report measure that consists of 30 questions that assess 5 aspects of patient functioning, 3 symptom scales, health/quality of life, and 6 single items. EORTC QLQ-C30 is scored according to the EORTC scoring manual. All EORTC scales and single-item measures are linearly transformed so that each score has a range of 0-100. A high score for a functional/global health status scale represents a high or healthy level of functioning/HRQoL; however a high score for a symptom scale or item represents a high level of symptomatology or problems. A ≥10-point change in the symptoms subscale score is perceived by patients as clinically significant (Osoba et al.1998). Dyspnea in Teff-high WT (Arm A n=161; Arm B n=155; Arm C n= 129). Dyspnea ITT-WT (Arm A n=348; Arm B n=356; Arm C n= 336) Note: 999999=not estimable

End point type	Secondary
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End point timeframe:

Baseline up to approximately 29 months

End point values	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)	Arm A (Atezolizumab +Paclitaxel+Ca rboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	336	348	356	
Units: Months				
median (confidence interval 95%)				
Dyspnea in Teff-high WT	999999 (999999 to 999999)	999999 (999999 to 999999)	999999 (999999 to 999999)	

Dyspnea ITT-WT	999999 (999999 to 999999)	999999 (999999 to 999999)	999999 (999999 to 999999)	
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## Statistical analyses

<b>Statistical analysis title</b>	TTD EORTC QLQ-C30 Score
Statistical analysis description: Teff-high WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[30]</sup>
P-value	= 0.6899
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.909
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.571
upper limit	1.45

Notes:

[30] - Stratified Analysis

<b>Statistical analysis title</b>	TTD EORTC QLQ-C30 Score
Statistical analysis description: Teff-high WT Population	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[31]</sup>
P-value	= 0.1043
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.671
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.413
upper limit	1.089

Notes:

[31] - Stratified Analysis

<b>Statistical analysis title</b>	TTD EORTC QLQ-C30 Score
Statistical analysis description: ITT WT	

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[32]</sup>
P-value	= 0.173
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.232
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.912
upper limit	1.665

Notes:

[32] - Stratified Analysis

<b>Statistical analysis title</b>	TTD EORTC QLQ-C30 Score
Statistical analysis description:	
ITT WT	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[33]</sup>
P-value	= 0.6145
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.084
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.792
upper limit	1.483

Notes:

[33] - Stratified Analysis

### **Secondary: TTD in Patient-Reported Lung Cancer Symptoms as Determined by EORTC Quality-of-Life Questionnaire-Core Lung Cancer Module 13 (QLQ-LC13) Score**

End point title	TTD in Patient-Reported Lung Cancer Symptoms as Determined by EORTC Quality-of-Life Questionnaire-Core Lung Cancer Module 13 (QLQ-LC13) Score
End point description:	
<p>QLQ-LC13 incorporates 1 multiple-item scale &amp; a series of single items. EORTC scales &amp; single-item measures are linearly transformed so that each score has a range of 0-100. A high score for a functional/global health status scale represents a high or healthy level of functioning/HRQoL; a high score for a symptom scale or item represents a high level of symptomatology or problems. Cough in Teff-high WT (Arm A n=161; Arm B n=155; Arm C n=129). Dyspnea in Teff-high WT (Arm A n=161; Arm B n=155; Arm C n=129). Chest Pain in Teff-high WT (Arm A n=161; Arm B n=155; Arm C n=129). Arm and/or Shoulder Pain in Teff-high WT (Arm A n=161; Arm B n=155; Arm C n=129). Cough in ITT-WT (Arm A n=348; Arm B n=356; Arm C n=336). Dyspnea in ITT-WT (Arm A n=348; Arm B n=356; Arm C n=336). Arm and/or Shoulder Pain in ITT-WT (Arm A n=348; Arm B n=356; Arm C n=336). Pain in Chest in ITT-WT (Arm A n=348; Arm B n=356; Arm C n=336). Note: 999999=not estimable</p>	
End point type	Secondary

End point timeframe:

Baseline up to approximately 29 months

<b>End point values</b>	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)	Arm A (Atezolizumab +Paclitaxel+Ca rboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	336	348	356	
Units: Months				
median (confidence interval 95%)				
Cough in Teff-high WT	999999 (999999 to 999999)	999999 (999999 to 999999)	999999 (21.0 to 999999)	
Dyspnea in Teff-high WT	999999 (6.3 to 999999)	999999 (5.6 to 999999)	999999 (999999 to 999999)	
Chest Pain in Teff-high WT	18.4 (18.4 to 999999)	999999 (999999 to 999999)	22.2 (22.2 to 999999)	
Arm and/or Shoulder Pain in Teff-high WT	999999 (12.7 to 999999)	999999 (18.3 to 999999)	19.5 (12.5 to 999999)	
Cough in ITT-WT	999999 (999999 to 999999)	999999 (999999 to 999999)	999999 (21.0 to 999999)	
Dyspnea in ITT-WT	999999 (10.0 to 999999)	21.9 (9.7 to 999999)	999999 (999999 to 999999)	
Arm and/or Shoulder Pain in ITT-WT	999999 (999999 to 999999)	999999 (18.3 to 999999)	19.5 (15.2 to 999999)	
Pain in Chest in ITT-WT	999999 (18.4 to 999999)	999999 (999999 to 999999)	999999 (22.2 to 999999)	

## Statistical analyses

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
Statistical analysis description:	
Cough for Teff-high WT ITT population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[34]</sup>
P-value	= 0.8816
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.041

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.614
upper limit	1.763

Notes:

[34] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
Statistical analysis description: Cough for Teff-high WT ITT Population	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[35]</sup>
P-value	= 0.2995
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.741
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.419
upper limit	1.309

Notes:

[35] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
Statistical analysis description: Dyspnea in Teff-high WT Population	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[36]</sup>
P-value	= 0.7578
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.936
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.616
upper limit	1.422

Notes:

[36] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Dyspnea in Teff-high WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[37]</sup>
P-value	= 0.847
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.041
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.694
upper limit	1.56

Notes:

[37] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Pain in Chest in Teff-high WT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[38]</sup>
P-value	= 0.1289
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.659
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.383
upper limit	1.133

Notes:

[38] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Pain in Chest in Teff-high WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[39]</sup>
P-value	= 0.2381
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.729

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.43
upper limit	1.235

Notes:

[39] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Arm and/or Shoulder Pain in Teff-high WT

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[40]</sup>
P-value	= 0.7163
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.09

Confidence interval

level	95 %
sides	2-sided
lower limit	0.685
upper limit	1.732

Notes:

[40] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Arm and/or Shoulder Pain in Teff-high WT

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[41]</sup>
P-value	= 0.1502
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.693

