# CENTER FOR DRUG EVALUATION AND RESEARCH

**APPLICATION NUMBER:** 

203567Orig1s000

**STATISTICAL REVIEW(S)** 



# STATISTICAL REVIEW AND EVALUATION

#### CLINICAL STUDIES

**NDA/Serial Number:** 203567 / 000 (Resubmission)

**Drug Name:** Jublia (efinaconazole) solution 10%

**Indication(s):** Onychomycosis

**Applicant:** Dow

**Dates:** Submitted: 12/20/2013

PDUFA: 6/20/2014

**Review Priority:** Resubmission (Class 2)

**Biometrics Division:** Division of Biometrics III

**Statistics Reviewer:** Kathleen Fritsch, Ph.D.

**Concurring Reviewer:** Mohamed Alosh, Ph.D.

**Medical Division:** Division of Dermatology and Dental Products

Clinical Team: Gary Chiang, M.D. / David Kettl /M.D.

**Project Manager:** Strother Dixon

**Keywords:** Labeling review

# 1 Regulatory Background

NDA 203567 for Jublia (efinaconazole) solution 10% for the treatment of onychomycosis was originally submitted on 7/26/2012. The NDA received a Complete Response due to Product Quality issues. These issues were:

- 1. Inadequate manufacturing process and control information of the filling/capping/ operation.
- 2. Inadequate specification for the drug product.
- 3. Inadequate integrity of the container closure system.
- 4. Inadequate stability data to assure the expiration dating period.

With this submission, the applicant has submitted information to address the Product Quality issues. A complete biostatistical review was conducted during the initial review cycle. There were no biostatistical issues raised in the initial review that would preclude the conclusion that efficacy had been established in the clinical trials. The team has determined that the changes in the manufacturing and control will not necessitate any new clinical trials. Thus the conclusions from the initial biostatistical review are still applicable. The remaining biostatistical issue that was not addressed in the initial review cycle was product labeling. This review will provide biostatistical recommendations on the product labeling.

# 2 Biostatistical Conclusions from the Original Review Cycle

The following is the Executive Summary from the biostatistical review for the original review cycle for Jublia. (Reviewer Kathleen Fritsch, dated 3/5/2013).

#### **Executive Summary**

Efinaconazole solution 10% was superior to vehicle in the treatment of onychomycosis in two studies. Studies P3-01 and P3-02 enrolled subjects age 18 to 65 with a clinical diagnosis of onychomycosis and positive mycology. Subjects applied treatment once daily for 48 weeks. The primary efficacy endpoint was complete cure at Week 52 (0% clinical involvement of target toenail plus negative KOH and negative culture). The secondary efficacy endpoints specified in the protocol were: (1) clinical efficacy rate at Week 52 (<10% affected target nail area), (2) mycological cure rate at Week 52 (negative KOH and culture), and (3) unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement). Secondary endpoints were analyzed in sequential order. The primary and secondary efficacy endpoints were all statistically significant and the results are presented in Table 1.

Table 1 – Primary and Secondary Efficacy Endpoints at Week 52 (SAP 1)

	Study P3-01			Study P3-02		
	Efinacon. N = 656	Vehicle N = 214	p-value	Efinacon. N = 580	Vehicle N = 201	p-value
Complete Cure	117 (17.8%)	7 (3.3%)	< 0.001	88 (15.2%)	11 (5.5%)	< 0.001
Clinical Efficacy	234 (36%)	25 (12%)	< 0.001	180 (31%)	24 (12%)	< 0.001
Mycologic Cure	362 (55%)	36 (17%)	< 0.001	310 (53%)	34 (17%)	< 0.001
Unaffected new growth (mm)	5.0 (0.2)	1.6 (0.4)	<0.001	3.8 (0.2)	0.9 (0.4)	<0.001

The applicant created two versions of the Statistical Analysis Plan (SAP). The first version of the SAP was signed off about a week after the last subject completed Study P3-01 and the proposed analyses were consistent with the endpoints and analyses specified in the protocol. However, the applicant then revised the SAP about 5 weeks later. The second version of the SAP redefined the sets of secondary and supportive endpoints, and the order in which they were to be analyzed. The primary endpoint remained the same in both versions of the SAP, and thus the primary conclusions of the study are not affected by the changes to the SAP. This review will focus on the endpoints pre-specified in the protocol (and the first version of the SAP), rather than those specified only in the second version of the SAP. The secondary endpoints specified in the second version of the SAP were only proposed after the studies were completed. Although the applicant maintains that the studies were still blinded at that time the second SAP was written, changing endpoints after the studies are completed raises the concern that the Type I error rate could be inflated. Note that because all of the proposed secondary endpoints from either version of the SAP had p-values <0.001, the analyses from the second version of the SAP would lead to the same conclusions of efficacy as those from the original protocol/first version of the SAP.

# 3 Applicant's Proposed Labeling

The following is the applicant's proposed labeling for the Clinical Studies Section (submission dated 1/16/2014).

#### 14 CLINICAL STUDIES

The safety and efficacy of once daily use of JUBLIA for the treatment of onychomycosis							
of the toenail were assessed in two (b) (4) 52-week prospective, multi-center,							
randomized, (b) (4) studies in patients 18 years and older (18 to 70 years of age) with							
20% to 50% clinical involvement of the area of the target toenail, without							
dermatophytomas or lunula (matrix) involvement.							
The (b) (4) compared 48-weeks of treatment with							
JUBLIA to the vehicle solution. (b) (4)							



# 4 Recommendations Regarding the Applicant's Proposed Labeling

The key biostatistical recommendations regarding the applicant's proposed labeling are:

- 1. Present data from the two studies because efficacy is established in the individual studies.
- 2. Do not include the proposed (b) (4)
- 3. Present clinically relevant and statistically supported secondary endpoints.

The following is this reviewer's recommended wording for the Clinical Studies section of labeling. Note that the final wording is not final, and may change.

#### 14 CLINICAL STUDIES

The safety and efficacy of once daily use of JUBLIA for the treatment of onychomycosis of the toenail were assessed in two 52-week prospective, multi-center, randomized, double-blind clinical trials in patients 18 years and older (18 to 70 years of age) with 20% to 50% clinical involvement of the area of the target toenail The trials compared 48-weeks of treatment with JUBLIA to the vehicle solution. The Complete Cure rate was assessed at Week 52 (4-weeks after completion of therapy). Complete cure is defined as 0% involvement of the target nail (no clinical evidence of onychomycosis of the target toenail) in addition to Mycologic Cure, defined as both negative fungal culture and negative KOH. Table 2 lists the efficacy results for trials 1 and 2.

**Table 2:** Efficacy Endpoints

	Tri	al 1	Tri	al 2	
	JUBLIA	JUBLIA Vehicle		Vehicle	
	N = 656	N = 214	N = 580	N = 201	
Complete	117	7	88	11	
Cure <sup>a</sup>	17.8%	3.3%	15.2%	5.5%	
Complete or	173	17	136	15	
Almost Complete Cure <sup>b</sup>	26.4%	7.9%	23.4%	7.4%	
Mycologic Cure <sup>c</sup>	362	36	310	34	
	55.2%	16.8%	53.4%	16.9%	

- a. Complete cure is defined as 0% clinical involvement of the target toenail plus negative KOH and negative culture.
- b. Complete or almost complete is defined as  $\leq$ 5% affected target to enail area involved and negative KOH and culture.
- c. Mycologic cure is defined as negative KOH and negative culture.

# Signatures/Distribution List

Primary Statistical Reviewer: Kathleen Fritsch, Ph.D.

Date: 3/5/2014

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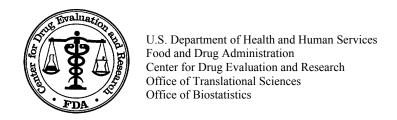
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/s/

KATHLEEN S FRITSCH
05/05/2014

MOHAMED A ALOSH
05/05/2014



# STATISTICAL REVIEW AND EVALUATION

#### CLINICAL STUDIES

**NDA/Serial Number:** 203567 / 000

**Drug Name:** TRADENAME (efinaconazole ) solution 10%

**Indication(s):** Onychomycosis

**Applicant:** Dow

**Dates:** Submitted: 7/26/2012

PDUFA: 5/26/2013

**Review Priority:** Standard review

**Biometrics Division:** Division of Biometrics III

**Statistics Reviewer:** Kathleen Fritsch, Ph.D.

**Concurring Reviewer:** Mohamed Alosh, Ph.D.

**Medical Division:** Division of Dermatology and Dental Products

**Clinical Team:** Gary Chiang, M.D. / David Kettl, M.D.

**Project Manager:** Strother Dixon

**Keywords:** Onychomycosis, secondary endpoints, SAP

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# 1 Executive Summary

Efinaconazole solution 10% was superior to vehicle in the treatment of onychomycosis in two studies. Studies P3-01 and P3-02 enrolled subjects age 18 to 65 with a clinical diagnosis of onychomycosis and positive mycology. Subjects applied treatment once daily for 48 weeks. The primary efficacy endpoint was complete cure at Week 52 (0% clinical involvement of target toenail plus negative KOH and negative culture). The secondary efficacy endpoints specified in the protocol were: (1) clinical efficacy rate at Week 52 (<10% affected target nail area), (2) mycological cure rate at Week 52 (negative KOH and culture), and (3) unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement). Secondary endpoints were analyzed in sequential order. The primary and secondary efficacy endpoints were all statistically significant and the results are presented in Table 1.

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	Efinacon. Vehicle p-value		Efinacon.	Vehicle	p-value	
	N = 656	N = 214		N = 580	N = 201	
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growth (mm)						

The applicant created two versions of the Statistical Analysis Plan (SAP). The first version of the SAP was signed off about a week after the last subject completed Study P3-01 and the proposed analyses were consistent with the endpoints and analyses specified in the protocol. However, the applicant then revised the SAP about 5 weeks later. The second version of the SAP redefined the sets of secondary and supportive endpoints, and the order in which they were to be analyzed. The primary endpoint remained the same in both versions of the SAP, and thus the primary conclusions of the study are not affected by the changes to the SAP. This review will focus on the endpoints pre-specified in the protocol (and the first version of the SAP), rather than those specified only in the second version of the SAP. The secondary endpoints specified in the second version of the SAP were only proposed after the studies were completed. Although the applicant maintains that the studies were still blinded at that time the second SAP was written, changing endpoints after the studies are completed raises the concern that the Type I error rate could be inflated. Note that because all of the proposed secondary endpoints from either version of the SAP had p-values <0.001, the analyses from the second version of the SAP would lead to the same conclusions of efficacy as those from the original protocol/first version of the SAP.

#### 2 Introduction

#### 2.1 Overview

#### 2.1.1 Clinical Studies

Efinaconazole solution 10% is a new molecular entity antifungal intended for the treatment of onychomycosis. This product was submitted as a 505(b)(1) application. Efinaconazole solution was evaluated in one Phase 2 and two Phase 3 studies. The Phase 2 study evaluated three treatment regimens (10% solution, 10% solution with occlusion, and 5% solution) and vehicle over a 36-week treatment period. The 10% solution (without occlusion) regimen was selected for Phase 3 development. The first Phase 3 study (P3-01) enrolled 870 subjects (656 efinaconazole/214 vehicle) and the second Phase 3 study (P3-02) enrolled 785 subjects (781 in the ITT: 580 efinaconazole/201 vehicle). Four subjects in Study P3-02 were randomized in error (3 efinaconazole and 1 vehicle), did not receive study medication, and were not included in the ITT population. Both studies enrolled subjects age 18 and older with 20-50% involvement of the target toenail. Treatment was applied once daily at bedtime to all affected toenails for 48 weeks. An overview of the studies is presented in Table 2 and Table 3. This review will focus primarily on the two Phase 3 studies.

Table 2 – Clinical Studies Overview – Phase 3 Studies

Study Numbers	DPSI-IDP-108-P3-01 and DPSI-IDP-108-P3-02					
Study Design	Randomized, double-blind, vehicle-controlled					
	Č	_	onychomycosis, 20-50%			
	involvement of target	nail without	dermatophytomas or lunula			
Inclusion criteria	involvement, uninfect	ed length $\geq 3$	$8$ mm, thickness $\leq 3$ mm, positive			
	KOH, and positive cu	lture (dermat	cophyte or mixed			
	dermatophyte/Candida	a)				
Treatment	Once daily at bedtime to all affected nails for 48 weeks. Solution					
	applied to nail folds, nail bed, hyponychium, and undersurface of the					
regimen	nail plate.					
Primary endpoint	Complete cure at Week 52 (0% clinical involvement of the target					
Filmary enuponit	nail, negative KOH, and negative culture)					
Treatment arms		P3-01	P3-02			
and sample size	Efinaconazole, 10%	656	583*			
and sample size	Vehicle	214	202*			
	P3-01: US – 510 subjects (34 centers), Canada – 117 subjects (7					
Study location	centers), Japan – 243 subjects (33 centers)					
	<i>P3-02</i> : US – 649 subj	ects (36 cent	ters), Canada – 132 subjects (8			
	centers)	(a m				

<sup>\*</sup>Four subjects in Study P3-02 were randomized in error (3 efinaconazole and 1 vehicle) and did not receive medication and were not included in the ITT population.

**Table 3 – Clinical Studies Overview – Phase 2 Study** 

Study Number	DPSI-IDP-108-P2-01			
Study Design	Randomized, dose-ranging, vehicle-controlled			
Inclusion criteria	Age 18 - 65, clinical diagnosis of onychomycosis, 20-50% involvement of target nail without dermatophytomas or lunula involvement, uninfected length $\geq$ 3mm, thickness $\leq$ 3mm, positive KOH, and positive culture (dermatophyte or mixed			
	dermatophyte/Candida)			
Treatment regimen	Once daily at bedtime to all affected nails for 36 weeks. The 10% solution was applied with or without overnight semi-occlusion Solution applied to nail folds, nail bed, hyponychium, and undersurface of the nail plate.			
Primary endpoint	Various visual and mycological assessments			
Treatment arms and Sample Size	Efinaconazole, 10% Efinaconazole, 10% (with semi-occlusion) Efinaconazole, 5% Vehicle	39 36 38 22		
Study location	Mexico – 135 subjects (11 centers)			

#### 2.1.2 Regulatory History

The IND for efinaconazole was opened in 2007 with a cumulative irritation safety study. The Phase 3 clinical studies plan was discussed at an End-of-Phase 2 meeting on 8/4/2009. The protocols were amended three times. The protocols were *not* submitted as Special Protocol Assessments. The dates that the versions of the protocols were signed and submitted to the Agency are listed below.

- Original protocol date 9/14/2009; submitted 11/6/2009
- Amendment 1 amendment date 11/23/2009; submitted 12/28/2009
- Amendment 2 amendment date 2/22/2010; submitted 3/3/2010
- Amendment 3 amendment date 5/3/2010; submitted 5/19/2010

Subjects were first enrolled under Amendment 1 of the Phase 3 protocols. The first subject was screened on 12/3/2009 and the last subject visit was 10/14/2011. The Phase 3 protocols (Amendment 1) were reviewed by the Agency and an Advice Letter was sent to the sponsor on 4/14/2010. The Advice Letter contained two comments on the efficacy assessment: advising the sponsor to clarify how the investigator calculates percent nail involvement, and noting that the proposed supportive efficacy endpoints would have limited regulatory utility. The primary and secondary endpoints and proposed statistical analysis plan were the same across all four versions of the protocol. None of the amendments modified the efficacy evaluations or analyses (with the exception that Amendment 1 added a quality of life questionnaire). The amendments made changes to exclusion criteria, clarified clinical procedures, and added ECG assessments.

The sponsor also submitted two versions of the Statistical Analysis Plan (SAP). Version 2 of the SAP was actually submitted to the Agency first (SAP date 11/9/2011 with

submission date 11/14/2011). Although the definition of the primary endpoint was identical to that in the protocol, the set of secondary endpoints in Version 2 of the SAP differed from those defined in the protocol (one secondary endpoint was reclassified as supportive, one new secondary endpoint was added, and the analysis order was changed). The Agency sent an Advice Letter on 2/27/2012 noting that changing the planned analysis when the studies are nearly completed raises concerns about unblinding, and could affect the Type I error and the interpretation of the results. Subsequently, on 3/23/2012, the sponsor submitted the original version of the SAP (dated 9/29/2011), along with a proposal to include analyses from both versions of the SAP in the final clinical study reports.

The sponsor requested a Pre-NDA meeting, but canceled the meeting after receiving the pre-meeting communication and determining that no face-to-face discussion was required (final minutes dated 5/14/2012).

#### 2.2 Data Sources

#### 3 Statistical Evaluation

# 3.1 Data and Analysis Quality

The databases for the studies required minimal data management prior to performing analyses and no requests for additional datasets were made to the applicant.

### 3.2 Evaluation of Efficacy

# 3.2.1 Study Design and Statistical Analysis

Studies P3-01 and P3-02 were identically-designed, randomized, double-blind, vehicle-controlled studies of the efficacy and safety of efinaconazole solution 10% in the treatment of onychomycosis. The studies enrolled subjects aged 18-70 with a clinical diagnosis of onychomycosis, including 20-50% involvement of target nail without dermatophytomas or lunula involvement, uninfected length  $\geq$  3mm, thickness  $\leq$  3mm, positive KOH, and a positive culture (dermatophyte or mixed dermatophyte/Candida). Subjects were randomized in a 3:1 ratio to efinaconazole or vehicle. Treatment was applied once daily at bedtime to all affected toenails for 48 weeks. Subjects were evaluated at screening, baseline, and then every four weeks through Week 52.

Efficacy assessments included percent involvement of the target toenail, length of the unaffected part of the target toenail, KOH examination, fungal culturing, and assessment of presence/absence of onychomycosis in non-target toenails. These assessments were conducted every 12 weeks and end of study (screening, baseline, and Weeks 12, 24, 36,

48, and 52). In addition, an onychomycosis quality of life questionnaire was administered to native-English speaking subjects at baseline, Week 24, and Week 52. Localized skin reactions were recorded at each visit. Burning, itching, and vesiculation were recorded as present or absent. Redness and swelling were recorded on a 4-point scale (none, mild, moderate, severe).

The primary efficacy endpoint was complete cure (0% clinical involvement of target toenail plus negative KOH and negative culture) at Week 52 (4 weeks post-treatment). Complete cure was analyzed using a Cochran-Mantel-Haenszel test stratified on analysis center. The applicant wrote two statistical analysis plans (SAPs) for the studies. The primary efficacy endpoint and analysis were identical in both versions and consistent with the protocol. The two SAPs differed in the definition and ordering of the secondary and supportive endpoints. According to the applicant, both SAPs were approved prior to database lock. The two versions of the SAP are dated 9/29/2011 (Version 1) and 11/9/2011 (Version 2). The database locks occurred on 11/21/2011 for Study P3-01 and 12/6/2011 for Study P3-02.

