



## Clinical trial results:

### An International Phase 3, Randomized, Double-Blind, Placebo- and Active (Tolterodine)-Controlled Multicenter Study to Evaluate the Safety and Efficacy of Vibegron in Patients with Symptoms of Overactive Bladder

#### Summary

EudraCT number	2017-003293-14
Trial protocol	LV HU EE BG LT
Global end of trial date	04 February 2019

#### Results information

Result version number	v1
This version publication date	27 January 2021
First version publication date	27 January 2021

#### Trial information

##### Trial identification

Sponsor protocol code	RVT-901-3003
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##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT03492281
WHO universal trial number (UTN)	-

Notes:

#### Sponsors

Sponsor organisation name	Urovant Sciences GmbH
Sponsor organisation address	Viaduktstrasse 8 4051, Basel, Switzerland,
Public contact	Clinical Trial Information Contact, Urovant Sciences GmbH, 41 (42) 2155999, info@urovant.com
Scientific contact	Clinical Trial Information Contact, Urovant Sciences GmbH, 41 (42) 2155999, info@urovant.com

Notes:

#### Paediatric regulatory details

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

Notes:

## Results analysis stage

Analysis stage	Final
Date of interim/final analysis	05 October 2019
Is this the analysis of the primary completion data?	Yes
Primary completion date	10 January 2019
Global end of trial reached?	Yes
Global end of trial date	04 February 2019
Was the trial ended prematurely?	No

Notes:

## General information about the trial

Main objective of the trial:

This study was conducted to evaluate the efficacy of vibegron compared to placebo in subjects with symptoms of overactive bladder (OAB), specifically the frequency of micturitions and frequency of urge urinary incontinence episodes, and to evaluate the safety and tolerability of treatment with vibegron.

Protection of trial subjects:

Each investigator obtained approval of the study from a properly constituted Institutional Review Board (IRB), Research Ethics Board (REB), or Independent Ethics Committee (IEC) prior to study initiation. This study was conducted in compliance with Good Clinical Practice (GCP). Prior to participating in any study procedures, the study was discussed with each subject and/or with the subject's legally authorized representative, and written informed consent was obtained.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	26 March 2018
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

## Population of trial subjects

### Subjects enrolled per country

Country: Number of subjects enrolled	Canada: 26
Country: Number of subjects enrolled	Hungary: 27
Country: Number of subjects enrolled	Latvia: 17
Country: Number of subjects enrolled	Lithuania: 3
Country: Number of subjects enrolled	Poland: 82
Country: Number of subjects enrolled	United States: 1363
Worldwide total number of subjects	1518
EEA total number of subjects	129

Notes:

### Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0

Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	871
From 65 to 84 years	632
85 years and over	15

## Subject disposition

### Recruitment

Recruitment details: -

### Pre-assignment

Screening details:

Of 3149 subjects screened for this study, 1518 were randomized (after a 2-week, single-blind placebo Run-in Period), and 1515 received 1 dose of double-blind study drug in the Treatment Period (Safety Set: placebo, N = 540; vibegron, N = 545; tolterodine, N = 430).

### Period 1

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

### Arms

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

Arm description:

Subjects received matching placebo, orally, once daily for 12 weeks.

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

Dosage and administration details:

Placebo to match vibegron 75-mg tablet, administered as a single tablet, orally, once daily

Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

Placebo to match tolterodine extended release (ER) 4-mg capsule, administered as a single capsule, orally, once daily

<b>Arm title</b>	Vibegron 75 mg
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Arm description:

Subjects received vibegron 75 milligrams (mg), orally, once daily for 12 weeks.

Arm type	Experimental
Investigational medicinal product name	Vibegron
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Vibegron 75-mg tablet, administered as a single tablet, orally, once daily

<b>Arm title</b>	Tolterodine ER 4 mg
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Arm description:

Subjects received tolterodine ER 4 mg, orally, once daily for 12 weeks.

Arm type	Active comparator
Investigational medicinal product name	Tolterodine
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule
Routes of administration	Oral use

Dosage and administration details:

Tolterodine ER 4-mg capsule, administered as a single capsule, orally, once daily

<b>Number of subjects in period 1</b> <sup>[1]</sup>	Placebo	Vibegron 75 mg	Tolterodine ER 4 mg
Started	540	545	430
Completed	486	502	385
Not completed	54	43	45
Withdrawn Due To Sponsor	1	-	1
Adverse event, serious fatal	-	-	1
Consent withdrawn by subject	21	14	13
Physician decision	1	-	3
Adverse event, non-fatal	6	8	13
Lost to follow-up	14	15	10
Captured As Other In Database	8	6	3
Lack of efficacy	3	-	1

Notes:

[1] - The number of subjects reported to be in the baseline period are not the same as the worldwide number enrolled in the trial. It is expected that these numbers will be the same.

Justification: Of 3149 subjects screened for this study, 1518 were randomized, and 1515 received 1 dose of double-blind study drug in the Treatment Period (Safety Set). Baseline data are reported for members of the Safety Set.

## Baseline characteristics

<b>Reporting groups</b>	
Reporting group title	Placebo
Reporting group description: Subjects received matching placebo, orally, once daily for 12 weeks.	
Reporting group title	Vibegron 75 mg
Reporting group description: Subjects received vibegron 75 milligrams (mg), orally, once daily for 12 weeks.	
Reporting group title	Tolterodine ER 4 mg
Reporting group description: Subjects received tolterodine ER 4 mg, orally, once daily for 12 weeks.	

<b>Reporting group values</b>	Placebo	Vibegron 75 mg	Tolterodine ER 4 mg
Number of subjects	540	545	430
Age categorical Units:			

Age continuous Units: years arithmetic mean standard deviation	59.9 ± 13.35	60.4 ± 13.49	59.8 ± 13.27
Gender categorical Units: Subjects			
Female	459	463	364
Male	81	82	66
Race/Ethnicity, Customized Units: Subjects			
American Indian or Alaska	3	2	0
Asian	30	28	27
Black or African American	85	78	72
White	418	435	326
Puerto Rican	1	1	1
White and Black or African American	1	0	0
Hispanic	2	1	0
Filipino	0	0	1
Morrocan	0	0	1
Multiracial	0	0	1
White, Black or African American	0	0	1
Average number of micturitions per 24 hours in all overactive bladder (OAB) subjects			
A micturition/void was defined as "Urinated in Toilet" as indicated on the Patient Voiding Diary (PVD). The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average daily number of micturitions was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of micturitions that occurred on a Complete Diary Day (CDD) divided by the number of CDDs in the PVD. 999999=population not analyzed.			
Units: micturitions arithmetic mean			

standard deviation	±	±	±
Average number of urge urinary incontinence (UUI) episodes per 24 hours in OAB Wet subjects			
The number of UUI episodes was defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. OAB Wet subjects were those subjects with an average of ≥8.0 micturitions per Diary Day (DD); with an average of ≥1.0 UUI episodes per DD; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. 999999=population not analyzed.			
Units: UUI episodes arithmetic mean standard deviation	±	±	±
Average number of urgency episodes over 24 hours in all OAB subjects			
An urgency episode was defined as the "Need to Urinate Immediately" as indicated on the PVD. "Over 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD). 999999=population not analyzed.			
Units: urgency episodes arithmetic mean standard deviation	±	±	±
Average number of total incontinence episodes over 24 hours in OAB Wet subjects			
Total incontinence was defined as having any reason for "Accidental Urine Leakage" and/or "Accidental Urine Leakage" checked, as indicated on the PVD. It is assumed that if the subject recorded a reason for leakage then the accidental urine leakage occurred. OAB Wet subjects were defined as those with an average of ≥8.0 micturitions per Diary Day; with an average of ≥1.0 UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes > the total number of stress urinary incontinence episodes from the previous visit diary.			
Units: total incontinence episodes arithmetic mean standard deviation	±	±	±
Coping Score from the OAB Questionnaire Long Form (OAB-q LF, 1-week recall) in all OAB subjects			
The OAB-q LF is a validated patient-reported outcome. 8 questions of the OAB-q LF ask subjects how well they have coped with their bladder symptoms during the previous week, as a measure of quality of life. Each question has a response ranging from "not coping" (=1) to "coping well" (=6). These questions make up the coping scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416.			
Units: Units on a scale arithmetic mean standard deviation	±	±	±
Average volume voided per micturition in all OAB subjects			
A micturition/void was defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average volume voided per micturition was calculated as the arithmetic mean of all voids for which a subject recorded the volume. 999999=population not analyzed. n=514, 524, 415 (only subjects with evaluable data were analyzed).			
Units: milliliters arithmetic mean standard deviation	±	±	±
Health-related Quality of Life (HRQL) TS from the OAB-q LF (1-week recall) in all OAB subjects			
TS=total score. The OAB-q LF is a validated patient-reported outcome. The 25 questions comprising the subscales of the OAB-q LF ask subjects how much their symptoms have affected their life over the last			

week. Each question has a response ranging from "None of the time" (=1) to "All of the time" (=6). The raw score (sum of question scores for the 4 subscales [ranging from 25 to 150]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416 (evaluatable subjects).