Confidence interval

level	95 %
sides	2-sided
lower limit	0.42
upper limit	1.145

Notes:

[41] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Cough in ITT-WT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[42]</sup>
P-value	= 0.9568
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.01
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.713
upper limit	1.43

Notes:

[42] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Cough in ITT-WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[43]</sup>
P-value	= 0.5377
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.891
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.619
upper limit	1.284

Notes:

[43] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Dyspnea in ITT-WT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[44]</sup>
P-value	= 0.4012
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.893

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.685
upper limit	1.163

Notes:

[44] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
Statistical analysis description: Dyspnea in ITT-WT Population	
Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[45]</sup>
P-value	= 0.7149
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.05
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.809
upper limit	1.363

Notes:

[45] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
Statistical analysis description: Arm and/or Shoulder Pain in ITT-WT	
Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[46]</sup>
P-value	= 0.7126
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	1.057
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.786
upper limit	1.422

Notes:

[46] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Arm and/or Shoulder Pain in ITT-WT

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[47]</sup>
P-value	= 0.6053
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.921
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.675
upper limit	1.258

Notes:

[47] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Pain in Chest in ITT-WT Population

Comparison groups	Arm B (Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	692
Analysis specification	Pre-specified
Analysis type	superiority <sup>[48]</sup>
P-value	= 0.3134
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.829
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.576
upper limit	1.194

Notes:

[48] - Stratified Analysis

<b>Statistical analysis title</b>	TTD by EORTC QLQ-LC13 Score
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Statistical analysis description:

Pain in Chest in ITT-WT Population

Comparison groups	Arm A (Atezolizumab+Paclitaxel+Carboplatin) v Arm C (Bevacizumab+Paclitaxel+Carboplatin)
Number of subjects included in analysis	684
Analysis specification	Pre-specified
Analysis type	superiority <sup>[49]</sup>
P-value	= 0.6115
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.91

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.633
upper limit	1.309

Notes:

[49] - Stratified Analysis

### Secondary: Change From Baseline in Patient-Reported Lung Cancer Symptoms Score Using the Symptoms in Lung Cancer (SILC) Scale

End point title	Change From Baseline in Patient-Reported Lung Cancer Symptoms Score Using the Symptoms in Lung Cancer (SILC) Scale
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End point description:

The SILC scale was used to assess patient-reported severity of lung cancer symptoms (chest pain, dyspnea, and cough). The SILC scale is a 9-item content validated self-report measure of lung cancer symptoms. It measures severity of cough, dyspnea, and chest pain with a symptom severity score. The SILC questionnaire comprises three individual symptoms (dyspnea, cough, chest pain) and are scored at the individual symptom level, thus have a dyspnea score, chest pain score, and cough score. Each individual symptom score is calculated as the average of responses for the symptom items [e.g. Chest Pain Score=mean (item 1; item 2)]. An increase in score is suggestive of a worsening in symptomology (i.e. frequency or severity). A score change of  $\geq 0.3$  points for the dyspnea and cough symptom scores is considered to be clinically significant; whereas a score change of  $\geq 0.5$  points for the chest pain score is considered to be clinically significant. Note: 999999=not available.

End point type	Secondary
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End point timeframe:

Baseline up to approximately 29 months

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	0 <sup>[50]</sup>	0 <sup>[51]</sup>	0 <sup>[52]</sup>	
Units: Months				
median (confidence interval 95%)				
Teff-high WT	( to )	( to )	( to )	
ITT WT	( to )	( to )	( to )	

Notes:

[50] - No analysis due to psychometric properties in NSCLC population are being determined & quality issue.

[51] - No analysis due to psychometric properties in NSCLC population are being determined & quality issue.

[52] - No analysis due to psychometric properties in NSCLC population are being determined & quality issue.

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Participants With Adverse Events

End point title	Percentage of Participants With Adverse Events
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End point description:

End point type Secondary

End point timeframe:

Baseline up to approximately 63 months

End point values	Arm B	Arm A	Arm C	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	0 <sup>[53]</sup>	0 <sup>[54]</sup>	0 <sup>[55]</sup>	
Units: Percentage				

Notes:

[53] - This will be reported at the time of final results posting.

[54] - This will be reported at the time of final results posting.

[55] - This will be reported at the time of final results posting.

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Participants With Anti-Therapeutic Antibodies (ATAs) to Atezolizumab

End point title Percentage of Participants With Anti-Therapeutic Antibodies (ATAs) to Atezolizumab

End point description:

End point type Secondary

End point timeframe:

Baseline up to approximately 29 months

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	389	376		
Units: Percentage of Participants				
number (not applicable)	4.6	2.9		

### Statistical analyses

No statistical analyses for this end point

### Secondary: Maximum Observed Serum Concentration (C<sub>max</sub>) of Atezolizumab in Arm A and Arm B

End point title	Maximum Observed Serum Concentration (Cmax) of Atezolizumab in Arm A and Arm B
End point description: The predose samples will be collected on the same day of treatment administration. The infusion duration of atezolizumab will be of 30-60 minutes.	
End point type	Secondary
End point timeframe: Day 1 of Cycle 1 and 3 (Cycle length=21 days)	

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	378	364		
Units: mcg/mL				
arithmetic mean (standard deviation)				
Cycle 1 Day 1 (Arm A n=378, Arm B n=364)	410 (± 157)	414 (± 127)		
Cycle 3 Day 1 (Arm A n=310, Arm B n=302)	498 (± 160)	540 (± 198)		

### Statistical analyses

No statistical analyses for this end point

### Secondary: Minimum Observed Serum Concentration (Cmin) of Atezolizumab Prior to Infusion in Arm A and Arm B

End point title	Minimum Observed Serum Concentration (Cmin) of Atezolizumab Prior to Infusion in Arm A and Arm B
End point description: Note: 999999=not available	
End point type	Secondary
End point timeframe: Day 21 of Cycles 1, 2 3, and 7 (Cycle length=21 days)	

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	354	345		
Units: mcg/mL				
arithmetic mean (standard deviation)				
Cycle 1 Day 21 (Arm A n=354; Arm B n=345)	76.4 (± 37.7)	80.8 (± 41.4)		

Cycle 2 Day 21 (Arm A n=322; Arm B n=319)	119 (± 55.7)	130 (± 57.1)		
Cycle 3 Day 21 (Arm A n=312; Arm B n=307)	146 (± 58.9)	160 (± 102)		
Cycle 7 Day 21 (Arm A n=230; Arm B n=249)	219 (± 89.6)	220 (± 99.0)		

## Statistical analyses

No statistical analyses for this end point

### Secondary: Plasma Concentrations for Carboplatin in Arm A, Arm B, and Arm C

End point title	Plasma Concentrations for Carboplatin in Arm A, Arm B, and Arm C
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End point description:

Note: 999999=not available. BEOI=Before end of infusion. AI=After infusion.