The first version of the SAP listed the secondary and supportive endpoints as they were presented in the protocol. This list included three secondary endpoints as follows:

- Clinical efficacy rate at Week 52 (<10% affected target nail area)
- Mycological cure rate at Week 52 (negative KOH and culture)
- Unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement)

The second version of the SAP and removed one secondary endpoint, added one secondary endpoint, and re-ordered the list as follows:

- Complete or almost complete cure rate at Week 52 (≤5% affected target nail area and negative KOH and culture)
- Unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement)
- Mycological cure rate at Week 52 (negative KOH and culture)

Each SAP proposed to test the hypotheses for the secondary endpoints in sequential order (in the order listed). The applicant states that the motivation for revising the SAP was primarily to provide a "more statistically robust and clinically relevant evaluation for the secondary endpoint." (page 55 of the clinical study report for Study P3-01 and page 52 of the clinical study report for Study P3-02) The Agency advised the sponsor in an Advice Letter dated 2/27/2012 that changing the secondary endpoints and their ordering after the studies were complete or nearly complete could impact the Type I error and would make the results of the study difficult to interpret. Subsequently, the sponsor proposed including analyses from both versions of the SAP in the clinical study report.

Response rate endpoints were analyzed using a Cochran-Mantel-Haenszel test stratified on analysis center. Unaffected new toenail growth was analyzed using ANOVA with factors for treatment and analysis center.

The two SAPs also differed in the list of supportive efficacy analyses. All supportive efficacy endpoints were to be summarized by descriptive statistics. The first SAP included the following list of supportive endpoints:

- Change from baseline in number of affected toenails
- Target nail growth from baseline
- Change from baseline to Week 24 and Week 52 in onychomycosis quality of life (OnyCOE-t)

The second SAP added three new supportive endpoints to those listed in the first SAP so that the list included:

- Clear nail (0% affected nail)
- Almost clear nail (≤5% affected nail)
- Clinical efficacy (≤10% affected nail)
- Change from baseline in number of affected toenails
- Target nail growth from baseline
- Change from baseline to Week 24 and Week 52 in onychomycosis quality of life (OnyCOE-t)

Note that the definition of clinical efficacy ( $\leq 10\%$  affected nail) in the second SAP is slightly different from the definition of clinical efficacy (< 10% affected nail) in the first SAP. Because many investigators reported affected nail area to the nearest 5%, whether or not subjects are included who have 10% affected nail affects the response rates.

Small centers were combined into analysis centers for the CMH and ANOVA analyses. Centers with fewer than 9 efinaconazole and 3 vehicle subjects were pooled into analysis centers. Among the centers with fewer than 9 efinaconazole or 3 vehicle subjects, the smallest center was pooled with the largest, etc. until all analysis centers met the minimum size. Consistency of treatment response across analysis centers for the primary endpoint was assessed with the Breslow-Day test. If the Breslow-Day test was significant at 0.10, sensitivity analyses were conducted to assess the impact of extreme centers.

The ITT population was defined as all subjects randomized and dispensed study drug. The per protocol population included subjects who

- met all inclusion/exclusion criteria unless a waiver was granted prior to randomization
- did not take any interfering concomitant medications
- completed the Week 52 visit
- missed no more than 20% of the total number of expected doses during the treatment period
- did not miss more than 14 cumulative doses in the 28 days leading up to the date of the last dose

- did not miss 28 or more consecutive doses during the treatment period
- were not out of the visit window ( $\pm$  5 days) for the Week 52 visit

The primary method of handling missing data for the primary efficacy analysis was last observation carried forward (LOCF). As a sensitivity analysis, subjects with missing Week 52 complete cure assessments were imputed as failures. A second sensitivity analysis imputes subjects with missing values as successes.

#### 3.2.2 Subject Disposition

Study P3-01 randomized 656 subjects to efinaconazole and 214 to vehicle, and all subjects were included in the ITT population. Study P3-02 randomized 583 subjects to efinaconazole and 202 to vehicle, however, 3 efinaconazole subjects and 1 vehicle subject were not included in the ITT population, so the ITT population includes 580 efinaconazole and 201 vehicle subjects. All four subjects were noted as having been randomized in error and none of the four were dispensed medication. The four subjects were enrolled at three different centers and all of them failed at least one of the inclusion/exclusion criteria which defined the extent or clinical characteristics of the onychomycosis.

Similar proportions of efinaconazole and vehicle subjects discontinued the study early in Study P3-01 (around 12% per arm), while a slightly higher proportion of vehicle subjects discontinued early in Study P3-02 (15% for efinaconazole and 21% for vehicle). The disposition and reasons for discontinuation are presented in Table 4 and Table 5. The most common reasons for discontinuation were subject request and loss-to-follow-up, and the rates for these categories were slightly higher on the vehicle arm than the efinaconazole arm in each study. However, discontinuation due to adverse events was higher on the efinaconazole arm than the vehicle arm in each study. One center in Study P3-01 (Site 121) closed down before the study was completed and 8 subjects were discontinued due to the site closing.

Table 4 – Disposition of Subjects (Study P3-01)

	Efinaconazole	Vehicle
Subjects Randomized	656	214
Discontinued study	81 (12.3%)	27 (12.6%)
Reasons for discontinuation		
Adverse event	21 (3.2%)	1 (0.5%)
Application site	19 (2.9%)	0 (0.0%)
Other	2 (0.3%)	1 (0.5%)
Subject request	31 (4.7%)	12 (5.6%)
Moved or couldn't make visits	16 (2.4%)	5 (2.3%)
Withdrew consent	10 (1.5%)	4 (1.9%)
Lack of Efficacy	4 (0.6%)	3 (1.4%)
Adverse event	1 (0.2%)	0 (0.0%)

<sup>--</sup> Table continues on next page.--

**Table 4** *continued* **- Disposition of Subjects (Study P3-01)** 

•	Efinaconazole	Vehicle
Subjects Randomized	656	214
Lost to follow-up	20 (3.0%)	11 (5.1%)
Protocol violation	0 (0.0%)	1 (0.5%)
Other	9 (1.4%)	2 (0.9%)
Clinic Closing	6 (0.9%)	2 (0.9%)
Lack of Efficacy	1 (0.2%)	0 (0.0%)
Moved	1 (0.2%)	0 (0.0%)
Can't asses nail growth	1 (0.2%)	0 (0.0%)

*Note:* The bolded terms are the categories from the CRFs. The Adverse event, Subject request, and Other classifications required the investigator to specify additional details. The italicized categories were created by this reviewer for convenience based on similar terms used in the verbatim specifications in the CRFs. Source: pg. 57 of dpsi-idp-108-p3-01-body.pdf and reviewer analysis

**Table 5 – Disposition of Subjects (Study P3-02)** 

	Efinaconazole	Vehicle
<b>Subjects Randomized</b>	583	202
Discontinued study	85 (14.6%)	42 (20.8%)
Reasons for discontinuation		
Adverse event	11 (1.9%)	0 (0.0%)
Application site	8 (1.4%)	0 (0.0%)
Other	3 (0.5%)	0 (0.0%)
Subject request	36 (6.2%)	19 (9.4%)
Moved or couldn't make visits	20 (3.4%)	12 (5.9%)
Withdrew consent	10 (1.7%)	5 (2.5%)
Lack of efficacy	3 (0.5%)	2 (1.0%)
Adverse event	3 (0.5%)	0 (0.0%)
Lost to follow-up	29 (4.9%)	18 (8.9%)
Protocol violation	3 (0.5%)	3 (1.5%)
Pregnancy	0 (0.0%)	1 (0.5%)
Worsening of condition	1 (0.2%)	0 (0.0%)
Other	<b>5</b> ( <b>0.9%</b> )	1 (0.5%)
Randomized in error	3 (0.5%)	1 (0.5%)
Withdrew consent	1 (0.2%)	0 (0.0%)
Non-compliance	1 (0.2%)	0 (0.0%)

*Note:* The bolded terms are the categories from the CRFs. The Adverse event, Subject request, and Other classifications required the investigator to specify additional details. The italicized categories were created by this reviewer for convenience based on similar terms used in the verbatim specifications in the CRFs. Source: pg. 55 of dpsi-idp-108-p3-02-body.pdf and reviewer analysis

#### 3.2.3 Baseline Characteristics

Baseline demographics were generally balanced across the treatment groups in the two studies. The mean age of subjects was about 51 years with approximately 13% of

subjects aged 65 or older. The majority of subjects were male (75-80%). Approximately 65% of subjects in Study P3-01 and 88% of subjects in Study P3-02 were white, and approximately 6% of subjects were black. Because Study P3-01 enrolled subjects in Japan, approximately 29% of subjects in that study were Asian, while only 2% of subjects in Study P3-02 were Asian. In addition, approximately 12% of subjects in Study P3-01 and 22% of subjects in Study P3-02 were Hispanic or Latino. See Table 6.

**Table 6 - Demographics** 

	Study P	3-01	Study P	3-02
	Efinaconazole	Vehicle	Efinaconazole	Vehicle
	N=656	N=214	N=580	N=201
Age (years)				
Mean	52.4	51.9	50.6	50.7
Range	20 - 71	18 - 70	18 - 71	18 - 70
18 to 64 years	570 (87%)	179 (84%)	504 (87%)	180 (90%)
65 + years	86 (13%)	35 (16%)	76 (13%)	21 (10%)
Gender				
Male	489 (75%)	158 (74%)	464 (80%)	164 (82%)
Female	167 (25%)	56 (26%)	116 (20%)	37 (18%)
Race				
White	425 (65%)	140 (65%)	522 (90%)	164 (82%)
Black or AfricAmer.	36 (5%)	7 (3%)	34 (6%)	21 (10%)
Asian	189 (29%)	63 (29%)	11 (2%)	6 (3%)
Other	6 (1%)	4 (2%)	13 (2%)	10 (5%)
Ethnicity	·			
Hispanic or Latino	71 (11%)	31 (14%)	122 (21%)	46 (23%)
Not Hispanic or Latino	585 (89%)	183 (86%)	457 (79%)	155 (77%)

Source: pg 61 of dpsi-idp-108-p3-01-body.pdf and pg 59 of dpsi-idp-108-p3-02-body.pdf

The mean percentage of affected toenail and the mean number of non-target toenails was similar across both treatment groups in both studies with subjects having an average 37% affected area of the target toenail at baseline and an average of 2.8 affected non-target toenails at baseline. The majority of subjects had screening cultures of *T. rubrum* (93%), while the remaining cultured organisms were *T. mentagrophytes*, *E. floccosum*, and *T. tonsurans*. Three subjects did not have positive fungal cultures (an inclusion criteria violation) but were randomized and dispensed medication anyway. See Table 7.

**Table 7 – Baseline Disease Characteristics** 

	Study P3-01		Study P3-02	
	Efinaconazole	Vehicle	Efinaconazole	Vehicle
	N=656	N=214	N=580	N=201
Mean percent (SD) of	36.7 (10.4)	36.8 (10.6)	36.2 (10.7)	36.7 (10.5)
affected toenail				
Mean number (SD) of	2.8 (1.7)	2.8 (1.7)	2.7 (1.6)	2.8 (1.7)
affected non-target toenails				
Screening Culture				
T. rubrum	604 (92%)	191 (89%)	540 (93%)	193 (96%)
T. mentagrophytes	47 (7%)	22 (10%)	33 (6%)	8 (4%)
E. floccosum	5 (1%)	0 (0%)	4 (1%)	0 (0%)
T. tonsurans	0 (0%)	0 (0%)	1 (<1%)	0 (0%)
No dermatophyte	0 (0%)	1 (<1%)	2 (<1%)	0 (0%)

Source: pg 62 of dpsi-idp-108-p3-01-body.pdf and pg 60 of dpsi-idp-108-p3-02-body.pdf and reviewer analysis

#### 3.2.4 Primary Efficacy Endpoint

Efinaconazole foam was superior to vehicle foam on the primary efficacy endpoint of complete cure at Week 52 in both studies (p < 0.001). Complete cure is defined as 0% clinical involvement of the target toenail plus negative KOH and negative culture. The complete cure rate was analyzed with a CMH test stratified on analysis center. For the ITT analysis, the primary method of handling missing data was LOCF. The results of the ITT and per protocol analyses were similar. The ITT results are presented in Table 8 and the per protocol results are presented in Table 9.

**Table 8 – Complete Cure at Week 52 (ITT analysis)** 

Study P3-01		Study P3-02		
Efinaconazole	Efinaconazole Vehicle		Vehicle	
N = 656	N = 214	N = 580	N = 201	
117 (17.8%)	7 (3.3%)	88 (15.2%)	11 (5.5%)	
p<0.001		p<0.001		

Source: pg 64 of dpsi-idp-108-p3-01-body.pdf and pg 61 of dpsi-idp-108-p3-02-body.pdf

**Table 9 – Complete Cure at Week 52 (PP analysis)** 

Study P3-01		Study P3-02		
Efinaconazole	Efinaconazole Vehicle		Vehicle	
N = 533	N = 173	N = 473	N = 146	
102 (19.1%)	7 (4.0%)	78 (16.5%)	7 (4.8%)	
p<0.001		p<0.001		

Source: pg 235 of dpsi-idp-108-p3-01-body.pdf and pg 60 of dpsi-idp-108-p3-02-body.pdf

#### 3.2.5 Missing Data Handling

The primary method of handling missing data was LOCF, which was used in the analyses above. Study P3-01 had 84 (13%) efinaconazole and 29 (14%) vehicle subjects that did not have complete efficacy assessments at Week 52, and therefore had at least one component of the complete cure endpoint imputed for the primary analysis. The timing of dropout was similar on both arms in Study P3-01 with 70% (59/84) of efinaconazole subjects and 72% (21/29) vehicle subjects with imputed responses having their last efficacy assessments before Week 36. Of the subjects with imputed efficacy assessments, only 2 subjects, both on the efinaconazole arm, were imputed as complete cures. Both of these subjects had an affected area assessment of 0% at Week 52 or later (one subject had a visit coded as an 'unscheduled visit after the Week 40 visit' but the timing of the assessment was nominally Week 56), but both had mycology assessments imputed from earlier visits.

Study P3-02 had 90 (16%) efinaconazole and 43 (21%) vehicle subjects that did not have complete efficacy assessments at Week 52. The vehicle arm had a higher rate of imputed data (21% vs. 16%) and also had a higher proportion of subjects who discontinued at a relatively early timepoint in the study, with 74% (32/43) of vehicle subjects and 63% (57/29) of efinaconazole subjects with imputed responses having their last efficacy assessments before Week 36. In Study P3-02, 9 subjects, 7 on the efinaconazole arm and 2 on the vehicle arm with incomplete assessments were imputed as complete cures. Of these subjects, 4 efinaconazole and 1 vehicle subject had affected area assessment of 0% at Week 52, but had mycology assessments imputed from earlier visits. An additional two efinaconazole subjects had complete cure imputed from the Week 48 visit. The remaining subjects imputed as complete cure had their response imputed from the Week 32 (efinaconazole subject) or Week 36 (vehicle subject). Thus the majority of subjects imputed as complete cures had at least partial efficacy assessments close to the end of the study at either Week 48 or 52.

The protocol included two sensitivity analyses for handling missing data: (1) treating all missing data as failures and (2) treating all missing data as successes. Treating missing data as failures yields conclusions similar to LOCF because few subjects were imputed as successes (2 efinaconazole and 0 vehicle subjects in Study P3-01 and 7 efinaconazole and 2 vehicle subjects in Study P3-02). See Table 10. On the other hand, the second sensitivity analysis of treating missing observations as successes is highly influenced by any differences in the proportion of subjects with missing data between the two arms. For example, in Study P3-01 the imputation rates were similar across both arms (13% vs 14%) and so the conclusions are similar whether all subjects with missing data are imputed as failures or successes, as the treatment effect remains about the same. However, in Study P3-02, the proportion of subjects with missing data on the vehicle arm was about 5% higher than on the efinaconazole arm. Thus the treatment effect (efinaconazole – vehicle) drops from about 10% when all missing values are imputed as failures to about 4% when all missing values are imputed as successes, and the 'missing as successes' sensitivity analysis does not exhibit statistical significance. See Table 10.

Table 10 – Sensitivity Analyses for Handling Missing Data

	Study P3-01			Study P3-02		
Impute	Efinacon.	Vehicle	P-value	Efinacon.	Vehicle	P-value
Missing as:	N = 656	N = 214		N = 580	N = 201	
Failures	115 (18%)	7 (3%)	< 0.001	81 (14%)	9 (4%)	< 0.001
Successes	199 (30%)	36 (17%)	< 0.001	171 (30%)	52 (26%)	0.319

Source: pg 71 of dpsi-idp-108-p3-01-body.pdf and pg 69 of dpsi-idp-108-p3-02-body.pdf

However, both of these proposed analyses treat all missing values the same way—they are imputed as either successes or failures in both arms. There is no guarantee that either of these analyses is conservative. A preferable sensitivity analysis to check robustness of study findings would reduce the estimated treatment effect (and/or increase the variability of the estimate). An extreme way to reduce the treatment effect would be to treat all efinaconazole missing data as failures and all vehicle missing data as responders. Due to the relatively low overall response rates, relatively high proportion of responders, and imbalance in the proportion of missing data between arms (particularly in Study P3-02), such an analysis is not very informative in this case. In Study P3-01 the estimated complete cure rate for efinaconazole vs. vehicle would be 18% vs. 17% (a 1% treatment effect), while in Study P3-02 the estimated complete cure rate for efinaconazole vs. vehicle would be 14% vs. 26% (-12% treatment effect favoring vehicle).

Another type of sensitivity analysis would be to reduce the estimated treatment effect by imputing missing efinaconazole subjects as failures (0% response rate for these subjects), while imputing missing vehicle subjects at conservative yet more plausible level than 100% response, say 2 or 3 times the observed rate in completing subjects. The response rate for vehicle 'completers' (observed cases) was about 4% (7/185) in Study P3-01 and 6% (9/158) in Study P3-02. As an additional post-hoc sensitivity analysis, this reviewer proposes to impute approximately 15% of vehicle subjects with missing data as responders (roughly three times the average rate observed in completers from the two studies). In this analysis statistical significance is maintained in both studies. Although this analysis is post-hoc, the conclusion of efficacy is maintained under the assumption that none of the missing efinaconazole subjects responded while the missing vehicle subjects responded at a rate about 3 times that observed in completing vehicle subjects. See Table 11.

Table 11 – Additional Reviewer's Sensitivity Analysis for Missing Data (Post-Hoc)

Study P3-01			Study P3-02			
Efinacon.	Vehicle	P-value	Efinacon.	Vehicle	P-value	
N = 656	N = 214		N = 580	N = 201		
115 (18%)	11 (5%)	< 0.001	81 (14%)	16 (8%)	< 0.026	

Note: Missing data from efinaconazole subjects is imputed as failure (0/84 successes in Study P3-01 and 0/90 successes in Study P3-02) and approximately 15% of vehicle subjects are imputed as success (4/26 successes in Study P3-01 and 7/43 successes in Study P3-02). P-values are computed from the chi-square distribution.