Units: Units on a scale arithmetic mean standard deviation	±	±	±
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Symptom Bother Score from the OAB-q LF (1-week recall) in all OAB subjects

The OAB-q LF is a validated patient-reported outcome. The first 8 questions of the OAB-q LF ask subjects how much they were bothered by their bladder symptoms during the previous week. Each question has a response ranging from "Not at all" (=1) to "A very great deal" (=6). These questions make up the symptom bother scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to the symptoms having a larger bother, and lower scores represent a lower amount of bother due to symptoms. n=518, 524, 416.

Units: Units on a scale arithmetic mean standard deviation	±	±	±
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Overall bladder symptoms based on PGI of Severity (PGI-Severity) in all OAB subjects

The Patient Global Impression (PGI) questions are designed to assess a subject's overall impression of OAB. For the PGI-Severity score, subjects are asked to rate their OAB symptoms over the previous week with one of the following responses: 1 = none, 2 = mild, 3 = moderate, 4 = severe. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluatable data were analyzed).

Units: Units on a scale arithmetic mean standard deviation	±	±	±
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Overall control over bladder symptoms based on PGI of Control (PGI-Control) in all OAB subjects

The PGI questions are designed to assess a subject's overall impression of OAB. For the PGI-Control score, subjects were asked to rate how much control they had over their OAB symptoms over the previous week with one of the following responses: 1 = complete control, 2 = a lot of control, 3 = some control, 4 = only a little control, 5 = no control. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluatable data were analyzed).

Units: Units on a scale arithmetic mean standard deviation	±	±	±
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<b>Reporting group values</b>	Total		
Number of subjects	1515		
Age categorical Units:			

Age continuous Units: years arithmetic mean standard deviation	-		
Gender categorical Units: Subjects			
Female	1286		
Male	229		
Race/Ethnicity, Customized Units: Subjects			
American Indian or Alaska	5		

Asian	85		
Black or African American	235		
White	1179		
Puerto Rican	3		
White and Black or African American	1		
Hispanic	3		
Filipino	1		
Moroccan	1		
Multiracial	1		
White, Black or African American	1		
Average number of micturitions per 24 hours in all overactive bladder (OAB) subjects			
A micturition/void was defined as "Urinated in Toilet" as indicated on the Patient Voiding Diary (PVD). The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average daily number of micturitions was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of micturitions that occurred on a Complete Diary Day (CDD) divided by the number of CDDs in the PVD. 999999=population not analyzed.			
Units: micturitions arithmetic mean standard deviation			
Average number of urge urinary incontinence (UUI) episodes per 24 hours in OAB Wet subjects			
The number of UUI episodes was defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. OAB Wet subjects were those subjects with an average of $\geq 8.0$ micturitions per Diary Day (DD); with an average of $\geq 1.0$ UUI episodes per DD; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. 999999=population not analyzed.			
Units: UUI episodes arithmetic mean standard deviation			
Average number of urgency episodes over 24 hours in all OAB subjects			
An urgency episode was defined as the "Need to Urinate Immediately" as indicated on the PVD. "Over 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD). 999999=population not analyzed.			
Units: urgency episodes arithmetic mean standard deviation			
Average number of total incontinence episodes over 24 hours in OAB Wet subjects			
Total incontinence was defined as having any reason for "Accidental Urine Leakage" and/or "Accidental Urine Leakage" checked, as indicated on the PVD. It is assumed that if the subject recorded a reason for leakage then the accidental urine leakage occurred. OAB Wet subjects were defined as those with an average of $\geq 8.0$ micturitions per Diary Day; with an average of $\geq 1.0$ UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes $>$ the total number of stress urinary incontinence episodes from the previous visit diary.			
Units: total incontinence episodes arithmetic mean standard deviation			
Coping Score from the OAB Questionnaire Long Form (OAB-q LF, 1-week recall) in all OAB subjects			
The OAB-q LF is a validated patient-reported outcome. 8 questions of the OAB-q LF ask subjects how			

well they have coped with their bladder symptoms during the previous week, as a measure of quality of life. Each question has a response ranging from "not coping" (=1) to "coping well" (=6). These questions make up the coping scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416.

Units: Units on a scale arithmetic mean standard deviation	-		
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Average volume voided per micturition in all OAB subjects

A micturition/void was defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average volume voided per micturition was calculated as the arithmetic mean of all voids for which a subject recorded the volume. 999999=population not analyzed. n=514, 524, 415 (only subjects with evaluable data were analyzed).

Units: milliliters arithmetic mean standard deviation	-		
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Health-related Quality of Life (HRQL) TS from the OAB-q LF (1-week recall) in all OAB subjects

TS=total score. The OAB-q LF is a validated patient-reported outcome. The 25 questions comprising the subscales of the OAB-q LF ask subjects how much their symptoms have affected their life over the last week. Each question has a response ranging from "None of the time" (=1) to "All of the time" (=6). The raw score (sum of question scores for the 4 subscales [ranging from 25 to 150]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416 (evaluable subjects).

Units: Units on a scale arithmetic mean standard deviation	-		
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Symptom Bother Score from the OAB-q LF (1-week recall) in all OAB subjects

The OAB-q LF is a validated patient-reported outcome. The first 8 questions of the OAB-q LF ask subjects how much they were bothered by their bladder symptoms during the previous week. Each question has a response ranging from "Not at all" (=1) to "A very great deal" (=6). These questions make up the symptom bother scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to the symptoms having a larger bother, and lower scores represent a lower amount of bother due to symptoms. n=518, 524, 416.

Units: Units on a scale arithmetic mean standard deviation	-		
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Overall bladder symptoms based on PGI of Severity (PGI-Severity) in all OAB subjects

The Patient Global Impression (PGI) questions are designed to assess a subject's overall impression of OAB. For the PGI-Severity score, subjects are asked to rate their OAB symptoms over the previous week with one of the following responses: 1 = none, 2 = mild, 3 = moderate, 4 = severe. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluable data were analyzed).

Units: Units on a scale arithmetic mean standard deviation	-		
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Overall control over bladder symptoms based on PGI of Control (PGI-Control) in all OAB subjects

The PGI questions are designed to assess a subject's overall impression of OAB. For the PGI-Control score, subjects were asked to rate how much control they had over their OAB symptoms over the previous week with one of the following responses: 1 = complete control, 2 = a lot of control, 3 = some control, 4 = only a little control, 5 = no control. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluable data were analyzed).

Units: Units on a scale			
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arithmetic mean			
standard deviation	-		

## Subject analysis sets

Subject analysis set title	Placebo: Full Analysis Set
Subject analysis set type	Full analysis

### Subject analysis set description:

Subjects received matching placebo, orally, once daily for 12 weeks. The Full Analysis Set is defined as all randomized OAB subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from baseline micturition measurement.

Subject analysis set title	Vibegron 75 mg: Full Analysis Set
Subject analysis set type	Full analysis

### Subject analysis set description:

Subjects received vibegron 75 milligrams (mg), orally, once daily for 12 weeks. The Full Analysis Set is defined as all randomized OAB Subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from baseline micturition measurement.

Subject analysis set title	Tolterodine ER 4 mg: Full Analysis Set
Subject analysis set type	Full analysis

### Subject analysis set description:

Subjects received tolterodine extended release (ER) 4 mg, orally, once daily for 12 weeks. The Full Analysis Set is defined as all randomized OAB subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from baseline micturition measurement.

Subject analysis set title	Placebo: OAB Wet
Subject analysis set type	Full analysis

### Subject analysis set description:

Subjects who met the definition of OAB Wet at study entry (based on the PVD) received matching placebo, orally, once daily for 12 weeks. OAB Wet subjects were defined as those with an average of  $\geq 8.0$  micturitions per Diary Day; with an average of  $\geq 1.0$  UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. Analysis was conducted in members of the Full Analysis Set for Incontinence (FAS-I) Population, comprised of all randomized OAB Wet subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from the Baseline UUI measurement.

Subject analysis set title	Vibegron 75 mg: OAB Wet
Subject analysis set type	Full analysis

### Subject analysis set description:

Subjects who met the definition of OAB Wet at study entry (based on the PVD) received vibegron 75 milligrams (mg), orally, once daily for 12 weeks. OAB Wet subjects were defined as those with an average of  $\geq 8.0$  micturitions per Diary Day; with an average of  $\geq 1.0$  UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. Analysis was conducted in members of the FAS-I Population, comprised of all randomized OAB Wet subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from the Baseline UUI measurement.

