Table S3. Overview of results from the main, additional and sensitivity analyses for the primary outcome

	Treatment estimate *vs* placebo	95% CI	SE	p value
Main analysis				
ANCOVA with while-on-treatment observed data	–0·05	–1·30 to 1·20	0·62	0·94
Additional efficacy analyses				
ANCOVA in per-protocol population	0·17	–1·50 to 1·84	0·81	0·83
ANCOVA after multiple imputation of missing week-72 data	0·36	–1·25 to 1·97	0·82	0·66
Linear mixed effects model	–0·13	–1·29 to 1·03	0·58	0·82
Sensitivity analysis: pattern-mixture model*				
MAR imputed data, δ = +0·317 mm	0·46	–1·16 to 2·08	0·83	0·58
MAR imputed data, δ = +0·634 mm	0·55	–1·09 to 2·18	0·83	0·51
MAR imputed data, δ = +0·950 mm	0·64	–1·01 to 2·30	0·84	0·45
MAR imputed data, δ = +1·267 mm	0·74	–0·94 to 2·41	0·85	0·39
MAR imputed data, δ = +2·534 mm	1·11	–0·68 to 2·90	0·91	0·22
Tipping point: MAR imputed data, δ = –5·385 mm in lanreotide group	1·89	–0·002 to 3·78	0·96	0·05

Data are in millimetres. The primary outcome was the change from baseline in cranio-caudal tumour diameter. The intention-to-treat population was the basis for all analyses except the per-protocol analysis, and included all randomised participants who received at least one study injection. Treatment estimate is the baseline size-adjusted mean difference in the change from baseline. See the Statistical methods section in the appendix for details. Small differences in treatment estimate/95% CI compared to those in Table 2 and Table S2 are due to rounding to two decimal places instead of one. CI=confidence interval. MAR=missing-at-random. SE=standard error. *The increasing values of δ in the pattern-mixture model were based on 25-50-75-100-200% times the observed mean change to week-72 of 1·267 mm. For this range, results of the main and efficacy analyses were qualitatively maintained. The tipping point at which results were overturned required a δ in MAR imputed data of lanreotide-treated dropouts of –425% times the observed mean change. Such a large deviation from the MAR imputed data was considered highly implausible, supporting the results of the main and efficacy analyses. Note that larger δ-shifts lead to higher variability in the final cranio-caudal diameter values with an increase in standard errors.