Source: Reviewer analysis

#### 3.2.6 Secondary Efficacy Endpoints

The applicant wrote two statistical analysis plans (SAPs) for the studies, which differed in the definition and ordering of the secondary and supportive endpoints. The first version of the SAP reflected the way the secondary endpoints had been defined in the protocol. The three secondary endpoints were originally specified as follows:

- Clinical efficacy rate at Week 52 (<10% affected target nail area)
- Mycological cure rate at Week 52 (negative KOH and culture)
- Unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement)

The second version of the SAP introduced a new secondary endpoint, removed one secondary endpoint, and rearranged the ordering of the secondary endpoints. The new list of secondary endpoints was as follows:

- Complete or almost complete cure rate at Week 52 (≤5% affected target nail area and negative KOH and culture)
- Unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement)
- Mycological cure rate at Week 52 (negative KOH and culture)

In both versions of the SAP, the secondary efficacy endpoints were to be analyzed sequentially in the order listed to control Type I error. According to the applicant, both SAPs were approved prior to database lock. The final subject visit in Study P3-01 was 9/20/2011 and the final subject visit in Study P3-02 was 10/14/2011. The first SAP is dated 9/29/2011. The second version of the SAP is dated 11/9/2011. The database for Study P3-01 was locked on 11/21/2011 and for Study P3-02 on 12/6/2011. The applicant states that the motivation for revising the SAP was primarily to provide a "more statistically robust and clinically relevant evaluation for the secondary endpoint." (page 55 of the clinical study report for Study P3-01 and page 52 of the clinical study report for Study P3-02). The protocols themselves were not changed. However, changing the list of secondary endpoints and the ordering of the analyses after the studies are complete is not in fact 'statistically robust', as post-hoc changes to the analysis plan can inflate the Type I error rate, particularly if the changes are made based on any knowledge of the data. Although the protocols were not reviewed under a Special Protocol Assessment, the Agency had expressed no disagreement with the applicant's original list of secondary endpoints when the protocols were reviewed. The fact that the applicant may have decided at the last moment that 'complete or almost complete cure rate' is more clinically meaningful than 'clinical efficacy' is not a sufficient reason to completely revise the SAP for the secondary endpoints after the trial was completed. This review will focus on the secondary endpoints as specified in the protocol and the first version of the SAP and treat 'complete or almost complete cure' as a supportive endpoint.

The difference between the 'clinical efficacy' endpoint (specified in the protocol) and the 'complete or almost complete cure rate' endpoint is that clinical efficacy requires only that a subject have <10% of affected target nail area, while complete or almost complete cure requires ≤5% affected target nail area and negative KOH and culture. The 'stricter' definition of the endpoint specified in the second SAP reduces the response rate about 8-10% in the efinaconazole arm and about 5% in the vehicle arm. All four endpoints that

appear in the two lists of secondary endpoints have p-values <0.001 in both studies. See Table 12. Thus all secondary endpoints meet the statistical significance criteria specified in the two SAPs. However, because of the concerns regarding the late proposal to modify the secondary endpoints, 'complete or almost complete cure' is not suitable for efficacy (b) (4), as we cannot be assured that the Type I error is adequately controlled for this endpoint.

**Table 12 – Secondary Efficacy Endpoints** 

	Study P3-01			Study P3-02		
	Efinacon. N = 656	Vehicle N = 214	p-value	Efinacon. N = 580	Vehicle N = 201	p-value
Clinical Efficacy						(b) (4)
Mycologic Cure						
Unaffected new growth (mm)						
Complete or almost						
complete cure*						

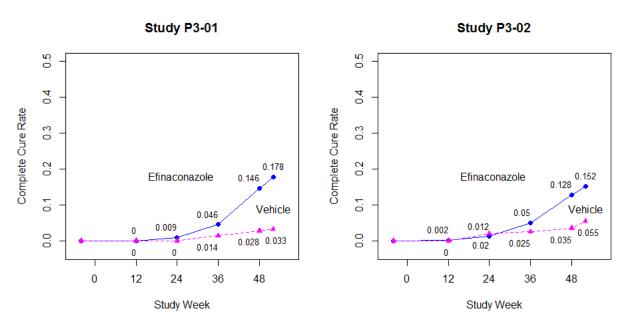
<sup>\*</sup>Endpoint specified in SAP version 2

Source: pg 65-66 of dpsi-idp-108-p3-01-body.pdf and pg 63-64 of dpsi-idp-108-p3-02-body.pdf

#### 3.2.7 Efficacy over Time

Complete cure rates (the primary efficacy endpoint) increased over time through Week 52, and the curves for the two arms began to separate around 36 weeks. The results were similar for the two studies. See Figure 1.

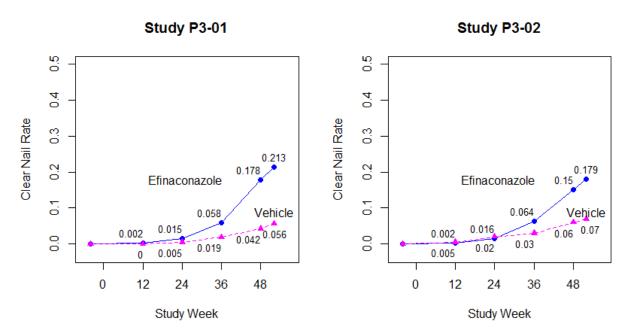
Figure 1 – Complete Cure Rates over Time (LOCF)



Source: Reviewer analysis

Assessment of complete cure involves three components: total area affected, KOH results and culture results. The clear nail rate (0% affected area) has similar trends to the complete cure rate (clear nail plus negative mycology), with the curves separating around Week 36 and rates increasing through Week 52. See Figure 2.

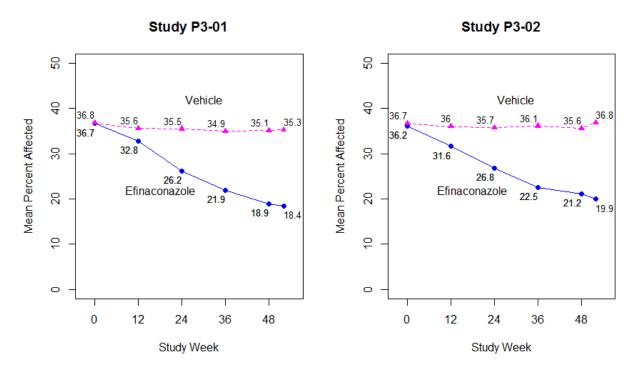
Figure 2 – Clear Nail Rate over Time (LOCF)



Source: Reviewer analysis

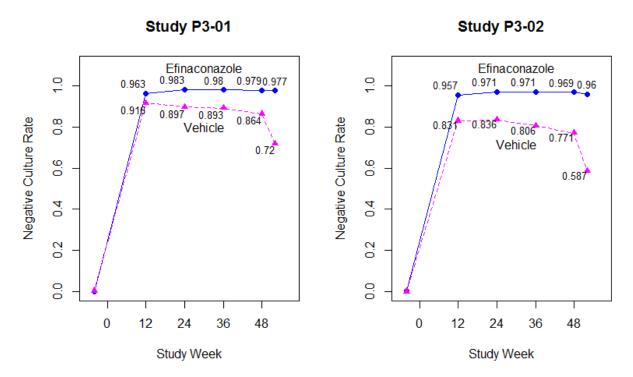
Besides looking at the proportion of subjects that achieve a completely clear nail (0% involvement), it may also be of interest to look at the mean percent of area affected over time. Subjects on the efinaconazole arm showed a steady decrease in the mean affected area over the course of the study, while the mean for the vehicle subjects was relatively constant. See Figure 3.

Figure 3 – Mean Percent Affected Area over Time (LOCF)



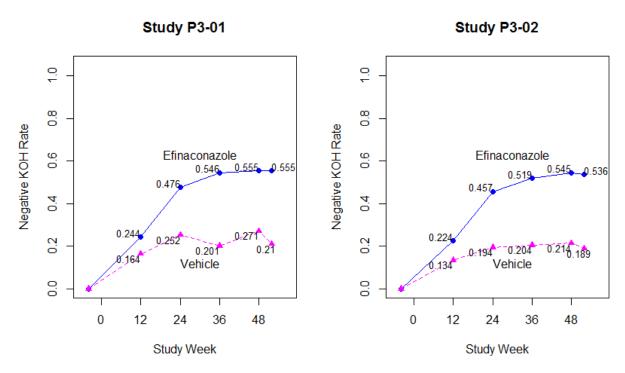
The majority of subjects had negative cultures starting with the Week 12 visit, though the rate was still slightly higher in the efinaconazole arm. One feature of note, however, is that the negative culture rate dropped on the vehicle arm between the Week 48 (end of treatment) and Week 52 (4 weeks post-treatment) visits, possibly suggesting that the vehicle may hinder the ability to detect positive cultures.

Figure 4 – Negative Culture Rate over Time (LOCF)



The negative KOH rate did not increase as rapidly as the negative culture rate. Both the efinaconazole arm and the vehicle arm reached a plateau between weeks 24 and 36. The negative KOH rate was about 54% for efinaconazole and 20% for vehicle at Week 52 in both studies.

Figure 5 – Negative KOH rate over Time

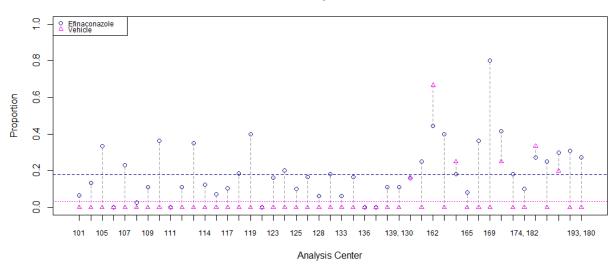


#### 3.2.8 Efficacy by Center

Study P3-01 was conducted at 74 centers in the United States (34), Canada (7), and Japan (33). Small centers were pooled within country to ensure a minimum of 9 efinaconazole and 3 vehicle subjects per analysis center. After the pooling algorithm was applied, Study P3-01 had 45 analysis centers (25 US, 4 Canadian, and 16 Japanese). Study P3-02 was conducted at 44 centers in the United States (36) and Canada (8). A similar pooling algorithm was applied leading to 32 analysis centers (26 US, 6 Canadian) in Study P3-02. Because of the large number of centers and the low overall response rate on the vehicle arm no center is overly influential on the overall results. The p-values from the Breslow-Day test for homogeneity were 0.935 in Study P3-01 and 0.774 in Study P3-02, and neither test identified significant heterogeneity. See Figure 6 and Figure 7.

Figure 6 – Complete Cure Rate by Analysis Center (Study P3-01)

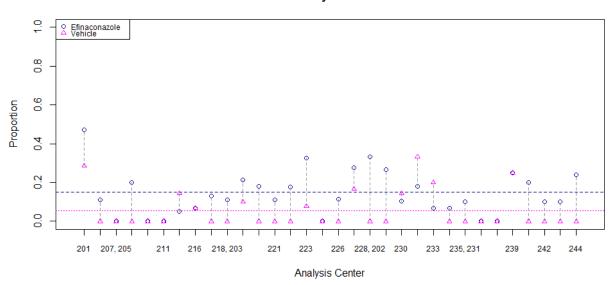
#### Study P3-01



Source: Reviewer analysis

Figure 7 – Complete Cure Rate by Analysis Center (Study P3-02)

#### Study P3-02



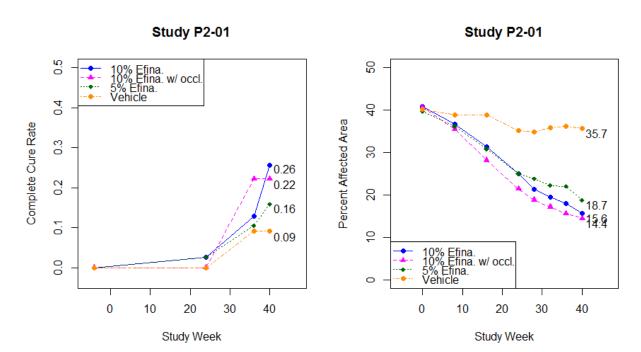
Source: Reviewer analysis

#### 3.2.9 Phase 2 Dose-Ranging Study

Prior to conducting the Phase 3 studies, the applicant conducted a Phase 2 dose-ranging study (P2-01). The study enrolled 135 subjects randomized to efinaconazole 10% (39), efinaconazole 10% with semi-occlusion (36), efinaconazole 5% (38), and vehicle (22). The inclusion criteria were similar to those used in the Phase 3 studies: subjects age 18-65 with 20-50% toenail involvement, without dermatophytomas or lunula involvement,

an uninfected length ≥ 3mm, evidence of toenail growth, and positive KOH and positive culture or mixed dermatophyte/Candida culture. The study was shorter than the Phase 3 studies and involved 36 weeks of treatment and 30 days of follow-up. The study did not have a pre-defined primary efficacy endpoint, but evaluated various clinical and mycology assessments. However, the assessments included complete cure and percent area affected. The results of these endpoints are presented in Figure 8. The three active arms had similar results, with a slight trend favoring the 10% efinaconazole arms, and all active arms trending better than vehicle. These findings are generally consistent with those observed in the Phase 3 studies. After completing this study, the applicant selected 10% efinaconazole without occlusion to evaluate in the Phase 3 studies.

Figure 8 – Efficacy Results in Study P2-01 (LOCF)



Source: Reviewer analysis

# 3.3 Evaluation of Safety

#### 3.3.1 Extent of Exposure

Subjects on the efinaconazole and vehicle arms used similar amounts of study treatment in the Studies P3-01 and P3-02. The planned number of study product applications was 336 and the mean number of applications was around 315 and 318 for the efinaconazole arms in the two studies and 317 and 310 for the vehicle arms in the two studies. Similarly the mean amount of study product used in the two studies was around 49 g in the two efinaconazole arms, and 49 g and 53 g in the two vehicle arms. These calculations were computed in subjects with available data. See Table 13.

**Table 13 – Extent of Exposure (Safety Population)** 

	Study	P3-01	Study P3-02		
	Efinacon.	Vehicle	Efinacon.	Vehicle	
	N = 653	N = 213	N = 574	N = 200	
Number of Applications	N=633	N=204	N=547	N=182	
Mean (SD)	314.5 (51.2)	317.1 (52.0)	317.7 (54.6)	310.0 (68.4)	
Range	2 - 357	1 - 378	1 - 365	1 - 351	
Amount used (g)	N=576	N=189	N=493	N=164	
Mean (SD)	49.3 (24.1)	53.2 (24.0)	49.4 (23.5)	49.0 (23.2)	
Range	0.5 - 150.5	6.2 - 119.6	0.4 - 104.5	0.3 - 121.5	

Source: pg 76 of dpsi-idp-108-p3-01-body.pdf and pg 74 of dpsi-idp-108-p3-02-body.pdf

#### 3.3.2 Adverse Events

Approximately 65% of efinaconazole and 60% of vehicle subjects experienced at least one adverse event, and approximately 4% of efinaconazole and 2% of vehicle subjects experienced a serious adverse event. See Table 14.

**Table 14 – Adverse Events (Safety Population)** 

	Study 1	P3-01	Study P3-02		
	Efinaconazole Vehicle		Efinaconazole	Vehicle	
	N=653	N=213	N=574	N=200	
Any Adverse Event	431 (66.0%)	130 (61.0%)	370 (64.5%)	117 (58.5%)	
Serious Adverse Event	25 (3.8%)	6 (2.8%)	21 (3.7%)	1 (0.5%)	
Discontinued due to AEs	21 (3.2%)	1 (0.5%)	11 (1.9%)	0 (0.0%)	

Source: pg 78 of dpsi-idp-108-p3-01-body.pdf and pg 76 of dpsi-idp-108-p3-02-body.pdf

Subjects on the efinaconazole arm had a higher rate of administration site adverse reactions than subjects on the vehicle arm, including application site dermatitis (2.2% vs. 0.2%), application site vesicles (1.6% vs. 0%), and application site pain (1.1% vs. 0.2%). Other administration site conditions and skin and subcutaneous tissues disorders observed in at least 0.5% of efinaconazole subjects are presented in Table 15. Other adverse events observed in at least 1.5% of efinaconazole subjects are presented in Table 16.