Subject analysis set title	Tolterodine ER 4 mg: OAB Wet
Subject analysis set type	Full analysis

### Subject analysis set description:

Subjects who met the definition of OAB Wet at study entry (based on the PVD) received tolterodine extended release (ER) 4 mg, orally, once daily for 12 weeks. OAB Wet subjects were defined as those with an average of  $\geq 8.0$  micturitions per Diary Day; with an average of  $\geq 1.0$  UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. Analysis was conducted in members of the FAS-I Population, comprised of all randomized OAB Wet subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from the Baseline UUI measurement.

<b>Reporting group values</b>	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set
Number of subjects	520	526	417
Age categorical Units:			
Age continuous Units: years arithmetic mean standard deviation	±	±	±
Gender categorical Units: Subjects			
Female Male			
Race/Ethnicity, Customized Units: Subjects			
American Indian or Alaska Asian Black or African American White Puerto Rican White and Black or African American Hispanic Filipino Morrocan Multiracial White, Black or African American			
Average number of micturitions per 24 hours in all overactive bladder (OAB) subjects			
A micturition/void was defined as "Urinated in Toilet" as indicated on the Patient Voiding Diary (PVD). The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average daily number of micturitions was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of micturitions that occurred on a Complete Diary Day (CDD) divided by the number of CDDs in the PVD. 999999=population not analyzed.			
Units: micturitions arithmetic mean standard deviation	11.75 ± 4.007	11.31 ± 3.420	11.48 ± 3.153
Average number of urge urinary incontinence (UUI) episodes per 24 hours in OAB Wet subjects			
The number of UUI episodes was defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. OAB Wet subjects were those subjects with an average of ≥8.0 micturitions per Diary Day (DD); with an average of ≥1.0 UUI episodes per DD; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. 999999=population not analyzed.			
Units: UUI episodes arithmetic mean standard deviation	999999 ± 999999	999999 ± 999999	999999 ± 999999
Average number of urgency episodes over 24 hours in all OAB subjects			
An urgency episode was defined as the "Need to Urinate Immediately" as indicated on the PVD. "Over 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each			

morning and time the subject got up for the day the next morning as recorded in the PVD). 999999=population not analyzed.			
Units: urgency episodes			
arithmetic mean	8.13	8.11	7.92
standard deviation	± 4.668	± 4.400	± 3.883
Average number of total incontinence episodes over 24 hours in OAB Wet subjects			
Total incontinence was defined as having any reason for "Accidental Urine Leakage" and/or "Accidental Urine Leakage" checked, as indicated on the PVD. It is assumed that if the subject recorded a reason for leakage then the accidental urine leakage occurred. OAB Wet subjects were defined as those with an average of ≥8.0 micturitions per Diary Day; with an average of ≥1.0 UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes > the total number of stress urinary incontinence episodes from the previous visit diary.			
Units: total incontinence episodes			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999
Coping Score from the OAB Questionnaire Long Form (OAB-q LF, 1-week recall) in all OAB subjects			
The OAB-q LF is a validated patient-reported outcome. 8 questions of the OAB-q LF ask subjects how well they have coped with their bladder symptoms during the previous week, as a measure of quality of life. Each question has a response ranging from "not coping" (=1) to "coping well" (=6). These questions make up the coping scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416.			
Units: Units on a scale			
arithmetic mean	58.74	57.57	59.77
standard deviation	± 27.140	± 28.090	± 26.399
Average volume voided per micturition in all OAB subjects			
A micturition/void was defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average volume voided per micturition was calculated as the arithmetic mean of all voids for which a subject recorded the volume. 999999=population not analyzed. n=514, 524, 415 (only subjects with evaluable data were analyzed).			
Units: milliliters			
arithmetic mean	148.3	155.4	147.0
standard deviation	± 60.67	± 63.07	± 60.79
Health-related Quality of Life (HRQL) TS from the OAB-q LF (1-week recall) in all OAB subjects			
TS=total score. The OAB-q LF is a validated patient-reported outcome. The 25 questions comprising the subscales of the OAB-q LF ask subjects how much their symptoms have affected their life over the last week. Each question has a response ranging from "None of the time" (=1) to "All of the time" (=6). The raw score (sum of question scores for the 4 subscales [ranging from 25 to 150]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416 (evaluable subjects).			
Units: Units on a scale			
arithmetic mean	63.74	62.71	64.53
standard deviation	± 23.473	± 24.916	± 22.902
Symptom Bother Score from the OAB-q LF (1-week recall) in all OAB subjects			
The OAB-q LF is a validated patient-reported outcome. The first 8 questions of the OAB-q LF ask subjects how much they were bothered by their bladder symptoms during the previous week. Each question has a response ranging from "Not at all" (=1) to "A very great deal" (=6). These questions make up the symptom bother scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to the symptoms having a larger bother, and lower scores represent a lower amount of bother due to symptoms. n=518, 524, 416.			
Units: Units on a scale			

arithmetic mean	50.07	49.68	48.01
standard deviation	± 20.642	± 21.961	± 20.611
Overall bladder symptoms based on PGI of Severity (PGI-Severity) in all OAB subjects			
The Patient Global Impression (PGI) questions are designed to assess a subject's overall impression of OAB. For the PGI-Severity score, subjects are asked to rate their OAB symptoms over the previous week with one of the following responses: 1 = none, 2 = mild, 3 = moderate, 4 = severe. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluable data were analyzed).			
Units: Units on a scale			
arithmetic mean	3.03	3.02	2.99
standard deviation	± 0.645	± 0.619	± 0.639
Overall control over bladder symptoms based on PGI of Control (PGI-Control) in all OAB subjects			
The PGI questions are designed to assess a subject's overall impression of OAB. For the PGI-Control score, subjects were asked to rate how much control they had over their OAB symptoms over the previous week with one of the following responses: 1 = complete control, 2 = a lot of control, 3 = some control, 4 = only a little control, 5 = no control. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluable data were analyzed).			
Units: Units on a scale			
arithmetic mean	3.16	3.23	3.17
standard deviation	± 0.964	± 0.911	± 0.934

<b>Reporting group values</b>	Placebo: OAB Wet	Vibegron 75 mg: OAB Wet	Tolterodine ER 4 mg: OAB Wet
Number of subjects	405	403	319
Age categorical			
Units:			

Age continuous			
Units: years			
arithmetic mean			
standard deviation	±	±	±
Gender categorical			
Units: Subjects			
Female			
Male			
Race/Ethnicity, Customized			
Units: Subjects			
American Indian or Alaska			
Asian			
Black or African American			
White			
Puerto Rican			
White and Black or African American			
Hispanic			
Filipino			
Moroccan			
Multiracial			
White, Black or African American			
Average number of micturitions per 24 hours in all overactive bladder (OAB) subjects			
A micturition/void was defined as "Urinated in Toilet" as indicated on the Patient Voiding Diary (PVD).			

The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average daily number of micturitions was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of micturitions that occurred on a Complete Diary Day (CDD) divided by the number of CDDs in the PVD. 999999=population not analyzed.

Units: micturitions			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999

Average number of urge urinary incontinence (UUI) episodes per 24 hours in OAB Wet subjects

The number of UUI episodes was defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. OAB Wet subjects were those subjects with an average of ≥8.0 micturitions per Diary Day (DD); with an average of ≥1.0 UUI episodes per DD; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. 999999=population not analyzed.

Units: UUI episodes			
arithmetic mean	3.49	3.43	3.42
standard deviation	± 3.053	± 2.894	± 2.592

Average number of urgency episodes over 24 hours in all OAB subjects

An urgency episode was defined as the "Need to Urinate Immediately" as indicated on the PVD. "Over 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD). 999999=population not analyzed.

Units: urgency episodes			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999

Average number of total incontinence episodes over 24 hours in OAB Wet subjects

Total incontinence was defined as having any reason for "Accidental Urine Leakage" and/or "Accidental Urine Leakage" checked, as indicated on the PVD. It is assumed that if the subject recorded a reason for leakage then the accidental urine leakage occurred. OAB Wet subjects were defined as those with an average of ≥8.0 micturitions per Diary Day; with an average of ≥1.0 UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes > the total number of stress urinary incontinence episodes from the previous visit diary.

Units: total incontinence episodes			
arithmetic mean	4.17	4.14	4.06
standard deviation	± 3.823	± 3.631	± 3.071

Coping Score from the OAB Questionnaire Long Form (OAB-q LF, 1-week recall) in all OAB subjects

The OAB-q LF is a validated patient-reported outcome. 8 questions of the OAB-q LF ask subjects how well they have coped with their bladder symptoms during the previous week, as a measure of quality of life. Each question has a response ranging from "not coping" (=1) to "coping well" (=6). These questions make up the coping scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416.