End point type	Secondary
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End point timeframe:

Pre-dose (same day of treatment administration), 5-10 minutes before end of carboplatin infusion, 1 h after carboplatin infusion (infusion duration=15 to 30 minutes) on D1 of Cy1,3 (Cycle length=21 days)

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	28	35	24	
Units: ng/mL				
arithmetic mean (standard deviation)				
Cy1D1 Pre-dose (Arm A n=28;Arm B n=35;Arm C n=24)	999999 (± 999999)	999999 (± 999999)	999999 (± 999999)	
Cy1D1 BEOI (Arm A n=26;Arm B n=32;Arm C n=24)	18300 (± 9610)	18300 (± 11900)	17200 (± 9860)	
Cy1D1 AI (Arm A n=26;Arm B n=31;Arm C n=22)	11700 (± 5570)	13900 (± 14300)	10100 (± 5320)	
Cy2D21 (Arm A n=19;Arm B n=27;Arm C n=17)	176 (± 82.9)	190 (± 113)	143 (± 73.0)	
Cy3D1 BEOI (Arm A n=18;Arm B n=28;Arm C n=16)	20900 (± 8330)	18700 (± 9410)	20600 (± 12900)	
Cy3D1 AI (Arm A n=20;Arm B n=27;Arm C n=17)	11700 (± 6990)	12200 (± 7480)	10400 (± 4150)	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Plasma Concentrations for Paclitaxel in Arm A, Arm B, and Arm C

End point title	Plasma Concentrations for Paclitaxel in Arm A, Arm B, and Arm C
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End point description:

Note: 999999=not available. BEOI=Before end of infusion. AI=After infusion

End point type Secondary

End point timeframe:

Pre-dose (same day of treatment administration), 5-10 minutes before end of paclitaxel infusion, 1 h after paclitaxel infusion (infusion duration=3 h) on D1 of Cy1,3 (Cycle length=21 days)

End point values	Arm A (Atezolizumab +Paclitaxel+Carboplatin)	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Carboplatin)	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	28	35	24	
Units: ng/mL				
arithmetic mean (standard deviation)				
Cy1D1 Pre-dose (Arm A n=28; Arm B n=35; Arm C n=24)	999999 (± 999999)	999999 (± 999999)	999999 (± 999999)	
Cy1D1 BEOI (Arm A n=26; Arm B n=34; Arm C n=24)	4850 (± 2800)	6440 (± 3640)	5560 (± 2590)	
Cy1D1 AI (Arm A n=27; Arm B n=32; Arm C n=23)	2300 (± 2790)	2490 (± 3020)	1980 (± 1780)	
Cy2D21 (Arm A n=2; Arm B n=3; Arm C n=0)	999999 (± 999999)	999999 (± 999999)	999999 (± 999999)	
Cy3D1 BEOI (Arm A n=19; Arm B n=25; Arm C n=16)	5810 (± 3610)	7810 (± 4510)	7810 (± 5160)	
Cy3D1 AI (Arm A n=19; Arm B n=27; Arm C n=17)	1800 (± 1660)	2990 (± 5830)	1930 (± 1380)	

## Statistical analyses

No statistical analyses for this end point

## Secondary: Cmax of Bevacizumab in Arm B and Arm C

End point title Cmax of Bevacizumab in Arm B and Arm C

End point description:

End point type Secondary

End point timeframe:

Cycle 1 Day 1 and Cycle 3 Day 1 (Cycle length=21 days)

<b>End point values</b>	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	205	215		
Units: mcg/mL				
arithmetic mean (standard deviation)				
Cycle 1 Day 1 (Arm A n=205; Arm C n=215)	329 (± 129)	323 (± 95.0)		
Cycle 3 Day 1 (Arm A n=154; Arm C n=168)	413 (± 126)	430 (± 123)		

### Statistical analyses

No statistical analyses for this end point

### Secondary: Cmin of Bevacizumab in Arm B and Arm C

End point title	Cmin of Bevacizumab in Arm B and Arm C
End point description:	
Note: 999999=not available	
End point type	Secondary
End point timeframe:	
Cycle 1 Day 1 and Cycle 2 Day 21 (Cycle length=21 days)	

<b>End point values</b>	Arm B (Atezolizumab +Bevacizumab +Paclitaxel + Carboplatin)	Arm C (Bevacizumab +Paclitaxel+Ca rboplatin)		
Subject group type	Subject analysis set	Subject analysis set		
Number of subjects analysed	325	348		
Units: mcg/mL				
arithmetic mean (standard deviation)				
Cycle 1 Day 1 (Arm A n=325; Arm B n=348)	999999 (± 999999)	999999 (± 999999)		
Cycle 2 Day 21 (Arm A n=280; Arm B n=316)	98.0 (± 50.9)	90.4 (± 36.8)		

### Statistical analyses

No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

From the first study drug to the data cutoff date 13 Sept 2019 (up to approximately 53 months)

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	22.0
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### Reporting groups

Reporting group title	Arm B
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Reporting group description:

Atezolizumab+Bevacizumab+Paclitaxel + Carboplatin

Reporting group title	Arm C
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Reporting group description:

Bevacizumab+Paclitaxel+Carboplatin

Reporting group title	Arm A
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Reporting group description:

Atezolizumab+Paclitaxel+Carboplatin

<b>Serious adverse events</b>	Arm B	Arm C	Arm A
Total subjects affected by serious adverse events			
subjects affected / exposed	187 / 393 (47.58%)	142 / 394 (36.04%)	169 / 400 (42.25%)
number of deaths (all causes)	272	301	275
number of deaths resulting from adverse events			
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
ADENOCARCINOMA GASTRIC			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
B-CELL LYMPHOMA			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
BLADDER TRANSITIONAL CELL CARCINOMA			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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

MARROW HYPERPLASIA			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
MENINGIOMA			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
METASTASES TO MENINGES			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
TUMOUR PAIN			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
TUMOUR PSEUDOPROGRESSION			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Vascular disorders			
ANEURYSM			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
AORTIC DISSECTION			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	1 / 1	0 / 0	0 / 0
ARTERIAL OCCLUSIVE DISEASE			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
DEEP VEIN THROMBOSIS			

subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	2 / 2	1 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DIABETIC VASCULAR DISORDER</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>EMBOLISM</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>EMBOLISM VENOUS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>HAEMATOMA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HYPERTENSION</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPOTENSION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>LYMPHOEDEMA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>ORTHOSTATIC HYPOTENSION</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PERIPHERAL ARTERIAL OCCLUSIVE DISEASE</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PERIPHERAL ARTERY THROMBOSIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PERIPHERAL ISCHAEMIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PERIPHERAL VASCULAR DISORDER</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>THROMBOSIS</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>VENOUS THROMBOSIS LIMB</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Surgical and medical procedures</b>			
<b>VERTEBROPLASTY</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>General disorders and administration site conditions</b>			