Table 15 – Administration Site Conditions and Skin and Subcutaneous Tissue Disorders Observed in > 0.5% of Efinaconazole Subjects (Based on Combined Studies P3-01 and P3-02, Safety Population)

	Study 1	P3-01	Study	Study P3-02		oined
	Efinacon.	Vehicle	Efinacon.	Vehicle	Efinacon.	Vehicle
	N=653	N=213	N=574	N=200	N=1227	N=413
Appl. site dermatitis	23 (3.5%)	0 (0.0%)	4 (0.7%)	1 (0.5%)	27 (2.2%)	1 (0.2%)
Appl. site vesicles	13 (2.0%)	0 (0.0%)	7 (1.2%)	0 (0.0%)	20 (1.6%)	0 (0.0%)
Appl. site pain	7 (1.1%)	0 (0.0%)	6 (1.0%)	1 (0.5%)	13 (1.1%)	1 (0.2%)
Appl. site erythema	5 (0.8%)	0 (0.0%)	6 (1.0%)	0 (0.0%)	11 (0.9%)	0 (0.0%)
Appl. site swelling	3 (0.5%)	0 (0.0%)	5 (0.9%)	0 (0.0%)	8 (0.7%)	0 (0.0%)
Appl. site exfoliation	3 (0.5%)	1 (0.5%)	4 (0.7%)	0 (0.0%)	7 (0.6%)	1 (0.2%)
Appl. site pruritus	4 (0.6%)	0 (0.0%)	2 (0.3%)	0 (0.0%)	6 (0.5%)	0 (0.0%)
Ingrowing nail	17 (2.6%)	1 (0.5%)	11 (1.9%)	2 (1.0%)	28 (2.3%)	3 (0.7%)
Contact dermatitis	19 (2.9%)	4 (1.9%)	8 (1.4%)	2 (1.0%)	27 (2.2%)	6 (1.5%)
Eczema	22 (3.4%)	7 (3.3%)	3 (0.5%)	0 (0.0%)	25 (2.0%)	7 (1.7%)
Rash	5 (0.8%)	1 (0.5%)	8 (1.4%)	0 (0.0%)	13 (1.1%)	1 (0.2%)
Dermatitis	7 (1.1%)	0 (0.0%)	2 (0.3%)	1 (0.5%)	9 (0.7%)	1 (0.2%)
Blister	5 (0.8%)	2 (0.9%)	4 (0.7%)	1 (0.5%)	9 (0.7%)	3 (0.7%)
Hyperkeratosis	6 (0.9%)	2 (0.9%)	0 (0.0%)	0 (0.0%)	6 (0.5%)	2 (0.5%)

Source: pg 257- 278 of dpsi-idp-108-p3-01-body.pdf and pg 224-242 of dpsi-idp-108-p3-02-body.pdf

Table 16 – Other Adverse Events Observed in > 1.5% of Efinaconazole Subjects (Based on Combined Studies P3-01 and P3-02)

	Study P3-01		Study 1	Study P3-02		Combined	
	Efinacon.	Vehicle	Efinacon.	Vehicle	Efinacon.	Vehicle	
	N=653	N=213	N=574	N=200	N=1227	N=413	
Nasopharyngitis	84 (12.9%)	28 (13.1%)	66 (11.5%)	17 (8.5%)	150 (12.2%)	45 (10.9%)	
Upper Resp. Tr. Inf.	39 (6.0%)	13 (6.1%)	37 (6.4%)	11 (5.5%)	76 (6.2%)	24 (5.8%)	
Sinusitis	31 (4.7%)	4 (1.9%)	18 (3.1%)	5 (2.5%)	49 (4.0%)	9 (2.2%)	
Headache	16 (2.5%)	5 (2.3%)	25 (4.3%)	7 (3.5%)	41 (3.3%)	12 (2.9%)	
Back pain	18 (2.8%)	6 (2.8%)	21 (3.7%)	7 (3.5%)	39 (3.2%)	13 (3.1%)	
Arthralgia	15 (2.3%)	7 (3.3%)	19 (3.3%)	2 (1.0%)	34 (2.8%)	9 (2.2%)	
Hypertension	17 (2.6%)	10 (4.7%)	11 (1.9%)	5 (2.5%)	28 (2.3%)	15 (3.6%)	
Influenza	17 (2.6%)	9 (4.2%)	10 (1.7%)	1 (0.5%)	27 (2.2%)	10 (2.4%)	
Urinary Tract Inf.	13 (2.0%)	8 (3.8%)	13 (2.3%)	2 (1.0%)	26 (2.1%)	10 (2.4%)	
Bronchitis	8 (1.2%)	4 (1.9%)	14 (2.4%)	3 (1.5%)	22 (1.8%)	7 (1.7%)	
Cough	11 (1.7%)	2 (0.9%)	10 (1.7%)	2 (1.0%)	21 (1.7%)	4 (1.0%)	
Gastroenteritis	8 (1.2%)	1 (0.5%)	11 (1.9%)	1 (0.5%)	19 (1.5%)	2 (0.5%)	
Pain in extremity	9 (1.4%)	3 (1.4%)	10 (1.7%)	3 (1.5%)	19 (1.5%)	6 (1.5%)	

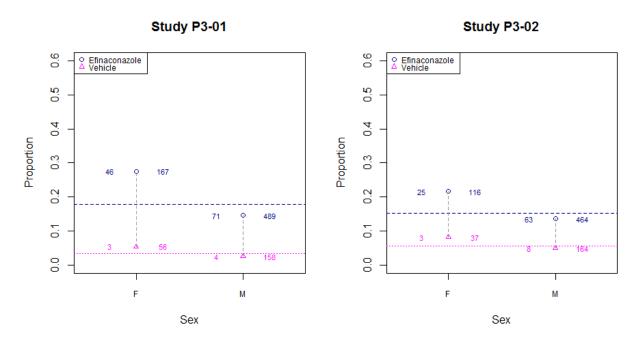
Source: pg 257- 278 of dpsi-idp-108-p3-01-body.pdf and pg 224-242 of dpsi-idp-108-p3-02-body.pdf

# 4 Findings in Special/Subgroup Populations

#### 4.1 Gender, Race, Age, and Geographic Region

Treatment effects were generally consistent across gender, race, age, and country subgroups in Studies P3-01 and P3-02. The subjects in the Japanese centers in Study P3-01 had higher complete cure rates on both the efinaconazole and vehicle arms than subjects in the U.S. and Canada, though the treatment effect was similar to the other countries. The Japanese subjects also made up the majority of subjects in the 'Asian' category for this study as well, leading to the corresponding higher response rates observed in the Asian race group in Study P3-01. See Figure 9 through Figure 12.

Figure 9 – Complete Cure Rate by Gender



Source: Reviewer analysis

Figure 10 – Complete Cure Rate by Race

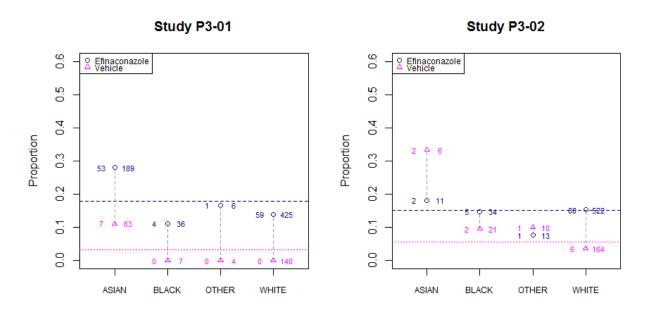
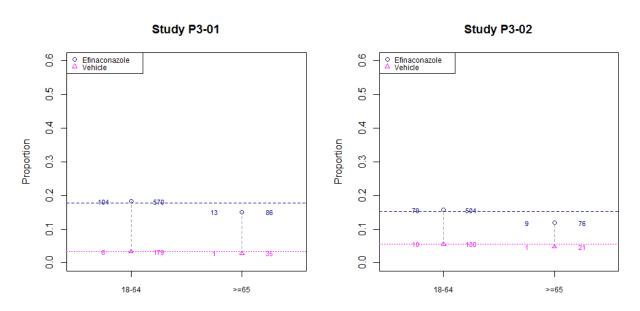
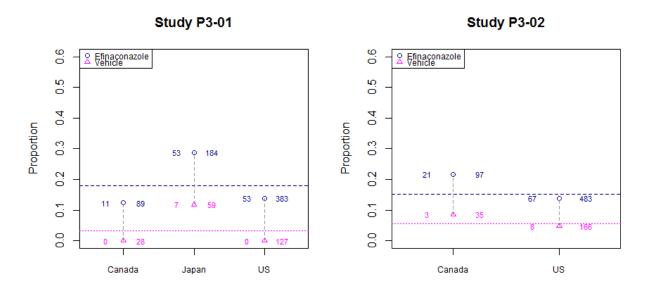


Figure 11 – Complete Cure Rate by Age Group



Source: Reviewer analysis

Figure 12 – Complete Cure Rate by Country



# 4.2 Other Special/Subgroup Populations

None.

# 5 Summary and Conclusions

#### 5.1 Statistical Issues and Collective Evidence

The applicant has evaluated the efficacy of efinaconazole solution 10% in two vehicle-controlled studies for the treatment of onychomycosis. Both studies were statistically significant for the primary efficacy endpoint of complete cure at Week 52 (p<0.001). Treatment effects were generally consistent across subgroups and centers, and the conclusions were consistent across various assumptions regarding missing data.

However, the applicant modified the list of secondary endpoints and the order in which they were to be analyzed in their final version of the Statistical Analysis Plan (SAP). The final (second) version of the SAP was finalized on 11/9/2011, which falls between the date of the last study subject visit (10/14/2011) and the earlier of the two database locks/unblinding (11/21/2011). The secondary efficacy endpoints, as specified in the protocol and the first version of the SAP (dated 9/29/2011), were: (1) clinical efficacy rate at Week 52 (<10% affected target nail area), (2) mycological cure rate at Week 52 (negative KOH and culture), and (3) unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement). Secondary endpoints were analyzed in sequential order. The second version of the SAP redefined the set of secondary and supportive endpoints, and the order in which they were to be analyzed. The secondary endpoints in the second version of the SAP were: (1) complete or almost complete cure

rate at Week 52 (≤5% affected target nail area and negative KOH and culture), (2) unaffected new nail growth at Week 52 (change from baseline in healthy target nail measurement), and (3) mycological cure rate at Week 52 (negative KOH and culture). The primary endpoint remained the same in both versions of the protocol. The applicant states that the motivation for revising the SAP was primarily to provide a "more statistically robust and clinically relevant evaluation for the secondary endpoint." This reviewer does not agree with the applicant's contention that defining new secondary endpoints at the end of the data collection period would lead to 'more statistically robust' conclusions, as there is no guarantee that the Type I error is adequately controlled with the post-hoc redefinition of the endpoints. The endpoints defined in the second version of the SAP would not be suitable (b) (4) due to the fact that they were not adequately pre-specified in the protocol.

#### 5.2 Conclusions and Recommendations

Efinaconazole solution 10% was superior to vehicle in the treatment of onychomycosis in two studies. The studies enrolled subjects age 18 to 65 with a clinical diagnosis of onychomycosis and positive mycology. Subjects applied treatment once daily for 48 weeks. The primary efficacy endpoint was complete cure at Week 52 (0% clinical involvement of target toenail plus negative KOH and negative culture). The complete cure rate for efinaconazole vs. vehicle was 18% vs. 3% in Study P3-01 and 15% vs. 5% in Study P3-02. The secondary efficacy endpoints defined in the protocol were supportive of the primary endpoint. The primary and secondary efficacy endpoints were all statistically significant (p < 0.001).

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U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research Office of Translational Science Office of Biostatistics

#### Statistical Review and Evaluation

## CARCINOGENICITY STUDY

IND/NDA Number: NDA 203-567

**Drug Name:** IDP-108

**Indication(s):** 104 Week Carcinogenicity Study in Mice

**Applicant:** Sponsor: Dow Pharmaceuticals Sciences

1330 Redwood Way, Petaluma, California, 94954-1169

Testing Facility: MPI Research, Inc.

54943 North Main Street Mattawan, MI 49071

**Documents Reviewed:** Electronic report submission: Submitted on

7/26/2012

Electronic data submission: Submitted on 8/6/2012

Review Priority: Standard

**Biometrics Division:** Division of Biometrics -6

**Statistical Reviewer:** Mohammad Atiar Rahman, Ph.D.

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Medical Division: Division of Neurological Products

**Reviewing Pharmacologist:** Linda Pellicore, Ph.D.

**Project Manager:** Strother D. Dixon

**Keywords:** Carcinogenicity, Dose response

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## 1. Background

In this submission the sponsor included a report of an animal carcinogenicity study in mice. This study was intended to assess the carcinogenic potential of IDP-108 in mice after once daily dermal administration at appropriate drug levels for about 104 weeks. Results of this review have been discussed with the reviewing pharmacologist Dr. Pellicore.

In this review the phrase "dose response relationship" refers to the linear component of the effect of treatment, and not necessarily to a strictly increasing or decreasing mortality or tumor incidence rate as dose increases.

## 2. Design

Two separate experiments were conducted, one in males and one in females. In each of these two experiments there were three treated groups, one placebo control, and one untreated control group. Three hundred Crl:CD1®(Icr) mice of each sex were assigned to treated and control groups in equal size of 60 animals per group. The dose levels for treated groups were 3%, 10%, and 30% (changed to 10% beginning in Week 31) of test article. In this review these dose groups were referred to as the low, medium, and high dose groups, respectively. The placebo control received the placebo of IDP-108 topically.

A detailed clinical examination of each animal was performed prior to randomization and weekly during the study. Observations included evaluation of the skin, fur, eyes, ears, nose, oral cavity, thorax, abdomen, external genitalia, limbs and feet, respiratory and circulatory effects, autonomic effects such as salivation, and nervous system effects including tremors, convulsions, reactivity to handling, bizarre behavior, and palpation of tissue masses.

Beginning of Months 5 and 6 of the study, it was noted that some animals had abrasions, scabbing, and swelling apparently as a result of self-mutilation caused by persistent scratching at the cervical region. Application of the higher strengths of test article appeared to exacerbate the scratching as the incidence of skin lesions was higher in the 10% and 30% dose groups. As a result all mice were placed on a dosing holiday from Days 168 to 214 (Weeks24-30). Dosing was resumed in Week 31 for all mice in the two control groups and at 3% and 10% that did not have scabbing or abrasions. Beginning on Week 31, the dose volume was decreased from 0.1 to 0.05 mL. Beginning on Week 31, the application site was moved just caudal to the previous site but still included the scapular region of the dorsal surface. During Week 33, the dose site was moved further caudal, to the mid-dorsum, to reduce the potential for test material to migrate and pool in the cervical region of the mice. Beginning on Week 31, the dose for all mice in high dose group without scabbing or abrasions was reduced from 30% to 10% and dosing was resumed. Scratching was recorded as a routine detailed clinical observation criteria beginning in Week 28. Mice that did not resume dosing, due to the presence of significant scabbing and/or abrasions, were terminated during Week 34. The number of such termination per group is shown in the following table.

## Number of Animals Terminated During Week 34

		Number of
	Dose	Animals
Sex	Concentration	Terminated
Male	Placebo	3
	3%	4
	10%	13
	30%	30
		Total = 50
Female	10%	12
	30%	19
		Total = 31

The data from high dose group were not further discussed in the submitted report. This group was not processed for the end of the study microscopic evaluation and was removed from the study analysis based upon the severe skin reactions, the need to terminate many of these mice after the dose holiday and the Food and Drug Administration correspondence and advice to not change the dose level to 10% and to not include this group in the study.

Observations for morbidity, mortality, injury, and the availability of food and water were conducted at least two times daily for all animals. Observations for clinical signs and masses were conducted weekly.

All male groups were terminated in Week 102 when the total survivors in the placebo control group reached 20 mice. All females at 10% were terminated in Week 100 when the total survivors in the group reached 17 mice and the remaining groups were terminated in Week 102 when the total survivors in the placebo control group were reduced to ≤20 mice.

All animals had a complete list of tissues collected. Microscopic examination of fixed hematoxylin and eosinstained paraffin sections was performed on protocol-designated sections of tissues of untreated controls, placebo animals and animals at 3% and 10% as well as animals euthanized in extremis and animals found dead. All animals had a complete list of tissues collected. The treated skin and thyroid gland were determined to be potential target organs.

The applications sites (treated skin) of three placebo control males, three males at 3%, and three animals/sex at 10% and 30%/10% of mice that were sacrificed at Week 34 containing abrasions or scabbing were examined microscopically.

# 2.1. Sponsor's analyses

As mentioned above the sponsor presented the data of the high dose group (in Appendix L) but did not further discuss in this report. Therefore, the sponsor's data analyses involved data form placebo control, untreated control, 3% and 10% treated groups only.

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## 2.1.1. Survival analysis

The sponsor analyzed the intercurrent mortality data using the Kaplan-Meier product-limit method. An overall test comparing all groups was conducted using the log-rank test. If this overall test was significant (p <0.05) a follow up analysis was done where each treatment group was compared to the placebo group using the log-rank test. Results of all pair-wise comparisons were reported at the 0.05 and 0.01 significance levels. All endpoints were analyzed using two-tailed tests.

**Sponsor's findings**: Sponsor's analysis showed 33.3%, 56.7%, 41.7%, and 33.3% survival in the placebo control, untreated control, 3% and 10% dosage levels, respectively in male mice, and . 30.0%, 45.0%, 35.0%, and 28.3% (Week 100), in the placebo control, untreated control, 3%, and 10% dosage levels, respectively in female mice. The sponsor considered the overall survival as acceptable for this strain and source of mice.

## 2.1.2. Tumor data analysis

The sponsor analyzed the tumor incidence data using both the survival unadjusted and survival adjusted tests. The survival unadjusted dose response relationship (trend) tests were performed using the Cochran-Armitage test and the corresponding pairwise comparisons of each treatment group with the placebo groups were performed using the Fisher's exact test. The survival adjusted tests were conducted using the methods described by Peto et al (1980).

**Adjustment for multiple testing**: Evaluation of p-values (p-values of significance) was done according to the FDA guidance as described below.

Evaluation Criteria for Common and Rare Tumors					
<b>Test for Positive Trends</b>	Placebo-High Pair-wise Comparisons				
Common and rare tumors will be tested at 0.005 and 0.025 significance levels, respectively	Common and rare tumors will be tested at 0.01 and 0.05 significance levels, respectively				

**Reviewer's comment:** For the adjustment of multiple testing the FDA guidance advises to use a test level of a=0.005 for common tumors (with prevalence  $\geq 1\%$ ) and a test level of a=.025 for rare tumors (with prevalence < 1%) for trend tests for a submission with two species (rat and mouse). However, the guidance advises to use a test level of a=0.01 for common tumors and a test level of a=.05 for rare tumors for trend tests for a submission with only one species.

#### Sponsor's findings:

Week 34: The treated skin of a limited number of animals that were euthanized on Week 34 of the study was examined microscopically. The sponsor's analysis of this data showed that the changes were similar across groups and there were no discernible test article effects.

**Terminal:** The sponsor's analysis showed no significant test article-related microscopic neoplastic findings. The analysis showed that the benign follicular cell adenomas were present in the thyroid glands (2/47, 4.3%) of males in 10%. group The sponsor mentioned that this incident was higher than those recorded in historical control data [up to 1.7%, (b) (4)] CD-1 Mouse – (b) (4)

2 Year Studies 10/99 to 10/09 (Reviewer's comment: In the report it says 10/09. This looks like a typing mistake. The real value may be 10/109]. The sponsor considered this finding as incidental based on the very low

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incidence of follicular cell hyperplasia in this study (1/60 males and 1/60 females in the untreated group, 1/60 females at 3%, and 1/47 males at 10%).

## 2.2. Reviewer's analyses

To verify sponsor's analyses and to perform additional analysis suggested by the reviewing pharmacologist, this reviewer independently performed survival and tumor data analyses. Data used in this reviewer's analyses were provided by the sponsor electronically.

#### 2.2.1. Survival analysis

The survival distributions of animals in placebo control, untreated control, low, and medium dose groups were estimated by the Kaplan-Meier product limit method. The dose response relationship was tested using the likelihood ratio test and the homogeneity of survival distributions was tested using the log-rank test. The intercurrent mortality data are given in Tables 1A and 1B in the appendix for male and female mice, respectively. The Kaplan-Meier curves for survival rates are given in Figures 1A and 1B in the appendix for male and female mice, respectively. Results of the tests for dose response relationship and homogeneity of survivals, are given in Tables 2A and 2B in the appendix for male and female mice, respectively.

Reviewer's findings: This reviewer's analysis showed 35.09%, 55.17%, 44.64%, and 42.55% overall survival of male mice and 30.00%, 44.07%, 35.00%, and 31.25% overall survival of female mice in placebo control, untreated control, low, and medium dose groups, respectively. This reviewer's analysis showed no statistically significant dose response relationship in mortality across treatment groups in either sex. The pairwise comparisons did not showed statistically significant increased mortality in any of the treated groups compared to the placebo control in either sex. The pairwise comparison also did not show statistically significant difference in mortality between the animals in placebo and untreated control groups.

Reviewer's comment: There are some differences between the overall survival rates calculated by the sponsor and this reviewer. These differences are due to the fact that there were two mice in male untreated control group (#3039 and #3040), one female mouse in untreated control group (#3525), and two female mice in medium dose group (#2515 and #2552) that died due to natural causes during the terminal sacrifice weeks. The sponsor did not count them with the terminally sacrificed mice, while this reviewer counted them with the terminally sacrificed mice. Also the sponsor calculated the percentages out of the original group size (60 mice per group), while this reviewer calculated the percentages out of the number of mice after excluding the mice that were interim sacrificed at week 34. The used group sizes were 57, 58, 56 and 47 for males, and 60, 59, 60, and 48 for females.