Units: Units on a scale			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999

Average volume voided per micturition in all OAB subjects

A micturition/void was defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions was defined as the number of times a subject voided in the toilet as indicated on the PVD. The average volume voided per micturition was calculated as the arithmetic mean of all voids for which a subject recorded the volume. 999999=population not analyzed. n=514, 524, 415 (only subjects with evaluable data were analyzed).

Units: milliliters			
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arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999
Health-related Quality of Life (HRQL) TS from the OAB-q LF (1-week recall) in all OAB subjects			
TS=total score. The OAB-q LF is a validated patient-reported outcome. The 25 questions comprising the subscales of the OAB-q LF ask subjects how much their symptoms have affected their life over the last week. Each question has a response ranging from "None of the time" (=1) to "All of the time" (=6). The raw score (sum of question scores for the 4 subscales [ranging from 25 to 150]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. n=518, 524, 416 (evaluatable subjects).			
Units: Units on a scale			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999
Symptom Bother Score from the OAB-q LF (1-week recall) in all OAB subjects			
The OAB-q LF is a validated patient-reported outcome. The first 8 questions of the OAB-q LF ask subjects how much they were bothered by their bladder symptoms during the previous week. Each question has a response ranging from "Not at all" (=1) to "A very great deal" (=6). These questions make up the symptom bother scale. The raw score (sum of question scores [ranging from 8 to 48]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to the symptoms having a larger bother, and lower scores represent a lower amount of bother due to symptoms. n=518, 524, 416.			
Units: Units on a scale			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999
Overall bladder symptoms based on PGI of Severity (PGI-Severity) in all OAB subjects			
The Patient Global Impression (PGI) questions are designed to assess a subject's overall impression of OAB. For the PGI-Severity score, subjects are asked to rate their OAB symptoms over the previous week with one of the following responses: 1 = none, 2 = mild, 3 = moderate, 4 = severe. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluatable data were analyzed).			
Units: Units on a scale			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999
Overall control over bladder symptoms based on PGI of Control (PGI-Control) in all OAB subjects			
The PGI questions are designed to assess a subject's overall impression of OAB. For the PGI-Control score, subjects were asked to rate how much control they had over their OAB symptoms over the previous week with one of the following responses: 1 = complete control, 2 = a lot of control, 3 = some control, 4 = only a little control, 5 = no control. 999999=population not analyzed. n=519, 525, 417 (only subjects with evaluatable data were analyzed).			
Units: Units on a scale			
arithmetic mean	999999	999999	999999
standard deviation	± 999999	± 999999	± 999999

## End points

### End points reporting groups

Reporting group title	Placebo
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Reporting group description:

Subjects received matching placebo, orally, once daily for 12 weeks.

Reporting group title	Vibegron 75 mg
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Reporting group description:

Subjects received vibegron 75 milligrams (mg), orally, once daily for 12 weeks.

Reporting group title	Tolterodine ER 4 mg
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Reporting group description:

Subjects received tolterodine ER 4 mg, orally, once daily for 12 weeks.

Subject analysis set title	Placebo: Full Analysis Set
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Subject analysis set type	Full analysis
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Subject analysis set description:

Subjects received matching placebo, orally, once daily for 12 weeks. The Full Analysis Set is defined as all randomized OAB subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from baseline micturition measurement.

Subject analysis set title	Vibegron 75 mg: Full Analysis Set
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Subject analysis set type	Full analysis
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Subject analysis set description:

Subjects received vibegron 75 milligrams (mg), orally, once daily for 12 weeks. The Full Analysis Set is defined as all randomized OAB Subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from baseline micturition measurement.

Subject analysis set title	Tolterodine ER 4 mg: Full Analysis Set
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Subject analysis set type	Full analysis
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Subject analysis set description:

Subjects received tolterodine extended release (ER) 4 mg, orally, once daily for 12 weeks. The Full Analysis Set is defined as all randomized OAB subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from baseline micturition measurement.

Subject analysis set title	Placebo: OAB Wet
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Subject analysis set type	Full analysis
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Subject analysis set description:

Subjects who met the definition of OAB Wet at study entry (based on the PVD) received matching placebo, orally, once daily for 12 weeks. OAB Wet subjects were defined as those with an average of  $\geq 8.0$  micturitions per Diary Day; with an average of  $\geq 1.0$  UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. Analysis was conducted in members of the Full Analysis Set for Incontinence (FAS-I) Population, comprised of all randomized OAB Wet subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from the Baseline UUI measurement.

Subject analysis set title	Vibegron 75 mg: OAB Wet
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Subject analysis set type	Full analysis
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Subject analysis set description:

Subjects who met the definition of OAB Wet at study entry (based on the PVD) received vibegron 75 milligrams (mg), orally, once daily for 12 weeks. OAB Wet subjects were defined as those with an average of  $\geq 8.0$  micturitions per Diary Day; with an average of  $\geq 1.0$  UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. Analysis was conducted in members of the FAS-I Population, comprised of all randomized OAB Wet subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from the Baseline UUI measurement.

Subject analysis set title	Tolterodine ER 4 mg: OAB Wet
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Subject analysis set type	Full analysis
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Subject analysis set description:

Subjects who met the definition of OAB Wet at study entry (based on the PVD) received tolterodine

extended release (ER) 4 mg, orally, once daily for 12 weeks. OAB Wet subjects were defined as those with an average of  $\geq 8.0$  micturitions per Diary Day; with an average of  $\geq 1.0$  UUI episodes per Diary Day; and, if stress urinary incontinence was present, with a total number of UUI episodes greater than the total number of stress urinary incontinence episodes from the previous visit diary. Analysis was conducted in members of the FAS-I Population, comprised of all randomized OAB Wet subjects who took at least 1 dose of double-blind study treatment and had at least 1 evaluable change from the Baseline UUI measurement.

### Primary: Change from Baseline (CFB) at Week 12 in the average number of micturitions per 24 hours in all overactive bladder (OAB) subjects

End point title	Change from Baseline (CFB) at Week 12 in the average number of micturitions per 24 hours in all overactive bladder (OAB) subjects
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End point description:

A micturition/void is defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions is defined as the number of times a subject voided in the toilet as indicated on the PVD. The average daily number of micturitions was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of micturitions that occurred on a Complete Diary Day (CDD) divided by the number of CDDs in the PVD. CFB was calculated as the post-BL value minus the BL value. "Per 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD). Covariates included in the mixed model for repeated measures are study visit (Weeks 2, 4, 8, and 12), OAB type (wet/dry), sex, region (U.S./non-U.S.), BL number of micturitions, and treatment by study visit interaction. FAS=Full Analysis Set.

End point type	Primary
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End point timeframe:

Baseline; Week 12

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	475 <sup>[1]</sup>	492 <sup>[2]</sup>	378 <sup>[3]</sup>	
Units: micturitions				
least squares mean (standard error)	-1.3 ( $\pm$ 0.14)	-1.8 ( $\pm$ 0.14)	-1.6 ( $\pm$ 0.15)	

Notes:

[1] - FAS. Only subjects with evaluable data were analyzed.

[2] - FAS. Only subjects with evaluable data were analyzed.

[3] - FAS. Only subjects with evaluable data were analyzed.

### Statistical analyses

Statistical analysis title	LS Mean Difference: Vibegron 75 mg minus Placebo
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Statistical analysis description:

LS=least squares

Comparison groups	Vibegron 75 mg: Full Analysis Set v Placebo: Full Analysis Set
Number of subjects included in analysis	967
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001 <sup>[4]</sup>
Method	Mixed Model for Repeated Measures (MMRM)
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.5

Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.8
upper limit	-0.2
Variability estimate	Standard error of the mean
Dispersion value	0.15

Notes:

[4] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	853
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0988 <sup>[5]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.6
upper limit	0.1
Variability estimate	Standard error of the mean
Dispersion value	0.16

Notes:

[5] - Comparisons between tolterodine ER and placebo are considered descriptive.

### **Primary: CFB at Week 12 in the average number of urge urinary incontinence (UUI) episodes per 24 hours in OAB Wet subjects**

End point title	CFB at Week 12 in the average number of urge urinary incontinence (UUI) episodes per 24 hours in OAB Wet subjects
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End point description:

The number of UUI episodes is defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. The average daily number of UUI episodes was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of UUI episodes that occurred on a CDD divided by the number of CCDs in the PVD. CFB was calculated as the post-BL value minus the BL value. "Per 24 hours" corresponds to one Diary Day (i.e., time between when subject got up for the day each morning and time subject got up for the day the next morning as recorded in the PVD). Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), sex, region (U.S./non-U.S.), BL number of UUI episodes and treatment by study visit interaction. FAS-I=Full Analysis Set for Incontinence.