<b>ASTHENIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CATHETER SITE ERYTHEMA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CHEST PAIN</b>			
subjects affected / exposed	4 / 393 (1.02%)	6 / 394 (1.52%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 4	1 / 7	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>COMPLICATION ASSOCIATED WITH DEVICE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>DEATH</b>			
subjects affected / exposed	2 / 393 (0.51%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 2	0 / 2	0 / 1
deaths causally related to treatment / all	0 / 2	0 / 2	0 / 1
<b>GENERAL PHYSICAL HEALTH DETERIORATION</b>			
subjects affected / exposed	2 / 393 (0.51%)	2 / 394 (0.51%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 2	2 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INFLUENZA LIKE ILLNESS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	1 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INFUSION SITE EXTRAVASATION</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>MUCOSAL INFLAMMATION</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>NON-CARDIAC CHEST PAIN</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>OEDEMA PERIPHERAL</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PAIN</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PYREXIA</b>			
subjects affected / exposed	7 / 393 (1.78%)	1 / 394 (0.25%)	6 / 400 (1.50%)
occurrences causally related to treatment / all	2 / 7	0 / 1	3 / 6
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Immune system disorders</b>			
<b>ANAPHYLACTIC REACTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DRUG HYPERSENSITIVITY</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	2 / 2	0 / 0	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPERSENSITIVITY</b>			
subjects affected / exposed	1 / 393 (0.25%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	2 / 2	2 / 2	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Respiratory, thoracic and mediastinal disorders</b>			

<b>ACUTE RESPIRATORY DISTRESS SYNDROME</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	1 / 1
<b>ACUTE RESPIRATORY FAILURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	0 / 1	0 / 0	2 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	1 / 1
<b>BRONCHOSTENOSIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			
subjects affected / exposed	3 / 393 (0.76%)	2 / 394 (0.51%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	1 / 3	0 / 2	0 / 3
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>COUGH</b>			
subjects affected / exposed	3 / 393 (0.76%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 3	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DYSPNOEA</b>			
subjects affected / exposed	2 / 393 (0.51%)	6 / 394 (1.52%)	4 / 400 (1.00%)
occurrences causally related to treatment / all	1 / 2	1 / 6	0 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>EPISTAXIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 2	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HAEMOPTYSIS</b>			
subjects affected / exposed	8 / 393 (2.04%)	2 / 394 (0.51%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	3 / 8	1 / 2	0 / 4
deaths causally related to treatment / all	3 / 3	0 / 1	0 / 1
<b>HICCUPS</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPOXIA</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>IMMUNE-MEDIATED PNEUMONITIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INTERSTITIAL LUNG DISEASE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	1 / 1
<b>PLEURAL EFFUSION</b>			
subjects affected / exposed	0 / 393 (0.00%)	2 / 394 (0.51%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PLEURISY</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	2 / 2	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PLEURITIC PAIN</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 3	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PNEUMONIA ASPIRATION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>PNEUMONITIS</b>			

subjects affected / exposed	7 / 393 (1.78%)	0 / 394 (0.00%)	8 / 400 (2.00%)
occurrences causally related to treatment / all	7 / 7	0 / 0	8 / 8
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PNEUMOTHORAX</b>			
subjects affected / exposed	0 / 393 (0.00%)	2 / 394 (0.51%)	4 / 400 (1.00%)
occurrences causally related to treatment / all	0 / 0	0 / 3	0 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PULMONARY EMBOLISM</b>			
subjects affected / exposed	5 / 393 (1.27%)	8 / 394 (2.03%)	7 / 400 (1.75%)
occurrences causally related to treatment / all	2 / 5	5 / 8	0 / 7
deaths causally related to treatment / all	0 / 2	2 / 2	0 / 0
<b>PULMONARY HAEMORRHAGE</b>			
subjects affected / exposed	2 / 393 (0.51%)	4 / 394 (1.02%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	2 / 2	3 / 4	0 / 0
deaths causally related to treatment / all	2 / 2	2 / 2	0 / 0
<b>PULMONARY NECROSIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>PULMONARY OEDEMA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
<b>RESPIRATORY FAILURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Psychiatric disorders</b>			
<b>ALCOHOL WITHDRAWAL SYNDROME</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ANXIETY</b>			

subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BIPOLAR DISORDER</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>CONFUSIONAL STATE</b>			
subjects affected / exposed	1 / 393 (0.25%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 2	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DELIRIUM</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DELUSION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>MENTAL STATUS CHANGES</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PSYCHOTIC DISORDER</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SUICIDAL IDEATION</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>Investigations</b>			
<b>ALANINE AMINOTRANSFERASE INCREASED</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>ASPARTATE AMINOTRANSFERASE INCREASED</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>BLOOD LACTATE DEHYDROGENASE INCREASED</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BLOOD PRESSURE INCREASED</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>C-REACTIVE PROTEIN INCREASED</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GENERAL PHYSICAL CONDITION ABNORMAL</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HEPATIC ENZYME INCREASED</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>LIPASE INCREASED</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>NEUTROPHIL COUNT DECREASED</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PLATELET COUNT DECREASED</b>			
subjects affected / exposed	2 / 393 (0.51%)	2 / 394 (0.51%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	2 / 2	2 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>TRANSAMINASES INCREASED</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>TROPONIN INCREASED</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>WEIGHT DECREASED</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>WHITE BLOOD CELL COUNT DECREASED</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	2 / 2	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Injury, poisoning and procedural complications</b>			
<b>ACCIDENTAL OVERDOSE</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FALL</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FEMUR FRACTURE</b>			

subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FRACTURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HIP FRACTURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INFUSION RELATED REACTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	1 / 1	0 / 0	3 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HUMERUS FRACTURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PROCEDURAL COMPLICATION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>PROCEDURAL PAIN</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>RIB FRACTURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>SPINAL COMPRESSION FRACTURE</b>			

subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>STERNAL FRACTURE</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>WOUND COMPLICATION</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Cardiac disorders</b>			
<b>ACUTE MYOCARDIAL INFARCTION</b>			
subjects affected / exposed	2 / 393 (0.51%)	3 / 394 (0.76%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 2	1 / 3	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>ATRIAL FIBRILLATION</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ATRIAL FLUTTER</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>ATRIOVENTRICULAR BLOCK SECOND DEGREE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>CARDIAC ARREST</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 1	0 / 0	1 / 1
<b>CARDIAC FAILURE</b>			

subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 2	1 / 1	0 / 0
deaths causally related to treatment / all	1 / 1	0 / 0	0 / 0
<b>CARDIAC FAILURE CONGESTIVE</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CORONARY ARTERY DISEASE</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>LEFT VENTRICULAR DYSFUNCTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>MYOCARDIAL INFARCTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	3 / 3	0 / 1	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>MYOCARDIAL ISCHAEMIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PERICARDIAL EFFUSION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PERICARDITIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>TACHYARRHYTHMIA</b>			

subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>VENTRICULAR TACHYCARDIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>Nervous system disorders</b>			
<b>ATAXIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CEREBRAL HAEMORRHAGE</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CEREBRAL INFARCTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>CEREBRAL ISCHAEMIA</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 2	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>CEREBROVASCULAR ACCIDENT</b>			
subjects affected / exposed	5 / 393 (1.27%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	3 / 5	1 / 1	0 / 2
deaths causally related to treatment / all	1 / 2	0 / 0	0 / 0
<b>COGNITIVE DISORDER</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DEPRESSED LEVEL OF CONSCIOUSNESS</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>DIZZINESS</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DIZZINESS POSTURAL</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>DYSAESTHESIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>ENCEPHALOPATHY</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FOCAL DYSCOGNITIVE SEIZURES</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HAEMORRHAGE INTRACRANIAL</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 1
<b>HEADACHE</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ISCHAEMIC STROKE</b>			

subjects affected / exposed	1 / 393 (0.25%)	4 / 394 (1.02%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 1	3 / 4	0 / 2
deaths causally related to treatment / all	0 / 0	1 / 1	0 / 0
<b>LOSS OF CONSCIOUSNESS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>METABOLIC ENCEPHALOPATHY</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>NEUROPATHY PERIPHERAL</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 1	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PARTIAL SEIZURES</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PERIPHERAL SENSORY NEUROPATHY</b>			
subjects affected / exposed	0 / 393 (0.00%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	2 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME</b>			
subjects affected / exposed	0 / 393 (0.00%)	2 / 394 (0.51%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	2 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	1 / 1	0 / 0
<b>PRESYNCOPE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>SEIZURE</b>			

subjects affected / exposed	5 / 393 (1.27%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	1 / 5	0 / 1	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SOMNOLENCE</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SPINAL CORD COMPRESSION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SYNCOPE</b>			
subjects affected / exposed	1 / 393 (0.25%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	1 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>TRANSIENT ISCHAEMIC ATTACK</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	2 / 2	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Blood and lymphatic system disorders</b>			
<b>ANAEMIA</b>			
subjects affected / exposed	5 / 393 (1.27%)	4 / 394 (1.02%)	5 / 400 (1.25%)
occurrences causally related to treatment / all	5 / 5	4 / 4	5 / 6
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BONE MARROW FAILURE</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 1	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FEBRILE NEUTROPENIA</b>			
subjects affected / exposed	27 / 393 (6.87%)	17 / 394 (4.31%)	13 / 400 (3.25%)
occurrences causally related to treatment / all	28 / 30	16 / 18	13 / 13
deaths causally related to treatment / all	3 / 3	0 / 0	0 / 0
<b>LEUKOPENIA</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>NEUTROPENIA</b>			
subjects affected / exposed	4 / 393 (1.02%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	4 / 4	2 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>NORMOCHROMIC ANAEMIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PANCYTOPENIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	3 / 394 (0.76%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 1	3 / 3	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SPONTANEOUS HAEMATOMA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>THROMBOCYTOPENIA</b>			
subjects affected / exposed	6 / 393 (1.53%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	6 / 6	2 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Eye disorders</b>			
<b>OPTIC NEUROPATHY</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>Gastrointestinal disorders</b>			
<b>ABDOMINAL PAIN</b>			
subjects affected / exposed	1 / 393 (0.25%)	3 / 394 (0.76%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	1 / 1	1 / 3	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ABDOMINAL PAIN LOWER</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ABDOMINAL PAIN UPPER</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>COLITIS</b>			
subjects affected / exposed	6 / 393 (1.53%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	5 / 6	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>COLITIS ISCHAEMIC</b>			
subjects affected / exposed	1 / 393 (0.25%)	2 / 394 (0.51%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 1	2 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CONSTIPATION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DIARRHOEA</b>			
subjects affected / exposed	10 / 393 (2.54%)	3 / 394 (0.76%)	8 / 400 (2.00%)
occurrences causally related to treatment / all	6 / 11	3 / 3	7 / 8
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DIVERTICULAR PERFORATION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DUODENAL ULCER</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>DYSPHAGIA</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FAECALOMA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FOOD POISONING</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GASTRIC HAEMORRHAGE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>GASTRITIS</b>			
subjects affected / exposed	4 / 393 (1.02%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 4	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GASTROINTESTINAL HAEMORRHAGE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GLOSSODYNIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>ILEUS PARALYTIC</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>INGUINAL HERNIA</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>INTESTINAL ANGINA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>INTESTINAL HAEMORRHAGE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	2 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INTESTINAL INFARCTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INTESTINAL ISCHAEMIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>INTESTINAL OBSTRUCTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	1 / 1	0 / 0	0 / 0
<b>INTESTINAL PERFORATION</b>			
subjects affected / exposed	0 / 393 (0.00%)	2 / 394 (0.51%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	2 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	2 / 2	0 / 0
<b>IRRITABLE BOWEL SYNDROME</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>LARGE INTESTINAL HAEMORRHAGE</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>LARGE INTESTINE PERFORATION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>NAUSEA</b>			
subjects affected / exposed	7 / 393 (1.78%)	3 / 394 (0.76%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	6 / 7	3 / 3	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>OESOPHAGEAL FOOD IMPACTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PANCREATITIS ACUTE</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>VOMITING</b>			
subjects affected / exposed	5 / 393 (1.27%)	3 / 394 (0.76%)	4 / 400 (1.00%)
occurrences causally related to treatment / all	4 / 5	3 / 3	3 / 5
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hepatobiliary disorders</b>			
<b>CHOLANGITIS</b>			
subjects affected / exposed	3 / 393 (0.76%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 3	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>CHOLANGITIS ACUTE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>CHOLELITHIASIS</b>			

subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HEPATITIS</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	2 / 2	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HEPATOMEGALY</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HEPATOTOXICITY</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>Skin and subcutaneous tissue disorders</b>			
<b>DERMATITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ERYTHEMA MULTIFORME</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	0 / 0	0 / 0	3 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PEMPHIGOID</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>RASH</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	2 / 2	0 / 0	3 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>RASH MACULO-PAPULAR</b>			

subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Renal and urinary disorders</b>			
<b>ACUTE KIDNEY INJURY</b>			
subjects affected / exposed	3 / 393 (0.76%)	3 / 394 (0.76%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	2 / 3	1 / 3	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GLOMERULONEPHROPATHY</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HAEMATURIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>NEPHROLITHIASIS</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PRERENAL FAILURE</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>RENAL FAILURE</b>			
subjects affected / exposed	3 / 393 (0.76%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	3 / 3	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>RENAL IMPAIRMENT</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>RENAL INJURY</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>TUBULOINTERSTITIAL NEPHRITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>URINARY TRACT OBSTRUCTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Endocrine disorders</b>			
<b>ADRENAL INSUFFICIENCY</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	2 / 2	0 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ADRENOCORTICAL INSUFFICIENCY ACUTE</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DIABETES INSIPIDUS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPOPHYSITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HYPOTHYROIDISM</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INAPPROPRIATE ANTIDIURETIC HORMONE SECRETION</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>SECONDARY ADRENOCORTICAL INSUFFICIENCY</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Musculoskeletal and connective tissue disorders</b>			
<b>ARTHRALGIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 1	1 / 1	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BACK PAIN</b>			
subjects affected / exposed	2 / 393 (0.51%)	3 / 394 (0.76%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 2	1 / 3	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BONE PAIN</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>COMPARTMENT SYNDROME</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>FLANK PAIN</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>MUSCULAR WEAKNESS</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>MUSCULOSKELETAL CHEST PAIN</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>MUSCULOSKELETAL PAIN</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>MYALGIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>OSTEOLYSIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PAIN IN EXTREMITY</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SOFT TISSUE NECROSIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SPINAL PAIN</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>VERTEBRAL FORAMINAL STENOSIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Infections and infestations</b>			
<b>ABDOMINAL SEPSIS</b>			

subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ANAL ABSCESS</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 1	1 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BACTERAEMIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BACTERIAL INFECTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>BONE ABSCESS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BRONCHITIS</b>			
subjects affected / exposed	3 / 393 (0.76%)	2 / 394 (0.51%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 3	0 / 2	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>BURSITIS INFECTIVE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>CELLULITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>CHRONIC SINUSITIS</b>			

subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>CLOSTRIDIUM DIFFICILE INFECTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>DEVICE RELATED INFECTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DIVERTICULITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	2 / 2	1 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>EMPHYEMA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ENCEPHALITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ENDOCARDITIS BACTERIAL</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>ENTERITIS INFECTIOUS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>ENTEROCOLITIS BACTERIAL</b>			

subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FEBRILE INFECTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GASTROENTERITIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>GASTROENTERITIS CLOSTRIDIAL</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HAEMORRHAGIC PNEUMONIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HEPATITIS A</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HEPATITIS C</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HERPES ZOSTER</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INFECTED SKIN ULCER</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>INFECTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INFECTIOUS PLEURAL EFFUSION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>INFECTIVE EXACERBATION OF CHRONIC OBSTRUCTIVE AIRWAYS DISEASE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>INFLUENZA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>KLEBSIELLA SEPSIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>LARGE INTESTINE INFECTION</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>LOWER RESPIRATORY TRACT INFECTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>LUNG INFECTION</b>			

subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	4 / 400 (1.00%)
occurrences causally related to treatment / all	2 / 2	1 / 1	1 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>NEUTROPENIC SEPSIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>OSTEOMYELITIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>PARAINFLUENZAE VIRUS INFECTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PAROTITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PNEUMONIA</b>			
subjects affected / exposed	26 / 393 (6.62%)	17 / 394 (4.31%)	17 / 400 (4.25%)
occurrences causally related to treatment / all	7 / 28	3 / 18	4 / 19
deaths causally related to treatment / all	0 / 1	1 / 3	0 / 2
<b>PNEUMONIA ADENOVIRAL</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PNEUMONIA BACTERIAL</b>			
subjects affected / exposed	3 / 393 (0.76%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 3	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>PROSTATIC ABSCESS</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>PYOPNEUMOTHORAX</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>RESPIRATORY SYNCYTIAL VIRUS BRONCHITIS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>RESPIRATORY SYNCYTIAL VIRUS INFECTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>RESPIRATORY TRACT INFECTION</b>			
subjects affected / exposed	4 / 393 (1.02%)	2 / 394 (0.51%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	2 / 4	0 / 2	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>RESPIRATORY TRACT INFECTION FUNGAL</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>SALMONELLOSIS</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>SCROTAL ABSCESS</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (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
<b>SEPSIS</b>			

subjects affected / exposed	3 / 393 (0.76%)	5 / 394 (1.27%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	1 / 4	1 / 5	1 / 3
deaths causally related to treatment / all	0 / 0	1 / 2	0 / 1
<b>SEPTIC SHOCK</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	2 / 400 (0.50%)
occurrences causally related to treatment / all	1 / 2	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>STAPHYLOCOCCAL BACTERAEMIA</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>STAPHYLOCOCCAL INFECTION</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>TOOTH ABSCESS</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>UPPER RESPIRATORY TRACT INFECTION</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>URINARY TRACT INFECTION</b>			
subjects affected / exposed	3 / 393 (0.76%)	2 / 394 (0.51%)	4 / 400 (1.00%)
occurrences causally related to treatment / all	1 / 3	1 / 2	0 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>VASCULAR DEVICE INFECTION</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>VIRAL INFECTION</b>			

subjects affected / exposed	3 / 393 (0.76%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 3	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Metabolism and nutrition disorders</b>			
<b>DECREASED APPETITE</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>DEHYDRATION</b>			
subjects affected / exposed	7 / 393 (1.78%)	6 / 394 (1.52%)	3 / 400 (0.75%)
occurrences causally related to treatment / all	7 / 9	3 / 6	2 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>FAILURE TO THRIVE</b>			
subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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
<b>HYPERCALCAEMIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPERGLYCAEMIA</b>			
subjects affected / exposed	0 / 393 (0.00%)	1 / 394 (0.25%)	0 / 400 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPOKALAEMIA</b>			
subjects affected / exposed	2 / 393 (0.51%)	0 / 394 (0.00%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 2	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPONATRAEMIA</b>			
subjects affected / exposed	2 / 393 (0.51%)	1 / 394 (0.25%)	1 / 400 (0.25%)
occurrences causally related to treatment / all	0 / 2	1 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>HYPOPHOSPHATAEMIA</b>			

subjects affected / exposed	1 / 393 (0.25%)	0 / 394 (0.00%)	0 / 400 (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