## 2.2.2. Tumor data analysis

The tumor data were analyzed for dose response relationships and pairwise comparisons of control group with each of the treated groups. Both the dose response relationship tests and pairwise comparisons were performed using the Poly-K method described in the paper of Bailer and Portier (1988) and Bieler and Williams (1993). In this method an animal that lives the full study period ( $w_{\text{max}}$ ) or dies before the terminal sacrifice but develops the tumor type being tested gets a score of  $s_h = 1$ . An animal that dies at week  $w_h$  without a tumor before the end of

the study gets a score of  $s_h = \left(\frac{w_h}{w_{\text{max}}}\right)^k < 1$ . The adjusted group size is defined as  $N^* = \sum s_h$ . As an interpretation,

an animal with score  $s_h = 1$  can be considered as a whole animal while an animal with score  $s_h < 1$  can be considered as a partial animal. The adjusted group size  $N^*$  is equal to N (the original group size) if all animals live

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up to the end of the study or if each animal that dies before the terminal sacrifice develops at least one tumor being tested, otherwise the adjusted group size is less than N. These adjusted group sizes are then used for the dose response relationship (or the pairwise) tests using the Cochran-Armitage test. One critical point for Poly-K test is the choice of the appropriate value of K, which depends on the tumor incidence pattern with the increased dose. For long term 104 week standard rat and mouse studies, a value of K=3 is suggested in the literature. Hence, this reviewer used K=3 for the analysis of this data. For the calculation of p-values the exact permutation method was used.

Multiple testing adjustment: For the adjustment of multiple testing of dose response relationship, the FDA guidance for the carcinogenicity study design and data analysis suggests the use of test levels of  $\alpha$ =0.005 for common tumors and  $\alpha$ =0.025 for rare tumors for a submission with two species, and a significance level of  $\alpha$ =0.01 for common tumors and  $\alpha$ =0.05 for rare tumors for a submission with one species in order to keep the false-positive rate at the nominal level of approximately 10%. A rare tumor is defined as one in which the published spontaneous tumor rate is less than 1%. For multiple pairwise comparisons of treated group with control the FDA guidance suggests the use of test levels  $\alpha$ =0.01 for common tumors and  $\alpha$ =0.05 for rare tumors, in order to keep the false-positive rate at the nominal level of approximately 10% for both submissions with two or one species.

It should be noted that the FDA guidance for multiple testing for dose response relationship is based on a publication by Lin and Rahman (1998). In this work the authors investigated the use of this rule for Peto analysis. However, in a later work Lin and Rahman (2008) showed that this rule for multiple testing for dose response relationship is also suitable for Poly-K tests.

Since the mice sacrificed at Week 34 might not have enough exposure to the drug to develop tumors, an analysis of tumor data excluding them seems more reasonable. However, since all animals sacrificed at Week 34 had complete microscopic examination, a further analysis including these animals may also be important. Based on advice of the reviewing pharmacologist this reviewer analyzed the data twice, once excluding the interim sacrifice animals and once including them. An exploratory analysis of the tumor data was also performed using the untreated control excluding the interim sacrificed mice.

The tumor rates and the p-values of the tested tumor types using the placebo control group and excluding the interim sacrificed mice are given in Tables 3A and 3B in the appendix for male and female mice, respectively. The tumor rates and the p-values of the tested tumor types using the placebo control group and including the interim sacrificed mice are given in Tables 4A and 4B in the appendix for male and female mice, respectively. A pairwise comparison of placebo and untreated control excluding the interim sacrificed mice are given in Tables 5A and 5B in the appendix for male and female mice, respectively. A pairwise comparison of placebo and untreated control including the interim sacrificed mice are given in Tables 6A and 6B in the appendix for male and female mice, respectively.

Reviewer's findings: Based on the criteria of adjustment for multiple testing discussed above, the dose response relationship for the incidences of none of the observed tumor types was considered to be statistically significant in either sex. The pairwise comparisons also did not show statistically significant increased incidences in the treated groups in any of the observed tumor types compared to the placebo control in either sex.

## 2.2.3. Exploratory analysis

For the purpose of exploratory analysis this reviewer analyzed the tumor data using the untreated control after

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excluding the interim sacrificed animals. The results are shown in Tables 7A and 7B in the appendix for male and female mice, respectively. The analysis showed statistically significant dose response relationships for the incidences of lymphomas in sternum bone marrow, and brain in female mice. The pairwise comparisons did not show statistically significant increased incidence of these tumor types in any of the treated groups.

## 3. Evaluation of validity of the design of the mouse study

As has been noted, the tumor data analyses showed no statistically significant dose-response relationship in any of the observed tumor types. However, before drawing any conclusion regarding the carcinogenic or non-carcinogenic potential of the drug in mice, it is important to look into the following two issues, as have been pointed out in the paper by Haseman (1984).

- (i) Were enough animals exposed, for a sustained amount of time, to the risk of late developing tumors?
- (ii) Were dose levels high enough to pose a reasonable tumor challenge to the animals?

There is no consensus among experts regarding the number of animals and length of time at risk, although most carcinogenicity studies are designed to run for two years with about fifty to seventy animals per treatment group. The following are some rules of thumb regarding these two issues as suggested by experts in this field.

Haseman (1985) has done an investigation on the first issue. He gathered data from 21 studies using Fischer 344 rats and B6C3Fl mice conducted at the National Toxicology Program (NTP). It was found that, on the average, approximately 50% of the animals in the high dose group survived the two-year study period. Also, in a personal communication with Dr. Karl Lin of Division of Biometrics-6, Haseman suggested that, as a rule of thumb, a 50% survival of 50 initial animals or 20 to 30 animals still alive in the high dose group, between weeks 80-90, would be consider as a sufficient number and adequate exposure. In addition Chu, Cueto and Ward (1981), suggested that "to be considered adequate, an experiment that has not shown a chemical to be carcinogenic should have groups of animals with greater than 50% survival at one-year."

It appears, from these three sources that the proportions of survival at 52 weeks, 80-90 weeks, and two years are of interest in determining the adequacy of exposure and number of animals at risk.

Regarding the question of adequate dose levels, it is generally accepted that the high dose should be close to the maximum tolerated dose (MTD). In the paper of Chu, Cueto and Ward (1981), the following criteria are mentioned for dose adequacy. A high dose is considered as close to MTD if any of the criteria is met.

- (i) "A dose is considered adequate if there is a detectable loss in weight gain of up to 10% in a dosed group relative to the controls."
- (ii) "The administered dose is also considered an MTD if dosed animals exhibit clinical signs or severe histopathologic toxic effects attributed to the chemical."
- (iii) "In addition, doses are considered adequate if the dosed animals show a slight increased mortality compared to the controls."

We will now investigate the validity of the IDP-108 mouse carcinogenicity study, in the light of the above guidelines.

It should be noted that, in this study the high dose group (30%) were abandoned due to high rate of scabbing and

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the highest dose that was carried up to the end of the study was the medium dose. Hence, in this review this reviewer evaluated the adequacy of the medium dose group.

The following is the summary of survival data of rats in the high dose groups:

## Percentage of survival in the medium dose group at the end of Weeks 52, 78, and 91

	End of 52 weeks	End of 91 weeks	End of 102 weeks
Male	85%	64%	43%
Female	94%	48%	31%

Based on the survival criterion Haseman, and Chu, Cueto and Ward proposed and looking at the survival rate at the end of Weeks 2 and 91, it may be concluded that enough mice were exposed to the medium dose for a sufficient amount of time in both sexes.

The following table shows the percent difference in mean body weight gain in mice from the concurrent control,

Percent Difference in Mean body Weight Gain from Controls

Ma	ale	Fer	nale
3%	10%	3%	10%
-9.74	-15.32	-9.95	-5.13

Source: Tables given in section 8.1.5 of sponsor's submission

Therefore, relative to placebo control the animals in medium dose group had 15.32% decreased body weight gain in male mice and 5.13% decreased body weight gain in female mice. Similarly, relative to placebo control the animals in low dose group had 9.74% decreased body weight gain in male mice and 9.95% decreased body weight gain in female mice.

The mortality rates at the end of the experiment were as follows:

#### Mortality Rates at the End of the Experiment

	Placebo Control	3% (Difference)	10% (Difference)
Male	64.91%	55.36% ( 9.55)	57.45% (7.46)
Female	70.00%	65.00% (5.00)	68.75% (1.25)

This shows that the morality rates of in medium dose group are 7.46% and 1.25% lower than the placebo control in male and female mice, respectively. Also, the morality rates of in low dose group are 9.55% and 5.00% lower than the placebo control in male and female mice, respectively

Thus, from the body weight gain and mortality data it can be concluded that the used medium dose level might have reached the MTD in both sexes. Similar consideration shows that even the low dose might be adequate.

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However, for a final determination of the adequacy of the doses used for both male and female mice, other clinical signs and histopathological toxic effects must be considered

# 4. Summary

In this submission the sponsor included a report of an animal carcinogenicity study in mice. This study was intended to assess the carcinogenic potential of IDP-108 in mice after once daily dermal administration at appropriate drug levels for about 104 weeks.

In this review the phrase "dose response relationship" refers to the linear component of the effect of treatment, and not necessarily to a strictly increasing or decreasing mortality or tumor incidence rate as dose increases.

**Design:** Two separate experiments were conducted, one in male and one in female mice. In each of these two experiments there were three treated groups, one placebo control, and one untreated control group. Three hundred Crl:CD1®(Icr) mice of each sex were assigned to treated and control groups in equal size of 60 animals per group. The dose levels for treated groups were 3%, 10%, and 30% (changed to 10% beginning in Week 31) concentration of test article. In this review these dose groups were referred to as the low, medium, and high dose groups, respectively. The placebo control received the placebo of IDP-108 topically.

A detailed clinical examination of each animal was performed prior to randomization and weekly during the study. Beginning in the 5th and 6th month of the study, it was noted that some animals had abrasions, scabbing, and swelling apparently as a result of self-mutilation caused by persistent scratching at the cervical region. Application of the higher strengths of test article appeared to exacerbate the scratching as the incidence of skin lesions was higher in the 10% and 30% dose groups. As a result all mice were placed on a dosing holiday from Days 168 to 214 (Week 24-30). Dosing was resumed in Week 31 for all mice in the two control groups and at 3% and 10% that did not have scabbing or abrasions. Beginning on Week 31, the dose volume was decreased from 0.1 to 0.05 mL. Beginning on Week 31, the application site was moved just caudal to the previous site but still included the scapular region of the dorsal surface. During Week 33, the dose site was moved further caudal, to the mid-dorsum, to reduce the potential for test material to migrate and pool in the cervical region of the mice. Beginning on Week 31, the dose for all mice in Group 5 without scabbing or abrasions was reduced from 30% to 10% and dosing was resumed. Scratching was recorded as a routine detailed clinical observation criteria beginning in Week 28. Mice that did not resume dosing, due to the presence of significant scabbing and/or abrasions, were terminated during Week 34. The number of such termination were 3, 4,13 and 30 male mice in placebo control, 3%, 10% and 30% concentration groups respectively, and 12 and 19 female mice in 10% and 30% concentration groups, respectively.

The data for high dose group were not processed for the Week 102 (male) or 100 (female) microscopic evaluation and was removed from the study analysis based upon the severe skin reactions, the need to terminate many of these mice after the dose holiday and the Food and Drug Administration correspondence and advice to not change the dose level to 10% and to not include this group in the study.

All male groups were terminated in Week 102 when the total survivors in the placebo control group reached 20 mice. All females at 10% were terminated in Week 100 when the total survivors in the group reached 17 mice and the remaining groups were terminated in Week 102 when the total survivors in the placebo control group were reduced to ≤20 mice. All animals had a complete list of tissues collected. The treated skin and thyroid gland were determined to be potential target organs.

The tests showed no statistically significant dose response relationship in mortality across treatment groups in

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either sex using the Placebo control in either sex. The pairwise comparisons did not showed statistically significant increased mortality in any of the treated groups compared to the Placebo control in either sex. The pairwise comparison also did not show statistically significant difference in mortality between the animals in Placebo and untreated control groups.

The tests did not show statistically significant dose response relationship for the incidences of any of the observed tumor types in either sex. The pairwise comparisons also did not show statistically significant increased incidences in the treated groups in any of the observed tumor types compared to the Placebo control in either sex.

From the body weight gain and mortality data it can be concluded that the used medium dose level might have reached the MTD in both sexes. Similar consideration shows that even the low dose might be adequate. However, For a final determination of the adequacy of the doses used for both male and female mice, other clinical signs and histopathological toxic effects must be considered

Mohammad Atiar Rahman, Ph.D. Mathematical Statistician

Concur: Karl Lin, Ph.D.

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cc:

Archival NDA 203-567

Dr. Pellicore Ms. Dixon Dr. Machado Dr. Lin Dr. Rahman MS. Patrician NDA 203-567 IDP-108 Page 12 of 59

# 5. Appendix

# Table 1A: Intercurrent Mortality Rate Male Mice Excluding data of Interim Sacrifice Animals

	PI aceb	oo Cont.	Untreated	d Cont.	3 %		10 9	%
	No. of		No. of		No. of		No. of	
Weel	k Death	Cum. %	Death	Cum. %	Death	Cum. %	Death	Cum. %
fff.	ffffffffffffffffffff	ffffffff.	fffffffff	fffffffff	fffffffff	Tfffffffff	ffffffff.	fffffff
0	- 52 4	7.02	1	1. 72			7	14.89
53	- 78 8	21.05	11	20. 69	9	16.07	2	19. 15
79	- 91 15	47.37	9	36. 21	10	33. 93	8	36. 17
92	- 102 10	64. 91	5	44.83	12	55.36	10	57.45
Ter	Sac. 20	35.09	32	55. 17	25	44.64	20	42.55
Tota	al N=5	)/	N=58	3	N=56	)	N=4	/

Table 1B: Intercurrent Mortality Rate Female Mice Excluding data of Interim Sacrifice Animals

	PI acebo	Cont. Untreat	ed Cont.	3 %_		10 9	%
	No. of	No. of		No. of		No. of	
Week	Death C	um. % Death	Cum. %	Death (	Cum. %	Death	Cum. %
fffffffff.	ffffffffffffff	fffffffffffffffff	ffffffffff	ffffffff	ffffffff	ffffffff	fffffff
0 - 52	1	1.67 2	3. 39	4	6. 67	3	6. 25
53 - 78	11	20.00 16	30. 51	8	20.00	13	33.33
79 - 91	12	40.00 3	35. 59	15	45.00	7	47. 92
92 - 102	18	70.00 12	55. 93	12	65.00	10	68.75
Ter. Sac.	18	30. 00 26	44. 07	21	35.00	15	31. 25
	N (0					N. 40	
Total	N=60	N=5	9	N=60		N=48	

Table 2A: Intercurrent Mortality Comparison
Male Mice

Test	Statistic	P_Val ue*
ffffffffffff	ffffffffffffffffffffff	ffffffff
Dose-Response	Likelihood Ratio	0. 4888
Homogenei ty	Log-Rank	0.5562

<sup>\*</sup> The p-values were calculated using data from Placebo control, low, and medium dose groups excluding the data from interim sacrifice.

Table 2B: Intercurrent Mortality Comparison Female Mice

Test	Statistic	P_Val ue*
ffffffffffffffff	Tfffffffffffffffffffffff	ffffffff
Dose-Response	Likelihood Ratio	0. 2822
Homogenei ty	Log-Rank	0. 4744

<sup>\*</sup> The p-values were calculated using data from Placebo control, low, and medium dose groups excluding the data from interim sacrifice.

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Table 3A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Male Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med	F	P-Val ue	
Organ Name	Tumor Name	N=58	N=57	N=56	N=47			PC vs M
•	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT				fffffff			
adrenal glands	ADENOMA, CORTI CAL	0	0	0	1	0. 2881		0. 4595
Ŭ	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	3	0	0. 9168	0. 5446	1. 0000
aorta	ADENOCARCI NOMA	0	0	0	1	0. 2881		0. 4595
	LYMPHOMA	2	3	1	1	0.8106	0. 9473	0. 9173
bone marrow, fe	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	3	1	0. 7327	0. 5550	0. 8484
bone marrow, st	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	4	1	0.7464	0. 3948	0. 8484
bone, femur	LYMPHOMA	1	0	3	1	0. 3909	0. 1483	0. 4667
	OSTEOSARCOMA	0	0	0	1	0. 2941		0. 4667
bone, sternum	LYMPHOMA	3	2	5	1	0. 7515	0. 2563	0. 8431
brai n	LYMPHOMA	0	0	2	1	0. 3268	0. 2773	0. 4667
5. 4	Z TIIII TTOIIII T	Ü	Ü	-	•	0.0200	0.2770	0. 1007
cavity, abdomin	LYMPHOMA	0	1	0	0	1.0000	1. 0000	1. 0000
out ty, abdomin	Z TIIII TTOIIII T	Ü	•	Ü	Ü	0000	1. 0000	0000
ears	FIBROUS HISTIOCYTOMA	0	0	0	1	0. 2941		0. 4667
cars	TIBROOS III STI OCTIONA	O	O	O	•	0.2741		0. 4007
epi di dymi des	ADENOMA, INTERSTITIA	0	0	0	1	0. 2881		0. 4595
cpi di dyiii des	LYMPHOMA	2	2	5	1	0. 7596	0. 2672	0. 4373
	LIMITIONA	2	2	3	•	0.7370	0. 2072	0. 0404
esophagus	LYMPHOMA	0	0	2	0	0. 6320	0. 2714	
csopriagas	LTMI HOMA	Ü	Ü	-	Ü	0.0020	0. 2714	
eyes	LYMPHOMA	1	2	1	1	0. 7081	0. 8921	0. 8484
eyes	LIMFIIOMA	,	2	i.		0. 7001	0. 0721	0. 0404
gal I bl adder	LYMPHOMA	1	0	2	1	0. 3268	0. 2773	0. 4667
yar i bi addei	LTWPHOWA	1	U	2	'	0. 3200	0. 2113	0. 4007
handarian aland	ADENOMA	0	0	1	0	0 //10	0. 5238	
harderi an gland	ADENOMA	0	0	1	0	0. 6610	0. 5238	
hoort	HEMANCI OMA	0	0	1	0	0 4410	O E330	
heart	HEMANGI OMA	0	0		0	0. 6610	0. 5238	. 0172
	LYMPHOMA	3	3	5	1	0. 8436	0. 4093	0. 9173
lel dinaveo	ADENOCADCI NOMA	0	0	0	1	0.2001		0 4505
ki dneys	ADENOCARCI NOMA	0	0	0	1	0. 2881		0. 4595
	ADENOMA, TUBULAR CEL	1	0	1	0	0. 6610	0. 5238	
	HEMANGI OMA	0	1	0	0	1.0000	1.0000	1. 0000
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	4	2	5	1	0. 7596	0. 2672	0. 8484
	1 FINCENIA			_				
lacrimal glands	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	5	1	0. 8436	0. 4093	0. 9173
	LVANDUOMA							0.4
large intestine	LYMPHOMA	0	0	0	1	0. 2941		0. 4667
			1	1	1	0. 5461	0. 7703	0. 7123
		1	1	0	1	0.5000	1. 0000	0. 7123