End point type	Primary
End point timeframe:	
Baseline; Week 12	

<b>End point values</b>	Placebo: OAB Wet	Vibegron 75 mg: OAB Wet	Tolterodine ER 4 mg: OAB Wet	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	372 <sup>[6]</sup>	383 <sup>[7]</sup>	286 <sup>[8]</sup>	
Units: UUI episodes				
least squares mean (standard error)	-1.4 (± 0.13)	-2.0 (± 0.13)	-1.8 (± 0.14)	

Notes:

[6] - FAS-I. Only those subjects with evaluable data were analyzed.

[7] - FAS-I. Only those subjects with evaluable data were analyzed.

[8] - FAS-I. Only those subjects with evaluable data were analyzed.

## Statistical analyses

<b>Statistical analysis title</b>	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: OAB Wet v Vibegron 75 mg: OAB Wet
Number of subjects included in analysis	755
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 <sup>[9]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.9
upper limit	-0.3
Variability estimate	Standard error of the mean
Dispersion value	0.14

Notes:

[9] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: OAB Wet v Tolterodine ER 4 mg: OAB Wet
Number of subjects included in analysis	658
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0123 <sup>[10]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.7
upper limit	-0.1
Variability estimate	Standard error of the mean
Dispersion value	0.15

Notes:

[10] - Comparisons between tolterodine ER and placebo are considered descriptive.

## Secondary: CFB at Week 12 in the average number of urgency episodes over 24 hours in all OAB subjects

End point title	CFB at Week 12 in the average number of urgency episodes over 24 hours in all OAB subjects
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End point description:

An urgency episode is defined as the "Need to Urinate Immediately" as indicated on the PVD. CFB is calculated as the post-BL value minus the BL value. "Over 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD). Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), OAB type (wet/dry), sex, region (U.S./non-U.S.), BL number of urgency episodes, and treatment by study visit interaction.

End point type	Secondary
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End point timeframe:

Baseline; Week 12

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	475 <sup>[11]</sup>	492 <sup>[12]</sup>	378 <sup>[13]</sup>	
Units: urgency episodes				
least squares mean (standard error)	-2.0 (± 0.19)	-2.7 (± 0.19)	-2.5 (± 0.21)	

Notes:

[11] - FAS. Only subjects with evaluable data were analyzed.

[12] - FAS. Only subjects with evaluable data were analyzed.

[13] - FAS. Only subjects with evaluable data were analyzed.

### Statistical analyses

Statistical analysis title	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	967
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.002 <sup>[14]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1.1
upper limit	-0.2
Variability estimate	Standard error of the mean
Dispersion value	0.22

Notes:

[14] - Hypothesis testing was performed for vibegron minus placebo.

Statistical analysis title	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set

Number of subjects included in analysis	853
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0648 <sup>[15]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.9
upper limit	0
Variability estimate	Standard error of the mean
Dispersion value	0.23

Notes:

[15] - Comparisons between tolterodine ER and placebo are considered descriptive.

### Secondary: Percentage of OAB Wet subjects with at least a 75% reduction from Baseline in UII episodes per 24 hours at Week 12

End point title	Percentage of OAB Wet subjects with at least a 75% reduction from Baseline in UII episodes per 24 hours at Week 12
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End point description:

The number of UII episodes is defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. The average daily number of UII episodes was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of UII episodes that occurred on a CDD divided by the number of CCDs in the PVD. CFB was calculated as the post-BL value minus the BL value. "Per 24 hours" corresponds to one Diary Day (i.e., time between when subject got up for the day each morning and time subject got up for the day the next morning as recorded in the PVD).

End point type	Secondary
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End point timeframe:

Baseline; Week 12

End point values	Placebo: OAB Wet	Vibegron 75 mg: OAB Wet	Tolterodine ER 4 mg: OAB Wet	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	405 <sup>[16]</sup>	403 <sup>[17]</sup>	319 <sup>[18]</sup>	
Units: percentage of subjects				
number (not applicable)				
Unadjusted	36.8	52.4	47.6	
Adjusted for sex	32.8	49.3	42.2	

Notes:

[16] - FAS-I. The multiple imputation method was used for missing values.

[17] - FAS-I. The multiple imputation method was used for missing values.

[18] - FAS-I. The multiple imputation method was used for missing values.

### Statistical analyses

Statistical analysis title	Difference in Proportion: Vibegron 75 mg:Placebo
Comparison groups	Placebo: OAB Wet v Vibegron 75 mg: OAB Wet

Number of subjects included in analysis	808
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 <sup>[19]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	16.5
Confidence interval	
level	95 %
sides	2-sided
lower limit	9.7
upper limit	23.4

Notes:

[19] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex (female/male), with weights proposed by Greenland and Robins.

<b>Statistical analysis title</b>	Difference in Proportion: Tolterodine ER:Placebo
Comparison groups	Placebo: OAB Wet v Tolterodine ER 4 mg: OAB Wet
Number of subjects included in analysis	724
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.012 <sup>[20]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	9.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	2.1
upper limit	16.7

Notes:

[20] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex (female/male), with weights proposed by Greenland and Robins.

### **Secondary: Percentage of OAB Wet subjects with a 100% reduction from Baseline in UUI episodes per 24 hours at Week 12**

End point title	Percentage of OAB Wet subjects with a 100% reduction from Baseline in UUI episodes per 24 hours at Week 12
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End point description:

The number of UUI episodes is defined as the number of times a subject had checked "urge" as the main reason for the leakage in the PVD, regardless of whether more than one reason for leakage in addition to "urge" was checked. The average daily number of UUI episodes was calculated using the daily entries in the PVD (which was to be completed prior to each study visit) as the total number of UUI episodes that occurred on a CDD divided by the number of CCDs in the PVD. CFB was calculated as the post-BL value minus the BL value. "Per 24 hours" corresponds to one Diary Day (i.e., time between when subject got up for the day each morning and time subject got up for the day the next morning as recorded in the PVD).

End point type	Secondary
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End point timeframe:

Baseline; Week 12

<b>End point values</b>	Placebo: OAB Wet	Vibegron 75 mg: OAB Wet	Tolterodine ER 4 mg: OAB Wet	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	405 <sup>[21]</sup>	403 <sup>[22]</sup>	319 <sup>[23]</sup>	
Units: percentage of subjects				
number (not applicable)				
Unadjusted	22.5	28.8	26.6	
Adjusted for sex	19.0	25.3	20.9	

Notes:

[21] - FAS-I. The multiple imputation method was used for missing values.

[22] - FAS-I. The multiple imputation method was used for missing values.

[23] - FAS-I. The multiple imputation method was used for missing values.

### Statistical analyses

<b>Statistical analysis title</b>	Difference in Proportion: Vibegron 75 mg:Placebo
Comparison groups	Placebo: OAB Wet v Vibegron 75 mg: OAB Wet
Number of subjects included in analysis	808
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.036 <sup>[24]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	6.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.4
upper limit	12.1

Notes:

[24] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex (female/male), with weights proposed by Greenland and Robins.

<b>Statistical analysis title</b>	Difference in Proportion: Tolterodine ER:Placebo
Comparison groups	Placebo: OAB Wet v Tolterodine ER 4 mg: OAB Wet
Number of subjects included in analysis	724
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.5447 <sup>[25]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	1.9
Confidence interval	
level	95 %
sides	2-sided
lower limit	-4.1
upper limit	7.8

Notes:

[25] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex (female/male), with weights proposed by Greenland and Robins.

### **Secondary: Percentage of all OAB subjects with at least a 50% reduction from Baseline in urgency episodes per 24 hours at Week 12**

End point title	Percentage of all OAB subjects with at least a 50% reduction from Baseline in urgency episodes per 24 hours at Week 12
End point description:	An urgency episode is defined as the "Need to Urinate Immediately" as indicated on the PVD. CFB is calculated as the post-BL value minus the BL value. "Per 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD).
End point type	Secondary
End point timeframe:	Baseline; Week 12

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	520 <sup>[26]</sup>	526 <sup>[27]</sup>	417 <sup>[28]</sup>	
Units: percentage of subjects				
number (not applicable)				
Unadjusted	38.3	43.2	41.2	
Adjusted for sex	32.8	39.5	36.4	

Notes:

[26] - FAS. The multiple imputation method was used for missing values.

[27] - FAS. The multiple imputation method was used for missing values.

[28] - FAS. The multiple imputation method was used for missing values.

### Statistical analyses

<b>Statistical analysis title</b>	Difference in Proportion: Vibegron 75 mg:Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	1046
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0235 <sup>[29]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	6.8
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.9
upper limit	12.7

Notes:

[29] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex and OAB type (wet/dry), with weights proposed by Greenland and Robins.