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

<b>Non-serious adverse events</b>	Arm B	Arm C	Arm A
Total subjects affected by non-serious adverse events			
subjects affected / exposed	375 / 393 (95.42%)	381 / 394 (96.70%)	385 / 400 (96.25%)
Vascular disorders			
HYPERTENSION			
subjects affected / exposed	103 / 393 (26.21%)	87 / 394 (22.08%)	16 / 400 (4.00%)
occurrences (all)	147	102	16
General disorders and administration site conditions			
ASTHENIA			
subjects affected / exposed	84 / 393 (21.37%)	80 / 394 (20.30%)	75 / 400 (18.75%)
occurrences (all)	143	107	122
CHEST PAIN			
subjects affected / exposed	35 / 393 (8.91%)	28 / 394 (7.11%)	38 / 400 (9.50%)
occurrences (all)	37	32	45
FATIGUE			
subjects affected / exposed	136 / 393 (34.61%)	107 / 394 (27.16%)	110 / 400 (27.50%)
occurrences (all)	156	125	127
MALAISE			
subjects affected / exposed	27 / 393 (6.87%)	12 / 394 (3.05%)	21 / 400 (5.25%)
occurrences (all)	43	14	28
MUCOSAL INFLAMMATION			
subjects affected / exposed	37 / 393 (9.41%)	24 / 394 (6.09%)	10 / 400 (2.50%)
occurrences (all)	41	27	10
OEDEMA PERIPHERAL			
subjects affected / exposed	34 / 393 (8.65%)	19 / 394 (4.82%)	29 / 400 (7.25%)
occurrences (all)	41	20	33
PAIN			
subjects affected / exposed	26 / 393 (6.62%)	17 / 394 (4.31%)	22 / 400 (5.50%)
occurrences (all)	31	17	23
PYREXIA			

subjects affected / exposed occurrences (all)	67 / 393 (17.05%) 88	34 / 394 (8.63%) 44	52 / 400 (13.00%) 63
<b>Respiratory, thoracic and mediastinal disorders</b>			
<b>COUGH</b>			
subjects affected / exposed occurrences (all)	85 / 393 (21.63%) 104	77 / 394 (19.54%) 94	81 / 400 (20.25%) 95
<b>DYSPHONIA</b>			
subjects affected / exposed occurrences (all)	27 / 393 (6.87%) 27	18 / 394 (4.57%) 19	11 / 400 (2.75%) 12
<b>DYSPNOEA</b>			
subjects affected / exposed occurrences (all)	66 / 393 (16.79%) 79	60 / 394 (15.23%) 66	85 / 400 (21.25%) 105
<b>EPISTAXIS</b>			
subjects affected / exposed occurrences (all)	67 / 393 (17.05%) 88	86 / 394 (21.83%) 108	17 / 400 (4.25%) 22
<b>HAEMOPTYSIS</b>			
subjects affected / exposed occurrences (all)	21 / 393 (5.34%) 24	18 / 394 (4.57%) 21	15 / 400 (3.75%) 26
<b>OROPHARYNGEAL PAIN</b>			
subjects affected / exposed occurrences (all)	22 / 393 (5.60%) 25	10 / 394 (2.54%) 10	9 / 400 (2.25%) 10
<b>Psychiatric disorders</b>			
<b>ANXIETY</b>			
subjects affected / exposed occurrences (all)	31 / 393 (7.89%) 31	22 / 394 (5.58%) 23	21 / 400 (5.25%) 21
<b>DEPRESSION</b>			
subjects affected / exposed occurrences (all)	25 / 393 (6.36%) 26	12 / 394 (3.05%) 12	15 / 400 (3.75%) 15
<b>INSOMNIA</b>			
subjects affected / exposed occurrences (all)	41 / 393 (10.43%) 42	38 / 394 (9.64%) 41	50 / 400 (12.50%) 56
<b>Investigations</b>			
<b>ALANINE AMINOTRANSFERASE INCREASED</b>			
subjects affected / exposed occurrences (all)	30 / 393 (7.63%) 44	20 / 394 (5.08%) 24	23 / 400 (5.75%) 27
<b>ASPARTATE AMINOTRANSFERASE</b>			

INCREASED			
subjects affected / exposed	30 / 393 (7.63%)	18 / 394 (4.57%)	22 / 400 (5.50%)
occurrences (all)	47	19	29
NEUTROPHIL COUNT DECREASED			
subjects affected / exposed	49 / 393 (12.47%)	34 / 394 (8.63%)	33 / 400 (8.25%)
occurrences (all)	86	72	64
PLATELET COUNT DECREASED			
subjects affected / exposed	57 / 393 (14.50%)	44 / 394 (11.17%)	40 / 400 (10.00%)
occurrences (all)	84	76	58
WEIGHT DECREASED			
subjects affected / exposed	52 / 393 (13.23%)	42 / 394 (10.66%)	27 / 400 (6.75%)
occurrences (all)	56	46	30
WHITE BLOOD CELL COUNT DECREASED			
subjects affected / exposed	26 / 393 (6.62%)	20 / 394 (5.08%)	17 / 400 (4.25%)
occurrences (all)	42	39	27
Nervous system disorders			
DIZZINESS			
subjects affected / exposed	27 / 393 (6.87%)	26 / 394 (6.60%)	27 / 400 (6.75%)
occurrences (all)	33	31	38
DYSGEUSIA			
subjects affected / exposed	24 / 393 (6.11%)	19 / 394 (4.82%)	15 / 400 (3.75%)
occurrences (all)	27	24	16
HEADACHE			
subjects affected / exposed	70 / 393 (17.81%)	53 / 394 (13.45%)	41 / 400 (10.25%)
occurrences (all)	87	65	49
NEUROPATHY PERIPHERAL			
subjects affected / exposed	92 / 393 (23.41%)	67 / 394 (17.01%)	104 / 400 (26.00%)
occurrences (all)	105	77	116
PARAESTHESIA			
subjects affected / exposed	53 / 393 (13.49%)	44 / 394 (11.17%)	37 / 400 (9.25%)
occurrences (all)	59	50	42
PERIPHERAL SENSORY NEUROPATHY			
subjects affected / exposed	65 / 393 (16.54%)	54 / 394 (13.71%)	58 / 400 (14.50%)
occurrences (all)	73	59	65
Blood and lymphatic system disorders			