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Table 3A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Male Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P-Val ue	
Organ Name	Tumor Name	N=58	N=57	N=56	N=47	Dose Resp	PC vs L	PC vs M
ffffffffffffffff	fffffffffffffffffffffffff	ffffffff	ffffffff	fffffff	fffffff.	ffffffffff	fffffffff.	fffffffff
larynx	LYMPHOMA	1	1	3	0	0. 8305	0. 3441	1. 0000
liver	ADENOCARCI NOMA	0	0	0	1	0. 2881		0. 4595
	ADENOMA, HEPATOCELLU	11	14	9	12	0. 2862	0. 9347	0. 4746
	CARCINOMA, HEPATOCEL	1	0	2	1	0. 3274	0. 2714	0. 4667
	ADEN+CAR, HEPATOCELL	12	14	10	13	0. 2377	0. 8949	0. 4053
	HEMANGI OMA	0	0	0	1	0. 2941		0. 4667
	HEMANGI OSARCOMA	2	5	3	2	0.8317	0. 8952	0. 9177
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	6	1	0.7703	0. 1735	0. 8484
	SARCOMA, HISTIOCYTIC	0	0	2	0	0. 6320	0. 2714	
I ung	ADENOCARCI NOMA	0	0	0	1	0. 2881		0. 4595
	ADENOMA, BRONCHI OLAR	5	5	2	4	0. 4482	0. 9586	0. 6880
	CARCI NOMA, BRONCHI OL	8	7	6	6	0. 4552	0. 7555	0. 5959
	ADEN+CAR, BRONCHI OLA	11	12	8	10	0. 4318	0. 9268	0. 6281
	CARCINOMA, HEPATOCEL	0	0	1	0	0. 6610	0. 5238	
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	4	5	1	0. 9060	0. 5585	0. 9569
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
lymph node, hep	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
, ,	LYMPHOMA	1	0	1	0	0. 6610	0. 5238	
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
lymph node, ili	LYMPHOMA	1	1	0	0	1. 0000	1. 0000	1. 0000
lymph node, man	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	5	1	0. 8436	0. 4093	0. 9173
I ymph node, med	ADENOCARCI NOMA	0	0	0	1	0. 2881		0. 4595
lymph node, mes	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	6	1	0. 8484	0. 2900	0. 9173
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
multicentric ne	HEMANGI OMA	1	1	1	1	0. 5523	0. 7762	0. 7189
	HEMANGI OSARCOMA	3	5	3	2	0.8317	0. 8952	0. 9177
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	4	5	7	1	0. 9426	0. 4441	0. 9763
	SARCOMA, HISTIOCYTIC	0	0	2	0	0. 6320	0. 2714	
nerve, sciatic	LYMPHOMA	0	1	3	0	0. 8305	0. 3441	1. 0000
pancreas	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
•	LYMPHOMA	2	2	5	1	0. 7596	0. 2672	0. 8484
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
peyers patch	LYMPHOMA	0	1	2	1	0. 5544	0. 5268	0. 7123
pi tui tary gland	LYMPHOMA	1	1	2	0	0. 8307	0. 5353	1. 0000

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Table 3A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons Using Placebo Control Excluding Interim Sacrifice

Male Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med	P	P-Val ue	
Organ Name	Tumor Name	N=58	N=57	N=56	N=47	Dose Resp	PC vs L	PC vs M
ffffffffffffffff	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ffffffff	ffffffff	fffffff	fffffff	fffffffffff	fffffffff	ffffffff
preputial gland	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
prostate gland	LYMPHOMA	0	1	4	1	0. 6100	0. 2182	0. 7123
salivary gland,	LYMPHOMA	0	1	2	0	0. 8307	0. 5353	1. 0000
		1	1	4	0	0. 8374	0. 2182	1. 0000
		2	2	4	1	0. 7464	0. 3948	0. 8484
seminal vesicle	LYMPHOMA	0	2	3	0	0. 9168	0. 5446	1. 0000
skeletal muscle	LYMPHOMA	0	1	3	1	0. 5796	0. 3441	0. 7123
skin, subcutis	FIBROUS HISTIOCYTOMA	0	1	0	1	0. 5035	1. 0000	0. 7189
skin, treated	HI BERNOMA	0	1	0	0	1. 0000	1. 0000	1. 0000
om my troutou	LYMPHOMA	1	2	3	1	0. 7332	0. 5446	0. 8484
skin, untreated	LYMPHOMA	1	2	3	1	0.7332	0. 5446	0. 8484
	PAPI LLOMA, SQUAMOUS	0	0	1	0	0. 6610	0. 5238	
small intestine	LYMPHOMA	0	0	1	1	0. 3041	0. 5238	0. 4667
			1	0 1	1 1	0.5000	1. 0000 0. 7703	0. 7123
				1	'	0. 5461	0. 7703	0. 7123
spinal cord, ce	LYMPHOMA	0	0	1	0	0. 6610	0. 5238	
spinal cord, th	LYMPHOMA	0	0	1	0	0. 6610	0. 5238	
spl een	HEMANGI OSARCOMA	1	1	0	0	1. 0000	1. 0000	1. 0000
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	6	1	0.8480	0. 3020	0. 9173
stomach, glandu		0	0	0	1	0. 2881		0. 4595
	LEUKEMI A, GRANULOCYT LYMPHOMA	0	0 2	1 6	0 1	0.6610	0. 5238	0. 8484
	LTWPHOWA	3	2	0	'	0. 7703	0. 1735	0. 0404
stomach, nongla	LYMPHOMA	1	0	2	0	0. 6325	0. 2773	
testes	ADENOMA, INTERSTITIA	2	1	1	0	0. 8832	0. 7703	1. 0000
	LYMPHOMA	1	2	2	0	0. 9282	0. 7183	1. 0000
thymus	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	2	3	5	0	0. 9511	0. 4093	1. 0000
		_		_				
thyroid gland	ADENOMA, FOLLICULAR	0	0	0	2	0. 0813		0. 2077
	LYMPHOMA SARCOMA, HISTIOCYTIC	2	1 0	2 1	0	0. 8293 0. 6610	0. 5268	1. 0000
	JANGUWA, INSTRUCTIFE	J	J	1	U	0.0010	0. 5238	•
tongue	LYMPHOMA	1	0	1	0	0. 6610	0. 5238	

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Table 3A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons Using Placebo Control Excluding Interim Sacrifice

Male Mice

		Untrtd	PI aceb	3 %	10 %			
		Cont	Cont	Low	Med	P	-Val ue	
Organ Name	Tumor Name	N=58	N=57	N=56	N=47	Dose Resp	PC vs L	PC vs M
ffffffffffffffff	ffffffffffffffffffffff	ffffffff	ffffffff	fffffff	fffffff	fffffffffff	ffffffff	fffffffff
trachea	LYMPHOMA	0	0	3	1	0. 3931	0. 1437	0. 4667
ureters	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	1	3	5	0	0. 9511	0. 4093	1. 0000
urinary bladder	LYMPHOMA	0	2	4	1	0. 7464	0. 3948	0. 8484

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Table 3B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Female Mice

	U	Intrtd	PI aceb	3 %	10 %		D. Vol.uo	
Organ Nama	Tumor Nomo	Cont N=59	Cont N=60	Low N=60	Med N=48	Dose Res	P-Val ue_	L PC vs M
Organ Name	Tumor Name							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,			,,,,,,,,,			
adi pose ti ssue	LYMPHOMA	1	0	0	1	0. 2627		0. 4133
•	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133
adrenal glands	ADENOMA, SUBCAPSULAR	2	1	0	1	0. 4581	1.0000	0. 6591
	LYMPHOMA	4	5	3	3	0. 5735	0.8668	0. 7288
	PHEOCHROMOCYTOMA	1	1	0	0	1.0000	1.0000	1.0000
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2627		0. 4133
aorta	CARCI NOMA, BRONCHI OL		2	0	0	1.0000	1.0000	1. 0000
	LYMPHOMA	3	5	5	7	0. 1120	0. 6305	0. 1985
	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
	007500450044			_		0 (074		
bone	OSTEOSARCOMA	0	0	1	0	0. 6271	0. 4943	
hono morrow fo	FI BROSARCOMA	0	0	1	0	0 4202	0. 5000	
bone marrow, fe	LYMPHOMA	1	4	2	2	0. 6303 0. 6550	0. 8935	0. 8007
	SARCOMA, HISTIOCYTIC	0	2	0	2	0. 2817	1. 0000	0. 5505
	SARCOWA, III STI OCTITIC	U	2	O	2	0. 2017	1.0000	0. 5505
bone marrow, st	LYMPHOMA	0	3	2	3	0. 3171	0. 8126	0. 4891
bone marrow, st	SARCOMA, HISTIOCYTIC		2	0	2	0. 2817	1. 0000	0. 5505
	<i></i>	Ü	-	· ·	_	0.20.7		0.0000
bone, femur	LYMPHOMA	1	2	1	1	0. 6546	0. 8793	0. 8039
	OSTEOMA	0	1	0	0	1. 0000	1.0000	1. 0000
bone, sternum	LYMPHOMA	2	5	3	6	0. 1501	0. 8596	0. 3055
	SARCOMA, HISTIOCYTIC	0	1	0	0	1.0000	1.0000	1.0000
brai n	LYMPHOMA	0	2	2	3	0. 2152	0. 6919	0. 3505
cavity, abdomin	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
cavi ty, thoraci	LYMPHOMA	0	0	1	0	0. 6271	0. 4943	
		_	_	_	_			
esophagus	LYMPHOMA	0	2	0	1	0. 5992	1. 0000	0. 7982
0.100	LVMDHOMA	2	1	2	0	0.7004	0 5000	1 0000
eyes	LYMPHOMA	2	1	2	0	0. 7996	0. 5000	1. 0000
ovec entic nor	LYMPHOMA	0	1	0	1	0. 4581	1. 0000	0. 6591
eyes, optic ner	LIMFIONA	U	'	U	'	0. 4301	1.0000	0.0371
gal I bl adder	FI BROMA	0	1	0	0	1. 0000	1.0000	1.0000
garrarada	LYMPHOMA	1	4	6	1	0. 8663	0. 3985	0. 9371
	SARCOMA, HISTIOCYTIC		0	0	1	0. 2627		0. 4133
	, , , , , , , , , , , , , , , , , , , ,							
harderi an gland	ADENOMA	2	1	0	0	1.0000	1.0000	1. 0000
heart	CARCI NOMA, BRONCHI OL	1	1	0	1	0. 4672	1.0000	0. 6681
	LYMPHOMA	3	8	3	7	0. 2463	0. 9728	0. 4676
	SARCOMA, HISTIOCYTIC	1	0	1	1	0. 2605	0.5000	0. 4133
joint, tibiofem	LYMPHOMA	0	1	1	1	0. 4921	0. 7529	0. 6591

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Table 3B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Female Mice

	U	ntrtd	PI aceb	3 %	10 %			
	- N	Cont	Cont	Low	Med		P-Val ue	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48	Dose Res		L PC vs M
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ffffffffffffffffffffffffffff	,,,,,,,			,,,,,,,,,,		7777777777.	133333333333
joint, tibiofem	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
ki dneys	LYMPHOMA	5	10	6	7	0. 4803	0. 9161	0. 6527
	SARCOMA, HISTIOCYTIC	2	2	0	2	0. 2779	1.0000	0.5410
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
lacrimal glands	LYMPHOMA	3	5	6	4	0. 4628	0. 5158	0. 5618
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
large intestine	LYMPHOMA	1	0	1	0	0. 6303	0. 5000	
range intestine	LIMITIONA	2	1	2	0	0. 8013	0. 5085	1. 0000
		3	1	0	0		1. 0000	
		3	'	U	U	1. 0000	1.0000	1. 0000
l arynx	LYMPHOMA	2	3	1	2	0. 4789	0. 9390	0. 6839
	SARCOMA, HISTIOCYTIC	0	1	0	0	1.0000	1.0000	1. 0000
liver	ADENOMA, HEPATOCELLU	0	1	3	3	0. 1321	0. 3081	0. 1886
i i vei	CARCI NOMA, HEPATOCEL	0	2	0	0	1. 0000	1. 0000	1. 0000
	ADEN+CAR, HEPATOCELL	0	3	3	3	0. 3379	0. 6509	0. 4726
	HEMANGI OMA	0	0	3 1	0	0. 6271	0. 4943	0.4720
	HEMANGI OSARCOMA	3	2	1	1	0. 6492	0. 4943	0. 7982
	LYMPHOMA	3	9	6	4	0. 8019	0.8707	
		2	5	1	3			0.8838
	SARCOMA, HISTIOCYTIC	2	5	1	ა	0. 4752	0. 9850	0. 7018
l ung	ADENOCARCI NOMA	0	0	0	1	0. 2627		0. 4133
	ADENOMA, BRONCHI OLAR	3	7	4	1	0. 9698	0.8948	0. 9886
	CARCINOMA, BRONCHIOL	7	6	3	6	0. 2068	0. 9105	0. 3904
	ADEN+CAR, BRONCHI OLA	9	12	7	7	0. 6415	0. 9260	0. 7771
	LYMPHOMA	3	11	5	7	0. 5319	0. 9678	0. 7138
	SARCOMA, HISTIOCYTIC	1	5	0	0	1. 0000	1.0000	1. 0000
lymph node, axi	FI BROSARCOMA	0	0	1	0	0. 6271	0. 4943	
. ypri nede, dxi	LYMPHOMA	0	1	1	1	0. 4921	0. 7529	0. 6591
	1.1410110114		_			0.0500		0.0404
I ymph node, hep	LYMPHOMA	0	1	2	2	0. 2500	0.5000	0. 3696
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2627		0. 4133
lymph node, ili	LYMPHOMA	1	0	3	0	0. 6462	0. 1250	
<b>3</b> 1	SARCOMA, ENDOMETRI AL	0	0	0	1	0. 2627		0. 4133
Limina mada ina	LIEMANCI OCADOOMA	0	0	1	0	0 (071	0 4042	
lymph node, ing		0	0	1	0	0. 6271	0. 4943	
	LYMPHOMA	0	1	1	0	0. 8653	0. 7529	1. 0000
I ymph node, man	LYMPHOMA	3	7	6	6	0. 3458	0. 7245	0. 4783
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
lymph node, med	CARCI NOMA, BRONCHI OL	1	1	0	0	1. 0000	1. 0000	1. 0000
. Jp	LYMPHOMA	1	2	1	1	0. 6645	0. 8793	0. 8116
	110m/		-		•	0.0040	0.0770	3. 5110
I ymph node, mes	LYMPHOMA	4	8	6	5	0. 5854	0.8077	0. 7130
	SARCOMA, HISTIOCYTIC	1	3	0	2	0. 4106	1.0000	0. 6839
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	

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Table 3B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Female Mice

	U	ntrtd Cont	PI aceb Cont	3 % Low	10 % Med		_P-Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48	Dose Resp		L PC vs M
=	Tffffffffffffffffffffffffffffffff		fffffffff		ffffffff			
lymph node, ren	LYMPHOMA	1	1	1	2	0. 2225	0. 7529	0. 3696
Lymph node tre	LVMDUOMA	0	1	0	1	0.4501	1 0000	0 4501
lymph node, tra	LYMPHOMA	U	'	U	'	0. 4581	1. 0000	0. 6591
mammary gland	ADENOCARCI NOMA	1	0	2	1	0. 2730	0. 2471	0. 4133
	LYMPHOMA	4	4	3	4	0. 2861	0. 7737	0. 4408
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1. 0000	0. 6591
mesentery/perit	LYMPHOMA	0	0	1	1	0. 2605	0. 4943	0. 4133
multicentric ne	HEMANGI OMA	1	2	1	0	0. 9482	0. 8707	1. 0000
	HEMANGI OSARCOMA	3	4	5	1	0.8540	0. 4714	0. 9306
	LYMPHOMA	5	13	8	10	0. 4115	0. 9245	0. 5911
	SARCOMA, HISTIOCYTIC	2	5	1	4	0. 2984	0. 9850	0. 5478
nerve, sciatic	LYMPHOMA	2	6	5	2	0. 8522	0. 7260	0. 9158
nerve, serutre	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
	JARCOWA, THE STEET TO	O	•	O	O	1.0000	1.0000	1.0000
ovari es	CHORI OCARCI NOMA	0	1	0	0	1.0000	1.0000	1.0000
	CYSTADENOMA	0	2	0	1	0. 5992	1.0000	0. 7982
	LYMPHOMA	5	9	8	5	0. 6882	0. 6864	0. 7749
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133
	SARCOMA, HISTIOCYTIC	1	2	0	1	0. 6029	1.0000	0. 8039
	SEX-CORD/STROMAL TUM	1	1	4	3	0. 1495	0. 1804	0. 1822
ovi ducts	LYMPHOMA	1	1	1	0	0. 8630	0. 7471	1.0000
pancreas	LYMPHOMA	5	7	6	3	0. 7897	0. 7245	0. 8659
'	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133
	SARCOMA, HISTIOCYTIC	1	1	0	1	0. 4581	1.0000	0. 6591
	SCHWANNOMA	0	0	1	0	0. 6303	0. 5000	
peyers patch	LYMPHOMA	1	1	1	1	0. 4863	0. 7472	0. 6526
peyer's paren	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
ni tui tary al and	ADENOMA, PARS DISTAL	1	1	0	0	1. 0000	1. 0000	1. 0000
pituitary gland	•	0	2	0	0			
	ADENOMA, PARS INTERM					1.0000	1.0000	1.0000
	LYMPHOMA	0	0	2	1	0. 2809	0. 2471	0. 4211
salivary gland,	LYMPHOMA	2	1	3	2	0. 2777	0. 3081	0. 3696
		3	3	4	3	0.3629	0.5000	0. 4726
						0.3724	0. 5127	0. 4843
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
skeletal muscle	LYMPHOMA	1	2	3	0	0. 8895	0. 5000	1. 0000
skin, subcutis	FI BROSARCOMA	0	0	2	0	0. 5895	0. 2471	
, 00000110	HEMANGI OSARCOMA	0	0	1	0	0. 6271	0. 4943	
	OSTEOSARCOMA	0	0	1	0	0. 6303	0. 4943	•
	SCHWANNOMA	0	0	1	0	0. 6303	0. 5000	•
	SCHWANNOWA	U	U	ı	U	0. 0303	0. 5000	

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Table 3B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Female Mice