<b>Statistical analysis title</b>	Difference in Proportion: Tolterodine ER:Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set

Number of subjects included in analysis	937
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.24 <sup>[30]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	3.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	-2.5
upper limit	10

Notes:

[30] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex and OAB type (wet/dry), with weights proposed by Greenland and Robins.

### Secondary: CFB at Week 12 in the average number of total incontinence episodes over 24 hours in OAB Wet subjects

End point title	CFB at Week 12 in the average number of total incontinence episodes over 24 hours in OAB Wet subjects
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End point description:

Total incontinence is defined as having any reason for "Accidental Urine Leakage" and/or "Accidental Urine Leakage" checked, as indicated on the PVD. It is assumed that if the subject recorded a reason for leakage then the accidental urine leakage occurred. CFB is calculated as the post-BL value minus the BL value. "Over 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD). Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), sex, region (U.S./non-U.S.), BL number of incontinence episodes, and treatment by study visit interaction.

End point type	Secondary
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End point timeframe:

Baseline; Week 12

End point values	Placebo: OAB Wet	Vibegron 75 mg: OAB Wet	Tolterodine ER 4 mg: OAB Wet	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	372 <sup>[31]</sup>	383 <sup>[32]</sup>	286 <sup>[33]</sup>	
Units: total incontinence episodes				
least squares mean (standard error)	-1.6 (± 0.15)	-2.3 (± 0.15)	-2.0 (± 0.16)	

Notes:

[31] - FAS-I. Only subjects with evaluable data were analyzed.

[32] - FAS-I. Only subjects with evaluable data were analyzed.

[33] - FAS-I. Only subjects with evaluable data were analyzed.

### Statistical analyses

Statistical analysis title	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: OAB Wet v Vibegron 75 mg: OAB Wet

Number of subjects included in analysis	755
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 [34]
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	-1
upper limit	-0.4
Variability estimate	Standard error of the mean
Dispersion value	0.16

Notes:

[34] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: OAB Wet v Tolterodine ER 4 mg: OAB Wet
Number of subjects included in analysis	658
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0074 [35]
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.5
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.8
upper limit	-0.1
Variability estimate	Standard error of the mean
Dispersion value	0.17

Notes:

[35] - Comparisons between tolterodine ER and placebo are considered descriptive.

### **Secondary: CFB at Week 12 in the Coping Score from the Overactive Bladder Questionnaire Long Form (OAB-q LF, 1-week recall) in all OAB subjects**

End point title	CFB at Week 12 in the Coping Score from the Overactive Bladder Questionnaire Long Form (OAB-q LF, 1-week recall) in all OAB subjects
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End point description:

The OAB-q LF is a validated patient-reported outcome. 8 questions of the OAB-q LF ask subjects how well they have coped with their bladder symptoms during the previous week, as a measure of quality of life (QoL). Each question has a response ranging from "not coping" (= 1) to "coping well" (= 6). These questions make up the coping scale. The raw score (sum of question scores [from 8 to 48]) is transformed to a unified score, from 0 to 100. Higher scores correspond to a higher QoL, and lower scores represent a lower QoL. CFB is calculated as the post-BL value minus the BL value. Covariates included in the MMRM were study visit (Weeks 2, 4, 8, and 12), sex, region (U.S./non-U.S.), OAB type (wet/dry), BL score, and treatment by study visit interaction. If < 50% of items were available, the subscore was regarded as missing; however, if ≥ 50% of items were available, the subscore included missing items imputed as the average of the remaining non-missing items for the subscore.

End point type	Secondary
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End point timeframe:

Baseline; Week 12

<b>End point values</b>	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	504 <sup>[36]</sup>	512 <sup>[37]</sup>	400 <sup>[38]</sup>	
Units: units on a scale				
least squares mean (standard error)	12.9 ( $\pm$ 1.32)	16.5 ( $\pm$ 1.31)	16.0 ( $\pm$ 1.39)	

Notes:

[36] - FAS. Only subjects with evaluable data were analyzed.

[37] - FAS. Only subjects with evaluable data were analyzed.

[38] - FAS. Only subjects with evaluable data were analyzed.

### Statistical analyses

<b>Statistical analysis title</b>	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	1016
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0039 <sup>[39]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	3.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	1.2
upper limit	6
Variability estimate	Standard error of the mean
Dispersion value	1.24

Notes:

[39] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	904
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.021 <sup>[40]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	3.1

Confidence interval	
level	95 %
sides	2-sided
lower limit	0.5
upper limit	5.7
Variability estimate	Standard error of the mean
Dispersion value	1.32

Notes:

[40] - Comparisons between tolterodine ER and placebo are considered descriptive.

### Secondary: CFB at Week 12 in the average volume voided per micturition in all OAB subjects

End point title	CFB at Week 12 in the average volume voided per micturition in all OAB subjects
End point description:	
A micturition/void is defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions is defined as the number of times a subject voided in the toilet as indicated on the PVD. CFB is calculated as the post-BL value minus the BL value. Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), OAB type (wet/dry), sex, region (U.S./non-U.S.), BL volume (milliliters [mL]), and treatment by study visit interaction.	
End point type	Secondary
End point timeframe:	
Baseline; Week 12	

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	478 <sup>[41]</sup>	490 <sup>[42]</sup>	375 <sup>[43]</sup>	
Units: mL				
least squares mean (standard error)	2.2 (± 3.28)	23.5 (± 3.26)	15.5 (± 3.52)	

Notes:

[41] - FAS. Only subjects with evaluable data were analyzed.

[42] - FAS. Only subjects with evaluable data were analyzed.

[43] - FAS. Only subjects with evaluable data were analyzed.

### Statistical analyses

Statistical analysis title	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	968
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 <sup>[44]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	21.2

Confidence interval	
level	95 %
sides	2-sided
lower limit	14.3
upper limit	28.1
Variability estimate	Standard error of the mean
Dispersion value	3.52

Notes:

[44] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	853
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001 <sup>[45]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	13.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	5.9
upper limit	20.7
Variability estimate	Standard error of the mean
Dispersion value	3.76

Notes:

[45] - Comparisons between tolterodine ER and placebo are considered descriptive.

### **Secondary: CFB at Week 12 in the Health-related Quality of Life (HRQL) Total Score from the OAB-q LF (1-week recall) in all OAB subjects**

End point title	CFB at Week 12 in the Health-related Quality of Life (HRQL) Total Score from the OAB-q LF (1-week recall) in all OAB subjects
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End point description:

The OAB-q LF is a validated patient-reported outcome. The 25 questions comprising the Coping, Concern, Sleep and Social Interaction subscales of the OAB-q LF ask subjects how much their symptoms have affected their life over the last week. Each question has a response ranging from "None of the time" (= 1) to "All of the time" (= 6). The raw score (sum of question scores for the 4 subscales [ranging from 25 to 150]) is transformed to a unified score, ranging from 0 to 100. Higher scores correspond to a higher quality of life, and lower scores represent a lower quality of life. CFB is calculated as the post-BL value minus the BL value. Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), sex, region (U.S./non-U.S.), OAB type (wet/dry), BL score, and treatment by study visit interaction. If < 50% of items were available, the subscore (SS) was regarded as missing; if ≥ 50% of items were available, the SS included missing items for SS.

End point type	Secondary
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End point timeframe:

Baseline; Week 12

<b>End point values</b>	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	504 <sup>[46]</sup>	512 <sup>[47]</sup>	400 <sup>[48]</sup>	
Units: units on a scale				
least squares mean (standard error)	10.8 (± 1.13)	14.6 (± 1.12)	13.7 (± 1.19)	

Notes:

[46] - FAS. Only subjects with evaluable data were analyzed.

[47] - FAS. Only subjects with evaluable data were analyzed.

[48] - FAS. Only subjects with evaluable data were analyzed.

### Statistical analyses

<b>Statistical analysis title</b>	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	1016
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001 <sup>[49]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	3.8
Confidence interval	
level	95 %
sides	2-sided
lower limit	1.7
upper limit	5.8
Variability estimate	Standard error of the mean
Dispersion value	1.06

Notes:

[49] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	904
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0114
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	2.9
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.6
upper limit	5.1
Variability estimate	Standard error of the mean
Dispersion value	1.13

## Secondary: CFB at Week 12 in the Symptom Bother Score from the OAB-q LF (1-week recall) in all OAB subjects

End point title	CFB at Week 12 in the Symptom Bother Score from the OAB-q LF (1-week recall) in all OAB subjects
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### End point description:

The OAB-q LF is a validated patient-reported outcome. The first 8 questions of the OAB-q LF ask subjects how much they were bothered by their bladder symptoms during the previous week. Each question has a response ranging from "Not at all" (= 1) to "A very great deal" (= 6). These questions make up the symptom bother scale. The raw score (sum of question scores [from 8 to 48]) is transformed to a unified score, from 0 to 100. Higher scores correspond to the symptoms having a larger bother, and lower scores represent a lower amount of bother due to symptoms. CFB is calculated as the post-BL value minus the BL value. Covariates included in the MMRM were study visit (Weeks 2, 4, 8, and 12), sex, region (U.S./non-U.S.), OAB type (wet/dry), BL score, and treatment by study visit interaction. If < 50% of items were available, the SS was regarded as missing; if ≥ 50% of items were available, the SS included missing items imputed as the average of the remaining non-missing items for SS.