ANAEMIA			
subjects affected / exposed	115 / 393 (29.26%)	104 / 394 (26.40%)	145 / 400 (36.25%)
occurrences (all)	133	124	182
LEUKOPENIA			
subjects affected / exposed	14 / 393 (3.56%)	14 / 394 (3.55%)	20 / 400 (5.00%)
occurrences (all)	20	17	35
NEUTROPENIA			
subjects affected / exposed	72 / 393 (18.32%)	70 / 394 (17.77%)	60 / 400 (15.00%)
occurrences (all)	111	107	85
THROMBOCYTOPENIA			
subjects affected / exposed	52 / 393 (13.23%)	45 / 394 (11.42%)	48 / 400 (12.00%)
occurrences (all)	73	64	77
Gastrointestinal disorders			
ABDOMINAL PAIN			
subjects affected / exposed	36 / 393 (9.16%)	20 / 394 (5.08%)	28 / 400 (7.00%)
occurrences (all)	48	24	35
CONSTIPATION			
subjects affected / exposed	122 / 393 (31.04%)	92 / 394 (23.35%)	102 / 400 (25.50%)
occurrences (all)	151	115	126
DIARRHOEA			
subjects affected / exposed	124 / 393 (31.55%)	98 / 394 (24.87%)	81 / 400 (20.25%)
occurrences (all)	218	133	134
DRY MOUTH			
subjects affected / exposed	21 / 393 (5.34%)	6 / 394 (1.52%)	13 / 400 (3.25%)
occurrences (all)	23	6	16
GASTROESOPHAGEAL REFLUX DISEASE			
subjects affected / exposed	20 / 393 (5.09%)	9 / 394 (2.28%)	11 / 400 (2.75%)
occurrences (all)	20	11	13
NAUSEA			
subjects affected / exposed	149 / 393 (37.91%)	124 / 394 (31.47%)	129 / 400 (32.25%)
occurrences (all)	223	177	207
STOMATITIS			
subjects affected / exposed	54 / 393 (13.74%)	24 / 394 (6.09%)	23 / 400 (5.75%)
occurrences (all)	72	30	27
VOMITING			

subjects affected / exposed occurrences (all)	71 / 393 (18.07%) 99	67 / 394 (17.01%) 105	68 / 400 (17.00%) 91
Skin and subcutaneous tissue disorders			
ALOPECIA			
subjects affected / exposed occurrences (all)	188 / 393 (47.84%) 195	180 / 394 (45.69%) 183	180 / 400 (45.00%) 182
DRY SKIN			
subjects affected / exposed occurrences (all)	29 / 393 (7.38%) 31	9 / 394 (2.28%) 9	23 / 400 (5.75%) 26
PRURITUS			
subjects affected / exposed occurrences (all)	54 / 393 (13.74%) 70	25 / 394 (6.35%) 27	50 / 400 (12.50%) 68
RASH			
subjects affected / exposed occurrences (all)	70 / 393 (17.81%) 90	28 / 394 (7.11%) 34	71 / 400 (17.75%) 94
Renal and urinary disorders			
PROTEINURIA			
subjects affected / exposed occurrences (all)	79 / 393 (20.10%) 123	63 / 394 (15.99%) 81	9 / 400 (2.25%) 13
Endocrine disorders			
HYPOTHYROIDISM			
subjects affected / exposed occurrences (all)	50 / 393 (12.72%) 56	13 / 394 (3.30%) 13	33 / 400 (8.25%) 39
Musculoskeletal and connective tissue disorders			
ARTHRALGIA			
subjects affected / exposed occurrences (all)	108 / 393 (27.48%) 175	88 / 394 (22.34%) 135	94 / 400 (23.50%) 145
BACK PAIN			
subjects affected / exposed occurrences (all)	56 / 393 (14.25%) 66	43 / 394 (10.91%) 49	50 / 400 (12.50%) 69
BONE PAIN			
subjects affected / exposed occurrences (all)	23 / 393 (5.85%) 31	19 / 394 (4.82%) 19	16 / 400 (4.00%) 18
MUSCLE SPASMS			
subjects affected / exposed occurrences (all)	20 / 393 (5.09%) 24	7 / 394 (1.78%) 8	10 / 400 (2.50%) 10

MUSCULOSKELETAL PAIN subjects affected / exposed occurrences (all)	48 / 393 (12.21%) 58	36 / 394 (9.14%) 39	36 / 400 (9.00%) 43
MYALGIA subjects affected / exposed occurrences (all)	68 / 393 (17.30%) 116	53 / 394 (13.45%) 81	66 / 400 (16.50%) 103
PAIN IN EXTREMITY subjects affected / exposed occurrences (all)	49 / 393 (12.47%) 62	33 / 394 (8.38%) 44	44 / 400 (11.00%) 50
Infections and infestations			
BRONCHITIS subjects affected / exposed occurrences (all)	28 / 393 (7.12%) 37	16 / 394 (4.06%) 17	14 / 400 (3.50%) 15
NASOPHARYNGITIS subjects affected / exposed occurrences (all)	25 / 393 (6.36%) 32	17 / 394 (4.31%) 18	31 / 400 (7.75%) 48
UPPER RESPIRATORY TRACT INFECTION subjects affected / exposed occurrences (all)	36 / 393 (9.16%) 52	16 / 394 (4.06%) 20	23 / 400 (5.75%) 42
URINARY TRACT INFECTION subjects affected / exposed occurrences (all)	35 / 393 (8.91%) 55	28 / 394 (7.11%) 37	37 / 400 (9.25%) 50
Metabolism and nutrition disorders			
DECREASED APPETITE subjects affected / exposed occurrences (all)	117 / 393 (29.77%) 155	86 / 394 (21.83%) 102	100 / 400 (25.00%) 128
DEHYDRATION subjects affected / exposed occurrences (all)	33 / 393 (8.40%) 42	15 / 394 (3.81%) 16	7 / 400 (1.75%) 7
HYPOKALAEMIA subjects affected / exposed occurrences (all)	36 / 393 (9.16%) 47	16 / 394 (4.06%) 18	24 / 400 (6.00%) 30
HYPOMAGNESAEMIA subjects affected / exposed occurrences (all)	55 / 393 (13.99%) 76	25 / 394 (6.35%) 29	37 / 400 (9.25%) 48
HYPONATRAEMIA			

subjects affected / exposed	23 / 393 (5.85%)	17 / 394 (4.31%)	13 / 400 (3.25%)
occurrences (all)	32	20	14

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
21 November 2014	Protocol was amended to change test product MPDL3280A to atezolizumab.
31 May 2016	Protocol was amended to include additional secondary end point to evaluate efficacy of atezolizumab as measured by investigator-assessed time to response (TTR) according to RECIST v1.1 for the ITT population, the TC1/2/3 or IC1/2/3 population, and the TC2/3 or IC2/3 population.

Notes:

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### Interruptions (globally)

Were there any global interruptions to the trial? No

### Limitations and caveats

None reported