	U	Intrtd Cont	PI aceb Cont	3 % Low	10 % Med		_P-Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48	Dose Resp		PC vs M
=	ffffffffffffffffffffffffff					'		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,			,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,	11111111111
skin, treated	LYMPHOMA	2	4	3	2	0. 6787	0. 7830	0. 8007
skiii, ti eateu	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
	SARCOWA, HISTIOCTIIC	U	ı	U	U	1.0000	1.0000	1.0000
skin, untreated	CARCINOMA, SQUAMOUS	1	0	1	0	0. 6271	0. 4943	
skiii, uiiti eateu	KERATOACANTHOMA	0	1	0	0	1. 0000	1. 0000	1. 0000
	LYMPHOMA	1	2	3	0	0. 8895	0. 5000	
	LTWIFHOWA	'	2	3	U	0. 6693	0. 3000	1. 0000
small intestine	LYMPHOMA	1	0	1	0	0. 6303	0. 5000	
Sillati TitteStiffe	LTWIFHOWA	'	1	0	1	0. 4548		O 4524
		2					1.0000	0. 6526
	DOLVE OLAMBIILAD	2	1	0	0	1.0000	1.0000	1. 0000
	POLYP, GLANDULAR	0	0	1	0	0. 6271	0. 4943	•
	SCHWANNOMA	0	0	1	0	0. 6303	0. 5000	
		_	_	_	_			
spi nal cord, ce	LYMPHOMA	0	1	2	0	0. 7996	0. 5000	1. 0000
spinal cord, lu	LYMPHOMA	0	1	0	1	0. 4581	1. 0000	0. 6591
spinal cord, th	LYMPHOMA	0	1	1	0	0.8630	0. 7471	1. 0000
spl een	HEMANGI OSARCOMA	1	0	2	0	0. 5889	0. 2414	
	LYMPHOMA	4	10	6	6	0. 6241	0. 9161	0. 7671
	SARCOMA, HISTIOCYTIC	0	1	0	2	0. 1684	1.0000	0. 3696
stomach, glandu	LYMPHOMA	3	3	4	2	0. 5938	0. 5127	0. 7061
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4548	1.0000	0. 6526
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
stomach, nongla	LYMPHOMA	0	2	3	0	0.8934	0.5108	1.0000
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
tai I	HEMANGI OSARCOMA	0	0	1	0	0. 6303	0.5000	
thymus	CARCINOMA, BRONCHIOL	2	1	0	0	1.0000	1.0000	1.0000
,	LYMPHOMA	5	12	4	9	0. 3980	0. 9935	0. 6411
	SARCOMA, HISTIOCYTIC	1	1	0	1	0. 4581	1.0000	0. 6591
	·							
thyroid gland	ADENOMA, FOLLICULAR	0	0	0	1	0. 2689		0. 4211
y g	LYMPHOMA	2	4	2	2	0. 6550	0. 8935	0. 8007
	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
	SARCOMIN, THE STEED THE	Ü	•	Ü	Ü	1. 0000	1.0000	1.0000
tongue	LYMPHOMA	1	3	3	2	0. 5642	0. 6617	0. 6968
torigue	LIWI HOWA	•	3	3	2	0.3042	0.0017	0.0700
trachea	LYMPHOMA	1	2	1	1	0. 6492	0. 8750	0. 7982
tracrica	SARCOMA, HISTIOCYTIC		1	0	0	1. 0000		
	JANGOWA, HISTIOGITIC	U	'	U	U	1. 0000	1. 0000	1. 0000
ureters	LYMPHOMA	5	8	5	5	0. 5421	0. 8764	0. 6925
ui C (C) 3	SARCOMA, HISTIOCYTIC		0	0	1			
	SAKCUMA, MISHIUCYIIC	U	U	U	1	0. 2627	•	0. 4133
uri parv. bl. add	LVMDHOMA	2	E	4	2	0.0001	0 5150	0 0727
uri nary bl adder		3	5	6	2	0.8001	0. 5158	0. 8727
	SARCOMA, ENDOMETRIAL	U	0	0	1	0. 2627		0. 4133

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Table 3B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Excluding Interim Sacrifice
Female Mice

	U	ntrtd	PI aceb	3 %	10 %			
		Cont	Cont	Low	Med		_P-Val ue	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48	Dose Resp	PC vs l	PC vs M
fffffffffffffff	effffffffffffffffffffffffffffffffff	ffffff	ffffffffff	fffffffff	ffffffff	ffffffffffffff	fffffffff	fffffffffff
uri nary bl adder	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
uterus with cer	ADENOCARCI NOMA	0	1	2	2	0. 2500	0. 5000	0. 3696
	FI BROSARCOMA	0	0	1	0	0.6303	0.5000	
	HEMANGI OMA	0	2	0	0	1.0000	1.0000	1.0000
	HEMANGI OSARCOMA	0	2	0	0	1.0000	1.0000	1.0000
	LEI OMYOMA	0	1	0	2	0. 1684	1.0000	0. 3696
	LEI OMYOSARCOMA	0	0	3	2	0. 1440	0. 1207	0. 1676
	LYMPHOMA	5	4	5	5	0. 2191	0.5000	0. 3069
	POLYP, ENDOMETRIAL S	8	3	7	5	0. 1667	0. 1574	0. 1861
	SARCOMA, ENDOMETRI AL	2	3	1	2	0. 4825	0. 9361	0. 6839
	SARCOMA, HISTIOCYTIC	2	2	1	2	0. 3504	0.8750	0. 5410
	SCHWANNOMA	0	0	1	0	0. 6303	0.5000	
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
vagi na	LYMPHOMA	2	3	3	1	0. 7859	0. 6618	0. 8883
5	POLYP	0	1	0	0	1.0000	1.0000	1. 0000
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133

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Table 4A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons Using Placebo Control Including Interim Sacrifice
Male Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P-Val ue	
Organ Name	Tumor Name	N=58	N=59	N=59	N=50	Dose Re	sp PC vs	I PC vs M
=	ffffffffffffffffffffffff						•	
		,,,,,,,,	,,,,,,,,,,,	,,,,,,,,,,	,,,,,,,,,,			,,,,,,,,,,
adrenal glands	ADENOMA, CORTICAL	0	0	0	1	0. 2881		0. 4595
J	LEUKEMI A, GRANULOCYT		0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	3	0	0. 9168	0. 5446	1. 0000
aorta	ADENOCARCI NOMA	0	0	0	1	0. 2941		0. 4667
	LYMPHOMA	2	3	1	1	0.8106	0. 9473	0. 9173
bone marrow, fe	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	3	1	0. 7327	0. 5550	0.8484
bone marrow, st	LEUKEMIA, GRANULOCYT	0	0	1	0	0.6610	0. 5238	
	LYMPHOMA	3	2	4	1	0.7464	0. 3948	0.8484
bone, femur	LYMPHOMA	1	0	3	1	0.3909	0. 1483	0. 4667
	OSTEOSARCOMA	0	0	0	1	0. 2941		0. 4667
bone, sternum	LYMPHOMA	3	2	5	1	0. 7515	0. 2563	0. 8431
brai n	LYMPHOMA	0	0	2	1	0. 3268	0. 2773	0. 4667
cavity, abdomin	LYMPHOMA	0	1	0	0	1.0000	1.0000	1.0000
ears	FI BROUS HISTIOCYTOMA	0	0	0	1	0. 2941		0. 4667
epi di dymi des	ADENOMA, INTERSTITIA	0	0	0	1	0. 2881		0. 4595
	LYMPHOMA	2	2	5	1	0. 7596	0. 2672	0.8484
esophagus	LYMPHOMA	0	0	2	0	0.6320	0. 2714	
eyes	LYMPHOMA	1	2	1	1	0. 7081	0.8921	0.8484
gal I bl adder	LYMPHOMA	1	0	2	1	0. 3268	0. 2773	0. 4667
harderi an gland	ADENOMA	0	0	1	0	0.6610	0. 5238	
heart	HEMANGI OMA	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	5	1	0.8436	0. 4093	0. 9173
ki dneys	ADENOCARCI NOMA	0	0	0	1	0. 2941		0. 4667
	ADENOMA, TUBULAR CEL	. 1	0	1	0	0. 6610	0. 5238	
	HEMANGI OMA	0	1	0	0	1.0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	4	2	5	1	0. 7596	0. 2672	0. 8484
lacrimal glands	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	5	1	0.8436	0. 4093	0. 9173
large intestine	LYMPHOMA	0	0	0	1	0. 2941		0. 4667
			1	1	1	0. 5461	0. 7703	0. 7123
		1	1	0	1	0.5000	1. 0000	0. 7123

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Table 4A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons Using Placebo Control Including Interim Sacrifice
Male Mice

	ι		PI aceb	3 %	10 %		D. Value	
Organ Nama	Tumor Nama	Cont	Cont	Low	Med N=50	Doco Bo	P-Value_ sp PC vs	L DC vs M
Organ Name	Tumor Name ffffffffffffffffffffffff	N=58	N=59	N=59			'	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,	,,,,,,,,,,,	,,,,,,,,,,	,,,,,,,,,,	,,,,,,,,,,,,,	,,,,,,,,,,,	,,,,,,,,,,,
larynx	LYMPHOMA	1	1	3	0	0. 8305	0. 3441	1. 0000
liver	ADENOCARCI NOMA	0	0	0	1	0. 2941		0. 4667
	ADENOMA, HEPATOCELLU	11	14	9	12	0. 2862	0. 9347	0. 4746
	CARCINOMA, HEPATOCEL	1	0	2	1	0. 3274	0. 2714	0. 4667
	ADEN+CAR, HEPATOCELL	12	14	10	13	0. 2377	0.8949	0. 4053
	HEMANGI OMA	0	0	0	1	0. 2941		0. 4667
	HEMANGI OSARCOMA	2	5	3	2	0.8317	0.8952	0. 9177
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	2	6	1	0. 7695	0. 1820	0.8484
	SARCOMA, HISTIOCYTIC	0	0	2	0	0.6320	0. 2714	
		_		_				
I ung	ADENOCARCI NOMA	0	0	0	1	0. 2941		0. 4667
	ADENOMA, BRONCHI OLAR		5	2	4	0. 4482	0. 9586	0. 6880
	CARCI NOMA, BRONCHI OL		7	6	6	0. 4735	0. 7691	0. 6173
	ADEN+CAR, BRONCHIOLA		12	8	10	0. 4616	0. 9268	0. 6560
	CARCINOMA, HEPATOCEL		0	1	0	0.6610	0. 5238	•
	LEUKEMIA, GRANULOCYT		0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	4	5	1	0. 9060	0. 5585	0. 9569
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	•
Lymph node, hep	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
. 7	LYMPHOMA	1	0	1	0	0. 6610	0. 5238	
	SARCOMA, HISTIOCYTIC		0	1	0	0. 6610	0. 5238	
lymph node, ili	LYMPHOMA	1	1	0	0	1. 0000	1. 0000	1. 0000
lymph node, man	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
Tympir riode, mair	LYMPHOMA	3	3	5	1	0. 8436	0. 4093	0. 9173
	4D511004D01110114				_			
lymph node, med	ADENOCARCI NOMA	0	0	0	1	0. 2941		0. 4667
lymph node, mes	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	6	1	0.8480	0.3020	0. 9173
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
	LIEMANCI OMA	1	1	1	1	0 5522	0.77/0	0.7100
multicentric ne	HEMANGI OMA	1	1	1	1	0.5523	0. 7762	0. 7189
	HEMANGI OSARCOMA	3	5	3	2	0.8317	0. 8952	0. 9177
	LEUKEMIA, GRANULOCYT	0	0	1	0	0.6610	0. 5238	
	LYMPHOMA	4	5	7	1	0. 9426	0. 4441	0. 9763
	SARCOMA, HISTIOCYTIC	0	0	2	0	0. 6320	0. 2714	•
nerve, sciatic	LYMPHOMA	0	1	3	0	0. 8305	0. 3441	1.0000
pancreas	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	2	2	5	1	0. 7596	0. 2672	0.8484
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
peyers patch	LYMPHOMA	0	1	2	1	0. 5544	0. 5268	0. 7123
pi tui tary gl and	LYMPHOMA	1	1	2	0	0. 8307	0. 5353	1.0000

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Table 4A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Including Interim Sacrifice
Male Mice

	U	Intrtd	PI aceb	3 %	10 %			
		Cont	Cont	Low	Med		P-Val ue_	
Organ Name	Tumor Name	N=58	N=59	N=59	N=50		sp PC vs	
	ffffffffffffffffffffffffff	JJJJJJ		,,,,,,,,,,	,,,,,,,,,,	JJJJJJJJJJ.	,,,,,,,,,,,	
preputial gland	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	·
prostate gland	LYMPHOMA	0	1	4	1	0. 6100	0. 2182	0. 7123
salivary gland,	LYMPHOMA	0	1	2	0	0. 8307	0. 5353	1. 0000
		1	1	4	0	0. 8374	0. 2182	1.0000
		2	2	4	1	0. 7464	0. 3948	0. 8484
seminal vesicle	LYMPHOMA	0	2	3	0	0. 9168	0. 5446	1. 0000
skeletal muscle	LYMPHOMA	0	1	3	1	0. 5796	0. 3441	0. 7123
skin, subcutis	FIBROUS HISTIOCYTOMA	0	1	0	1	0. 5035	1. 0000	0. 7189
skin, treated	HI BERNOMA	0	1	0	0	1. 0000	1. 0000	1. 0000
,	LYMPHOMA	1	2	3	1	0. 7332	0. 5446	0. 8484
skin, untreated	LYMPHOMA	1	2	3	1	0. 7332	0. 5446	0.8484
	PAPILLOMA, SQUAMOUS	0	0	1	0	0. 6610	0. 5238	•
small intestine	LYMPHOMA	0	0	1	1	0. 3041	0. 5238	0. 4667
		-	1	0	1	0. 5000	1. 0000	0. 7123
				1	1	0. 5461	0. 7703	0. 7123
spinal cord, ce	LYMPHOMA	0	0	1	0	0. 6610	0. 5238	
spinal cord, th	LYMPHOMA	0	0	1	0	0. 6610	0. 5238	•
spl een	HEMANGI OSARCOMA	1	1	0	0	1. 0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	3	3	6	1	0.8480	0. 3020	0. 9173
- Armark - alamaka	ADENIO ADOLNOMA			0		0 0044		0.4//7
stomach, glandu	ADENOCARCI NOMA	0	0	0	1	0. 2941		0. 4667
	LEUKEMIA, GRANULOCYT LYMPHOMA	0 3	0 2	1 6	0 1	0. 6610 0. 7695	0. 5238 0. 1820	0. 8484
	LIMFHOMA	3	2	O	'	0.7073	0. 1020	0.0404
stomach, nongla	LYMPHOMA	1	0	2	0	0. 6325	0. 2773	
testes	ADENOMA, INTERSTITIA	2	1	1	0	0. 8832	0. 7703	1.0000
	LYMPHOMA	1	2	2	0	0. 9282	0. 7183	1.0000
thymus	LEUKEMIA, GRANULOCYT		0	1	0	0. 6610	0. 5238	
	LYMPHOMA	2	3	5	0	0. 9511	0. 4093	1. 0000
thyroid gland	ADENOMA, FOLLICULAR	0	0	0	2	0. 0813		0. 2077
, ,	LYMPHOMA	2	1	2	0	0. 8293	0. 5268	1.0000
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6610	0. 5238	
tongue	LYMPHOMA	1	0	1	0	0.6610	0. 5238	

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Table 4A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons Using Placebo Control Including Interim Sacrifice
Male Mice

	l	Untrtd	PI aceb	3 %	10 %			
		Cont	Cont	Low	Med		P-Val ue	
Organ Name	Tumor Name	N=58	N=59	N=59	N=50	Dose Resp	PC vs	L PC vs M
fffffffffffffffff	ffffffffffffffffffffffffff	fffffff	fffffffffff	fffffffff	fffffffff	fffffffffffffff	fffffff.	ffffffffffff
trachea	LYMPHOMA	0	0	3	1	0. 3931	0. 1437	0. 4667
ureters	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6610	0. 5238	
	LYMPHOMA	1	3	5	0	0. 9511	0. 4093	1. 0000
uri nary bl adder	LYMPHOMA	0	2	4	1	0. 7464	0. 3948	0. 8484

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Table 4B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Including Interim Sacrifice
Female Mice

	ι	Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P-Val ue	
Organ Name	Tumor Name	N=59	N=60	N=60	N=51	Dose Resp		L PC vs M
=	ffffffffffffffffffffffff							
333333333333333333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,		33333333	,,,,,,,,,		,,,,,,,,,,,	,,,,,,,,,,,,,
adipose tissue	LYMPHOMA	1	0	0	1	0. 2627		0. 4133
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133
	·							
adrenal glands	ADENOMA, SUBCAPSULAR	2	1	0	1	0. 4581	1.0000	0. 6591
	LYMPHOMA	4	5	3	3	0. 5735	0.8668	0. 7288
	PHEOCHROMOCYTOMA	1	1	0	0	1.0000	1.0000	1.0000
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2627		0. 4133
aorta	CARCINOMA, BRONCHIOL	0	2	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	3	5	5	7	0. 1120	0. 6305	0. 1985
	SARCOMA, HISTIOCYTIC	0	1	0	0	1.0000	1.0000	1.0000
bone	OSTEOSARCOMA	0	0	1	0	0. 6271	0. 4943	
bone marrow, fe	FIBROSARCOMA	0	0	1	0	0. 6303	0.5000	
	LYMPHOMA	1	4	2	2	0. 6550	0.8935	0.8007
	SARCOMA, HISTIOCYTIC	0	2	0	2	0. 2817	1. 0000	0. 5505
bone marrow, st	LYMPHOMA	0	3	2	3	0. 3171	0. 8126	0. 4891
	SARCOMA, HISTIOCYTIC	0	2	0	2	0. 2817	1. 0000	0. 5505
	LVARDUOMA			_	_	0 /54/	0.0700	
bone, femur	LYMPHOMA	1	2	1	1	0. 6546	0. 8793	0. 8039
	OSTEOMA	0	1	0	0	1. 0000	1. 0000	1. 0000
h	LVMDHOMA	2	-	2	,	0 1501	0.0507	0 2055
bone, sternum	LYMPHOMA	2	5	3	6	0. 1501	0.8596	0. 3055
	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
brai n	LYMPHOMA	0	2	2	3	0. 2152	0. 6919	0. 3505
brain	LTWFHOWA	U	2	2	3	0. 2132	0.0919	0. 3303
cavity, abdomin	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
cavity, abdomin	SEX-CORD/STROMAL TOM	Ü	O	•	O	0.0271	0. 4743	•
cavity, thoraci	LYMPHOMA	0	0	1	0	0. 6271	0. 4943	
carrey, therael	2111111011111	Ü	Ü	•	Ü	0.0271	0. 1710	•
esophagus	LYMPHOMA	0	2	0	1	0. 5992	1. 0000	0. 7982
eyes	LYMPHOMA	2	1	2	0	0. 7996	0.5000	1. 0000
eyes, optic ner	LYMPHOMA	0	1	0	1	0. 4581	1.0000	0. 6591
gal I bl adder	FI BROMA	0	1	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	1	4	6	1	0.8663	0. 3985	0. 9371
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2627		0. 4133
harderian gland	ADENOMA	2	1	0	0	1.0000	1.0000	1.0000
heart	CARCI NOMA, BRONCHI OL	1	1	0	1	0. 4672	1. 0000	0. 6681
	LYMPHOMA	3	8	3	7	0. 2463	0. 9728	0. 4676
	SARCOMA, HISTIOCYTIC	1	0	1	1	0. 2605	0.5000	0. 4133
joint, tibiofem	LYMPHOMA	0	1	1	1	0. 4921	0. 7529	0. 6591