End point type	Secondary
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### End point timeframe:

Baseline; Week 12

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	504 <sup>[50]</sup>	512 <sup>[51]</sup>	400 <sup>[52]</sup>	
Units: units on a scale				
least squares mean (standard error)	-12.8 (± 1.25)	-19.6 (± 1.24)	-17.4 (± 1.31)	

### Notes:

[50] - FAS. Only subjects with evaluable data were analyzed.

[51] - FAS. Only subjects with evaluable data were analyzed.

[52] - FAS. Only subjects with evaluable data were analyzed.

## Statistical analyses

Statistical analysis title	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	1016
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 <sup>[53]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-6.9
Confidence interval	
level	95 %
sides	2-sided
lower limit	-9.2
upper limit	-4.6

Variability estimate	Standard error of the mean
Dispersion value	1.17

Notes:

[53] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	904
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001 [54]
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-4.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	-7.1
upper limit	-2.2
Variability estimate	Standard error of the mean
Dispersion value	1.25

Notes:

[54] - Comparisons between tolterodine ER and placebo are considered descriptive.

### Secondary: Percentage of all OAB subjects with an average number of micturitions < 8 per 24 hours at Week 12

End point title	Percentage of all OAB subjects with an average number of micturitions < 8 per 24 hours at Week 12
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End point description:

A micturition/void is defined as "Urinated in Toilet" as indicated on the PVD. The number of micturitions is defined as the number of times a subject voided in the toilet as indicated on the PVD. A subject was defined as having an average of < 8 daily micturitions if the arithmetic mean of the number of micturitions per day in the PVD was less than 8. "Per 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD).

End point type	Secondary
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End point timeframe:

Week 12

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	520 <sup>[55]</sup>	526 <sup>[56]</sup>	417 <sup>[57]</sup>	
Units: percentage of subjects				
number (not applicable)				
Unadjusted	28.7	40.1	35.0	
Adjusted for sex	24.8	37.2	31.6	

Notes:

[55] - FAS

[56] - FAS

[57] - FAS

### Statistical analyses

<b>Statistical analysis title</b>	Difference in Proportion: Vibegron 75 mg:Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	1046
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 [58]
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	12.4
Confidence interval	
level	95 %
sides	2-sided
lower limit	6.7
upper limit	18.1

Notes:

[58] - The Cochran-Mantel-Haenszel (CMH) risk difference estimate was stratified by OAB type (wet/dry) and sex (female/male), with weights proposed by Greenland and Robins.

<b>Statistical analysis title</b>	Difference in Proportion: Tolterodine ER:Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	937
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0236 [59]
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	6.9
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.9
upper limit	12.8

Notes:

[59] - The Cochran-Mantel-Haenszel (CMH) risk difference estimate was stratified by OAB type (wet/dry) and sex (female/male), with weights proposed by Greenland and Robins.

### Secondary: Percentage of OAB Wet subjects with at least a 50% reduction from Baseline in total incontinence episodes per 24 hours at Week 12

End point title	Percentage of OAB Wet subjects with at least a 50% reduction from Baseline in total incontinence episodes per 24 hours at Week 12
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End point description:

Total incontinence is defined as having any reason for "Accidental Urine Leakage" and/or "Accidental Urine Leakage" checked, as indicated on the PVD. It is assumed that if the subject recorded a reason for leakage then the accidental urine leakage occurred. All events marked as having leakage, regardless of

cause, or where "Accidental Leakage" was checked. were used in the analysis. "Per 24 hours" corresponds to one Diary Day (i.e., time between when the subject got up for the day each morning and time the subject got up for the day the next morning as recorded in the PVD. The multiple imputation method was used for missing values.

End point type	Secondary
End point timeframe:	
Baseline;	Week 12

End point values	Placebo: OAB Wet	Vibegron 75 mg: OAB Wet	Tolterodine ER 4 mg: OAB Wet	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	405 <sup>[60]</sup>	403 <sup>[61]</sup>	319 <sup>[62]</sup>	
Units: percentage of subjects				
number (not applicable)				
Unadjusted	53.8	64.0	66.5	
Adjusted for sex	49.9	61.6	61.5	

Notes:

[60] - FAS-I. Only subjects with evaluable data were analyzed.

[61] - FAS-I. Only subjects with evaluable data were analyzed.

[62] - FAS-I. Only subjects with evaluable data were analyzed.

## Statistical analyses

Statistical analysis title	Difference in Proportion: Vibegron 75 mg:Placebo
Comparison groups	Vibegron 75 mg: OAB Wet v Placebo: OAB Wet
Number of subjects included in analysis	808
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001 <sup>[63]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	11.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	4.7
upper limit	18.6

Notes:

[63] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex (female/male), with weights proposed by Greenland and Robins.

Statistical analysis title	Difference in Proportion: Tolterodine ER:Placebo
Comparison groups	Placebo: OAB Wet v Tolterodine ER 4 mg: OAB Wet
Number of subjects included in analysis	724
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0022 <sup>[64]</sup>
Method	Cochran-Mantel-Haenszel
Parameter estimate	Difference in proportion
Point estimate	11.5

Confidence interval	
level	95 %
sides	2-sided
lower limit	4.2
upper limit	18.9

Notes:

[64] - The Cochran-Mantel-Haenszel risk difference estimate was stratified by sex (female/male), with weights proposed by Greenland and Robins.

### Secondary: CFB at Week 12 in overall bladder symptoms based on Patient Global Impression of Severity (PGI-Severity) in all OAB subjects

End point title	CFB at Week 12 in overall bladder symptoms based on Patient Global Impression of Severity (PGI-Severity) in all OAB subjects
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End point description:

The Patient Global Impression (PGI) questions are designed to assess a subject's overall impression of OAB. For the PGI-Severity score, subjects are asked to rate their OAB symptoms over the previous week with one of the following responses: 1 = none, 2 = mild, 3 = moderate, 4 = severe. CFB is calculated as the post-BL value minus the BL value. Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), OAB type (wet/dry), sex, region (U.S./non-U.S.), BL score, and treatment by study visit interaction.

End point type	Secondary
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End point timeframe:

Baseline; Week 12

End point values	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	484 <sup>[65]</sup>	494 <sup>[66]</sup>	382 <sup>[67]</sup>	
Units: units on a scale				
least squares mean (standard error)	-0.5 (± 0.04)	-0.8 (± 0.04)	-0.7 (± 0.04)	

Notes:

[65] - FAS. Only subjects with evaluable data were analyzed.

[66] - FAS. Only subjects with evaluable data were analyzed.

[67] - FAS. Only subjects with evaluable data were analyzed.

### Statistical analyses

Statistical analysis title	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	978
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 <sup>[68]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.2

Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.3
upper limit	-0.1
Variability estimate	Standard error of the mean
Dispersion value	0.04

Notes:

[68] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	866
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.0055 <sup>[69]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.1
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.2
upper limit	0
Variability estimate	Standard error of the mean
Dispersion value	0.05

Notes:

[69] - Hypothesis testing was performed for vibegron minus placebo.

### **Secondary: CFB at Week 12 in overall control over bladder symptoms based on Patient Global Impression of Control (PGI-Control) in all OAB subjects**

End point title	CFB at Week 12 in overall control over bladder symptoms based on Patient Global Impression of Control (PGI-Control) in all OAB subjects
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End point description:

The Patient Global Impression (PGI) questions are designed to assess a subject's overall impression of OAB. For the PGI-Control score, subjects were asked to rate how much control they had over their OAB symptoms over the previous week with one of the following responses: 1 = complete control, 2 = a lot of control, 3 = some control, 4 = only a little control, 5 = no control. CFB is calculated as the post-BL value minus the BL value. Covariates included in the mixed model for repeated measures were study visit (Weeks 2, 4, 8, and 12), OAB type (wet/dry), sex, region (U.S./non-U.S.), BL score, and treatment by study visit interaction.

End point type	Secondary
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End point timeframe:

Baseline; Week 12

<b>End point values</b>	Placebo: Full Analysis Set	Vibegron 75 mg: Full Analysis Set	Tolterodine ER 4 mg: Full Analysis Set	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	484 <sup>[70]</sup>	494 <sup>[71]</sup>	382 <sup>[72]</sup>	
Units: units on a scale				
least squares mean (standard error)	-0.7 (± 0.05)	-1.0 (± 0.05)	-0.9 (± 0.05)	

Notes:

[70] - FAS. Only subjects with evaluable data were analyzed.

[71] - FAS. Only subjects with evaluable data were analyzed.

[72] - FAS. Only subjects with evaluable data were analyzed.

## Statistical analyses

<b>Statistical analysis title</b>	LS Mean Difference: Vibegron 75 mg minus Placebo
Comparison groups	Placebo: Full Analysis Set v Vibegron 75 mg: Full Analysis Set
Number of subjects included in analysis	978
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.0001 <sup>[73]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.3
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.4
upper limit	-0.2
Variability estimate	Standard error of the mean
Dispersion value	0.05

Notes:

[73] - Hypothesis testing was performed for vibegron minus placebo.

<b>Statistical analysis title</b>	LS Mean Difference: Tolterodine ER minus Placebo
Comparison groups	Placebo: Full Analysis Set v Tolterodine ER 4 mg: Full Analysis Set
Number of subjects included in analysis	866
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001 <sup>[74]</sup>
Method	MMRM
Parameter estimate	Least Squares Mean Difference
Point estimate	-0.2
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.3
upper limit	-0.1
Variability estimate	Standard error of the mean
Dispersion value	0.06

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Notes:

[74] - Comparisons between tolterodine ER and placebo are considered descriptive.

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

from the time the subject provided informed consent to participate in the study at the Screening Visit until completion of the Follow-up Visit (up to Day 113 or Early Withdrawal plus 28 days)

Adverse event reporting additional description:

Treatment-emergent adverse events were collected in members of the Safety Set, comprised of all subjects who received at least 1 dose of study treatment. Subjects were included in the treatment group corresponding to the study treatment they actually received for the analysis of safety data.

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	20.1
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### Reporting groups

Reporting group title	Vibegron 75 mg
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Reporting group description:

Subjects received vibegron 75 milligrams (mg), orally, once daily for 12 weeks.

Reporting group title	Placebo
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Reporting group description:

Subjects received matching placebo, orally, once daily for 12 weeks.

Reporting group title	Tolterodine ER 4 mg
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Reporting group description:

Subjects received tolterodine extended release (ER) 4 mg, orally, once daily for 12 weeks.

<b>Serious adverse events</b>	Vibegron 75 mg	Placebo	Tolterodine ER 4 mg
<b>Total subjects affected by serious adverse events</b>			
subjects affected / exposed	8 / 545 (1.47%)	6 / 540 (1.11%)	10 / 430 (2.33%)
number of deaths (all causes)	0	0	1
number of deaths resulting from adverse events	0	0	0
<b>Neoplasms benign, malignant and unspecified (incl cysts and polyps)</b>			
Cholangiocarcinoma			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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
Colorectal adenocarcinoma			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Ovarian adenoma			

subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Prostate cancer			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
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			
Hypotension			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
General disorders and administration site conditions			
Chest pain			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Non-cardiac chest pain			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Respiratory, thoracic and mediastinal disorders			
Dyspnoea			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pleural effusion			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Pneumonia aspiration			

subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
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>Psychiatric disorders</b>			
Depression			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Panic attack			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
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>Investigations</b>			
Ejection fraction decreased			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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>Injury, poisoning and procedural complications</b>			
Post procedural complication			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Rib fracture			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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>Cardiac disorders</b>			
Aortic valve incompetence			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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
Atrial fibrillation			

subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac failure congestive			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Coronary artery stenosis			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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
Nervous system disorders			
Cerebrovascular accident			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Encephalopathy			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Loss of consciousness			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Syncope			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ear and labyrinth disorders			
Vertigo positional			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastrointestinal disorders			

Abdominal pain			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Appendix disorder			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Colitis			
subjects affected / exposed	1 / 545 (0.18%)	0 / 540 (0.00%)	0 / 430 (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
Rectal haemorrhage			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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
Hepatobiliary disorders			
Cholelithiasis			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Musculoskeletal and connective tissue disorders			
Muscular weakness			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infections and infestations			
Pneumonia			
subjects affected / exposed	1 / 545 (0.18%)	1 / 540 (0.19%)	0 / 430 (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
Sepsis			

subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Urinary tract infection			
subjects affected / exposed	0 / 545 (0.00%)	0 / 540 (0.00%)	1 / 430 (0.23%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Metabolism and nutrition disorders			
Dehydration			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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
Lactic acidosis			
subjects affected / exposed	0 / 545 (0.00%)	1 / 540 (0.19%)	0 / 430 (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

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

<b>Non-serious adverse events</b>	Vibegron 75 mg	Placebo	Tolterodine ER 4 mg
Total subjects affected by non-serious adverse events			
subjects affected / exposed	36 / 545 (6.61%)	38 / 540 (7.04%)	50 / 430 (11.63%)
Gastrointestinal disorders			
Dry mouth			
subjects affected / exposed	9 / 545 (1.65%)	5 / 540 (0.93%)	28 / 430 (6.51%)
occurrences (all)	9	5	29
Infections and infestations			
Urinary tract infection			
subjects affected / exposed	27 / 545 (4.95%)	33 / 540 (6.11%)	24 / 430 (5.58%)
occurrences (all)	32	36	28

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
05 October 2017	<ul style="list-style-type: none"><li>- Changes were made to description of contraception requirements and methods for female subject.</li><li>- Plan to use a paper diary as backup was added.</li></ul>
01 November 2017	<ul style="list-style-type: none"><li>- Inclusion and exclusion criterion were updated.</li><li>- A note that paper diaries may be used was added.</li><li>- Clarification that pelvic examinations may be part of the physical examination and clarification that urinalysis was to be performed if there was a positive dipstick result was made.</li><li>- Follicle-stimulating hormone was removed from clinical laboratory test performed.</li><li>- The timing for collection of paper diaries (if used) was added.</li><li>- References to the Week 2 time point as a visit were reworded to clarify that a study visit does not occur at Week 2.</li><li>- "Tablet" or "capsule" descriptors were added.</li><li>- Wording was added to indicate the study treatment should be swallowed whole.</li><li>- Wording was added to require a witnessed dose at the clinic at Run-In and Baseline Visits.</li><li>- Pharmacokinetic (PK) sub-study language was changed.</li><li>- Dispense study medication was language was combined.</li><li>- Clarified that tablet/capsule count was to be recorded in the interactive voice or web response system rather than case report form.</li><li>- Added adverse events suggestive of cystitis or urinary tract infection and moved liver test values to end of list.</li></ul>
30 January 2018	<ul style="list-style-type: none"><li>- Addition of exploratory efficacy endpoints</li><li>- Change of 5% in response efficacy endpoint</li><li>- Change in statistical analysis from Last Observation Carried Forward to multiple imputation; subgroup analyses to include primary mixed model for repeated measure analysis model with a subgroup by treatment interaction term.</li><li>- Updated Schedule of Activities and visit events</li><li>- Updated language around timing of data collection for adverse events (AEs) and serious adverse events.</li><li>- Changed days of screening compliance</li><li>- Replaced "discontinued" with "interrupted"</li><li>- Removed study medication rechallenge in subjects with a grade 3 or higher drug-related AE reported</li><li>- Updated Patient Voiding Diary and Urine Volume Collection instructions, training, and description</li><li>- Updated instructions on Reminders for Diary Collection</li><li>- Updated Electronic Diary instructions and training</li><li>- Deletion of data collection of food/meal intake prior to PK sampling</li><li>- Updated Major Adverse Cardiac and Cerebrovascular Events language to match clinical adjudication committee Charter</li><li>- Addition of time frame around pregnancy and infant outcome</li></ul>
12 February 2018	Minor typographical/formatting errors were corrected.

15 November 2018	<ul style="list-style-type: none"><li>- The key secondary efficacy endpoints were reordered, and key/other secondary efficacy endpoints were added and removed.</li><li>- Exploratory endpoints were reordered and analysis timepoints were updated for some endpoints.</li><li>- Exploratory endpoints were added and removed.</li><li>- Removed language indicating that AEs from time of informed consent to first dose of study treatment should be recorded as medical history.</li><li>- One objective/hypothesis was added, four key secondary objectives/hypotheses were deleted, and the objectives/hypotheses were reordered and renumbered accordingly.</li></ul>
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Notes:

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### **Interruptions (globally)**

Were there any global interruptions to the trial? No

### **Limitations and caveats**

None reported