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Table 4B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Including Interim Sacrifice
Female Mice

	ι	Intrtd Cont	PI aceb Cont	3 % Low	10 % Med		_P-Val ue	
Organ Name	Tumor Name	N=59	N=60	N=60	N=51	Dose Resp		PC vs M
=	ffffffffffffffffffffffff							
		,,,,,,,	,,,,,,,,,,,		,,,,,,,,,,		,,,,,,,,,,,	,,,,,,,,,,,
joint, tibiofem	SARCOMA, HISTIOCYTIC	0	1	0	0	1.0000	1. 0000	1. 0000
ki dneys	LYMPHOMA	5	10	6	7	0. 4803	0. 9161	0. 6527
,	SARCOMA, HISTIOCYTIC	2	2	0	2	0. 2779	1.0000	0. 5410
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
Lacrimal glands	LYMPHOMA	3	5	6	4	0. 4628	0. 5158	0. 5618
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
large intestine	LYMPHOMA	1	0	1	0	0. 6303	0.5000	
		2	1	2	0	0.8013	0. 5085	1.0000
		3	1	0	0	1.0000	1.0000	1.0000
l arynx	LYMPHOMA	2	3	1	2	0. 4789	0. 9390	0. 6839
	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
Liver	ADENOMA HEDATOCELLH	0	4	2	2	0 1001	0 2001	0 1007
liver	ADENOMA, HEPATOCELLU	0	1 2	3	3	0. 1321	0. 3081	0. 1886
	CARCINOMA, HEPATOCEL	0		0	0	1.0000	1.0000	1.0000
	ADEN+CAR, HEPATOCELL		3	3	3	0. 3379	0. 6509	0. 4726
	HEMANGI OMA HEMANGI OSARCOMA	0	0 2	1 1	0 1	0. 6271 0. 6492	0. 4943	
	LYMPHOMA	3 3	9				0.8750	0. 7982
				6	4	0.8019	0.8707	0. 8838
	SARCOMA, HISTIOCYTIC	2	5	1	3	0. 4752	0. 9850	0. 7018
I ung	ADENOCARCI NOMA	0	0	0	1	0. 2627		0. 4133
· ·	ADENOMA, BRONCHIOLAR	3	7	4	1	0. 9698	0. 8948	0. 9886
	CARCINOMA, BRONCHIOL	7	6	3	6	0. 2068	0. 9105	0. 3904
	BRONCHI OLAR_ADEN+CAR	9	12	7	7	0. 6415	0. 9260	0. 7771
	LYMPHOMA	3	11	5	7	0. 5319	0. 9678	0. 7138
	SARCOMA, HISTIOCYTIC	1	5	0	0	1.0000	1.0000	1.0000
lymph node, axi	FI BROSARCOMA	0	0	1	0	0. 6271	0. 4943	
	LYMPHOMA	0	1	1	1	0. 4921	0. 7529	0. 6591
	LVARDUOMA		_			0.0500	0.5000	0.0101
I ymph node, hep	LYMPHOMA	0	1	2	2	0. 2500	0.5000	0. 3696
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2627	•	0. 4133
lymph node, ili	LYMPHOMA	1	0	3	0	0. 6462	0. 1250	
r ympir node, i i i	SARCOMA, ENDOMETRIAL		0	0	1	0. 2627	0. 1230	0. 4133
	ONTOOMIN, ENDOMETRINE	Ü	Ü	Ü	•	0. 2027	·	0.4100
lymph node, ing	HEMANGI OSARCOMA	0	0	1	0	0. 6271	0. 4943	
<b>3</b> [	LYMPHOMA	0	1	1	0	0. 8653	0. 7529	1.0000
lymph node, man	LYMPHOMA	3	7	6	6	0. 3458	0. 7245	0. 4783
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
lymph node, med	CARCINOMA, BRONCHIOL	1	1	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	1	2	1	1	0. 6645	0. 8793	0. 8116
Iymph node, mes	LYMPHOMA	4	8	6	5	0. 5854	0.8077	0. 7130
	SARCOMA, HISTIOCYTIC	1	3	0	2	0. 4106	1.0000	0. 6839
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	

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Table 4B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Including Interim Sacrifice
Female Mice

	U	ntrtd Cont	PI aceb Cont	3 % Low	10 % Med		_P-Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=51	Dose Resp		L PC vs M
=	eggggggggggggggggggggggggggggggggggggg		fffffffff					
lymph node, ren	LYMPHOMA	1	1	1	2	0. 2225	0. 7529	0. 3696
lymph node, tra	LYMPHOMA	0	1	0	1	0. 4581	1. 0000	0. 6591
mammary gland	ADENOCARCI NOMA	1	0	2	1	0. 2730	0. 2471	0. 4133
	LYMPHOMA	4	4	3	4	0. 2861	0. 7737	0. 4408
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1. 0000	0. 6591
mesentery/perit	LYMPHOMA	0	0	1	1	0. 2605	0. 4943	0. 4133
multicentric ne	HEMANGI OMA	1	2	1	0	0. 9482	0. 8707	1. 0000
	HEMANGI OSARCOMA	3	4	5	1	0.8540	0. 4714	0. 9306
	LYMPHOMA	5	13	8	10	0. 4115	0. 9245	0. 5911
	SARCOMA, HISTIOCYTIC	2	5	1	4	0. 2984	0. 9850	0. 5478
nerve, sciatic	LYMPHOMA	2	6	5	2	0. 8522	0. 7260	0. 9158
nerve, seratre	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
	JARCOWA, THE STEET TO	Ü		O	Ü	1.0000	1.0000	1.0000
ovari es	CHORI OCARCI NOMA	0	1	0	0	1.0000	1.0000	1.0000
	CYSTADENOMA	0	2	0	1	0. 5992	1.0000	0. 7982
	LYMPHOMA	5	9	8	5	0. 6882	0. 6864	0. 7749
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133
	SARCOMA, HISTIOCYTIC	1	2	0	1	0. 6029	1.0000	0. 8039
	SEX-CORD/STROMAL TUM	1	1	4	3	0. 1495	0. 1804	0. 1822
ovi ducts	LYMPHOMA	1	1	1	0	0. 8630	0. 7471	1. 0000
pancreas	LYMPHOMA	5	7	6	3	0. 7897	0. 7245	0. 8659
'	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2627		0. 4133
	SARCOMA, HISTIOCYTIC	1	1	0	1	0. 4581	1.0000	0. 6591
	SCHWANNOMA	0	0	1	0	0. 6303	0. 5000	
novers natch	LYMPHOMA	1	1	1	1	0. 4863	0. 7472	0. 6526
peyers patch	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
pi tui tary gl and	ADENOMA, PARS DISTAL	1	1	0	0	1. 0000	1. 0000	1. 0000
	ADENOMA, PARS INTERM	0	2	0	0	1. 0000	1. 0000	1. 0000
	LYMPHOMA	0	0	2	1	0. 2809	0. 2471	0. 4211
salivary gland,	LYMPHOMA	2	1	3	2	0. 2777	0. 3081	0. 3696
		3	3	4	3	0. 3629	0.5000	0. 4726
						0. 3724	0. 5127	0. 4843
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
skeletal muscle	LYMPHOMA	1	2	3	0	0. 8895	0. 5000	1. 0000
skin, subcutis	FI BROSARCOMA	0	0	2	0	0. 5895	0. 2471	
, Cabouti 3	HEMANGI OSARCOMA	0	0	1	0	0. 6271	0. 4943	
	OSTEOSARCOMA	0	0	1	0	0. 6303	0. 4943	•
	SCHWANNOMA	0	0	1	0	0. 6303	0. 5000	
	SCHWANNOWA	U	U	ı	U	0. 0303	0. 5000	

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Table 4B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Including Interim Sacrifice
Female Mice

	U	Intrtd Cont	PI aceb Cont	3 % Low	10 % Med		_P-Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=51	Dose Resp		_ PC vs M
=	ffffffffffffffffffffffff					'		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,			,,,,,,,,,,	,,,,,,,,,,,,,	,,,,,,,,,,,	,,,,,,,,,,,
skin, treated	LYMPHOMA	2	4	3	2	0. 6787	0. 7830	0.8007
Skiii, treatea	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
	SARGONIA, III STI OCTITO	O		O	O	1.0000	1.0000	1.0000
skin, untreated	CARCINOMA, SQUAMOUS	1	0	1	0	0. 6271	0. 4943	
Skiii, diiti cated	KERATOACANTHOMA	0	1	0	0	1. 0000	1. 0000	1. 0000
	LYMPHOMA	1	2	3	0	0. 8895	0. 5000	1. 0000
	LIWI HOWA	•	2	3	O	0.0075	0. 3000	1.0000
small intestine	LYMPHOMA	1	0	1	0	0. 6303	0. 5000	
Silari TitteStille	LIMITIONA	•	1	0	1	0. 4548	1. 0000	0. 6526
		2	1	0	0	1. 0000	1.0000	1. 0000
	DOLVD CLANDIII AD	0	0	1	0	0. 6271		
	POLYP, GLANDULAR						0. 4943	•
	SCHWANNOMA	0	0	1	0	0. 6303	0.5000	•
	LVMDHOMA	0	1	2	0	0.700/	0 5000	1 0000
spinal cord, ce	LYMPHOMA	0	1	2	0	0. 7996	0.5000	1. 0000
	LVARDUOMA		_		_		4 0000	0 (504
spinal cord, lu	LYMPHOMA	0	1	0	1	0. 4581	1. 0000	0. 6591
		_	_	_	_			
spinal cord, th	LYMPHOMA	0	1	1	0	0.8630	0. 7471	1. 0000
spl een	HEMANGI OSARCOMA	1	0	2	0	0. 5889	0. 2414	
	LYMPHOMA	4	10	6	6	0. 6241	0. 9161	0. 7671
	SARCOMA, HISTIOCYTIC	0	1	0	2	0. 1684	1. 0000	0. 3696
stomach, glandu	LYMPHOMA	3	3	4	2	0. 5938	0. 5127	0. 7061
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4548	1.0000	0. 6526
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	
stomach, nongla	LYMPHOMA	0	2	3	0	0.8934	0. 5108	1.0000
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 4581	1.0000	0. 6591
tai I	HEMANGI OSARCOMA	0	0	1	0	0. 6303	0.5000	
thymus	CARCINOMA, BRONCHIOL	2	1	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	5	12	4	9	0.3980	0. 9935	0. 6411
	SARCOMA, HISTIOCYTIC	1	1	0	1	0. 4581	1.0000	0. 6591
thyroid gland	ADENOMA, FOLLICULAR	0	0	0	1	0. 2689		0. 4211
, ,	LYMPHOMA	2	4	2	2	0. 6550	0. 8935	0.8007
	SARCOMA, HISTIOCYTIC	0	1	0	0	1.0000	1.0000	1.0000
	·							
tongue	LYMPHOMA	1	3	3	2	0. 5642	0. 6617	0. 6968
g								
trachea	LYMPHOMA	1	2	1	1	0. 6492	0. 8750	0. 7982
	SARCOMA, HISTIOCYTIC		1	0	0	1. 0000	1.0000	1. 0000
	SAROOMIA, THISTITOOTITO	Ü	•	Ü	Ü	1.0000	1.0000	1. 0000
ureters	LYMPHOMA	5	8	5	5	0. 5421	0. 8764	0. 6925
0.0. 0	SARCOMA, HISTIOCYTIC		0	0	1	0. 2627		0. 4133
	JANOOWA, HISHOUTHO	U	U	U	•	0. 2021	•	J. 71JJ
uri nary bladder	LYMPHOMA	3	5	6	2	0. 8001	0. 5158	0. 8727
arriary brauder	SARCOMA, ENDOMETRIAL		0	0	1		5. 5150	
	SARCOWA, ENDUMETRIAL	U	U	U	1	0. 2627	•	0. 4133

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Table 4B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Placebo Control Including Interim Sacrifice
Female Mice

	Uı	ntrtd	PI aceb	3 %	10 %			
		Cont	Cont	Low	Med		_P-Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=51	Dose Resp	PC vs l	PC vs M
fffffffffffffff	fffffffffffffffffffffffffffff	ffffff	ffffffffff	fffffffff	fffffffff	ffffffffffff	ffffffffff	fffffffffff
uri nary bl adder	SARCOMA, HISTIOCYTIC	0	1	0	0	1. 0000	1. 0000	1. 0000
uterus with cer	ADENOCARCI NOMA	0	1	2	2	0. 2500	0. 5000	0. 3696
	FI BROSARCOMA	0	0	1	0	0. 6303	0.5000	
	HEMANGI OMA	0	2	0	0	1.0000	1.0000	1.0000
	HEMANGI OSARCOMA	0	2	0	0	1.0000	1.0000	1.0000
	LEI OMYOMA	0	1	0	2	0. 1684	1.0000	0. 3696
	LEI OMYOSARCOMA	0	0	3	2	0. 1440	0. 1207	0. 1676
	LYMPHOMA	5	4	5	5	0. 2191	0.5000	0. 3069
	POLYP, ENDOMETRIAL S	8	3	7	5	0. 1667	0. 1574	0. 1861
	SARCOMA, ENDOMETRIAL	2	3	1	2	0. 4825	0. 9361	0. 6839
	SARCOMA, HISTIOCYTIC	2	2	1	2	0. 3504	0.8750	0. 5410
	SCHWANNOMA	0	0	1	0	0. 6303	0.5000	
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6271	0. 4943	·
vagi na	LYMPHOMA	2	3	3	1	0. 7859	0. 6618	0. 8883
	POLYP	0	1	0	0	1.0000	1.0000	1.0000
	SARCOMA, ENDOMETRIAL	. 0	0	0	1	0. 2627		0. 4133

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Table 5A: Comparison of Placebo and Untreated Controls Male Mice Excluding Interim Sacrifice

	Ur	ntreat	PI aceb	
		Cont	Cont	P_Val ue
Organ Name	Tumor Name	N=57	N=58	PC vs UC
fffffffffffffffff	Tffffffffffffffffffffffffff	fffffff	Tffffffff	fffffffff
adrenal glands	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
aorta	CARCI NOMA, BRONCHI OL		0	0. 5294
	LEI OMYOSARCOMA	1	0	0. 5294
	LYMPHOMA	2	3	0. 8469
h	LIEMANIOI OMA		0	0.5004
bone marrow, fe	HEMANGI OMA	1	0	0. 5294
	HEMANGI OSARCOMA	1	0	0. 5294
	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
hono marrow st	LEUVENIA CDANIII OCVT	0	0	
bone marrow, St	LEUKEMIA, GRANULOCYT LYMPHOMA	3	2	0. 5652
	LYMPHOMA	3	2	0. 5652
bone, femur	LYMPHOMA	1	0	0. 5349
borie, reiliai	LIMPHOMA	•	U	0. 3349
bone, sternum	LYMPHOMA	3	2	0. 5538
201107 3101114111	211111111111111	Ü	-	0.0000
brai n	ASTROCYTOMA	1	0	0. 5294
	LYMPHOMA	0	0	
cavity, abdomin	CARCI NOMA, BRONCHI OL	1	0	0. 5294
•	LYMPHOMA	0	1	1.0000
cavity, thoraci	CARCINOMA, BRONCHIOL	1	0	0. 5294
epi di dymi des	LEI OMYOSARCOMA	1	0	0. 5294
	LYMPHOMA	2	2	0.7342
esophagus	LYMPHOMA	0	0	
eyes	LYMPHOMA	1	2	0. 8958
gal I bl adder	LYMPHOMA	1	0	0. 5294
harderi an gland	ADENOMA	0	0	
	AADALNAMA DOONAMA	_		0.5004
heart	CARCI NOMA, BRONCHI OL		0	0. 5294
	HEMANGI OMA	0	0	
	HEMANGI OSARCOMA	1	0	0. 5294
	LYMPHOMA	3	3	0. 7140
ki dnove	ADENOMA TUDULAR CEL	1	0	0 5304
ki dneys	ADENOMA, TUBULAR CEL CARCINOMA, TUBULAR C	1	0	0. 5294
	•	1	0	0. 5294
	HEMANGI OMA	0	1	1.0000
	LEI OMYOSARCOMA LEUKEMI A, GRANULOCYT	1	0	0. 5294
	LYMPHOMA	0 4	0 2	0. 4057
	LIMITIONA	4	۷.	0. 4007

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Table 5A: Comparison of Placebo and Untreated Controls Male Mice Excluding Interim Sacrifice

Organ Name	Tumor Name	Cont N=58	PI aceb Cont N=57	P_Value PC vs UC
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,	,,,,,,,,	
lacrimal glands	LEUKEMIA, GRANULOCYT LYMPHOMA	0 3	0	0. 7140
large intestine	LEI OMYOSARCOMA	1	0	0. 5294
g	LYMPHOMA	0	1	1. 0000
		1	1	0. 7756
larynx	LYMPHOMA	1	1	0. 7756
liver	ADENOMA, HEPATOCELLU	11	14	0. 8266
	CARCINOMA, HEPATOCEL	1	0	0. 5294
	ADEN+CAR, HEPATOCELL	12	14	0. 7571
	HEMANGI OSARCOMA	2	5	0. 9608
	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
	SARCOMA, HISTIOCYTIC	0	0	
l ung	ADENOMA, BRONCHI OLAR	5	5	0. 7291
_	CARCINOMA, BRONCHIOL	8	7	0. 5775
	ADEN+CAR, BRONCHI OLA	11	12	0. 8040
	CARCINOMA, HEPATOCEL	0	0	
	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	3	4	0. 8268
	SARCOMA, HISTIOCYTIC	0	0	
lymph node, axi	LYMPHOMA	1	0	0. 5294
Iymph node, hep	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	1	0	0. 5294
	SARCOMA, HISTIOCYTIC	0	0	
lymph node, ili	LYMPHOMA	1	1	0. 7756
lymph node, man	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	3	3	0. 7140
lymph node, med	CARCI NOMA, BRONCHI OL	1	0	0. 5294
3 ,	LYMPHOMA	1	0	0. 5294
lymph node, mes	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	3	3	0. 7140
	SARCOMA, HISTIOCYTIC	0	0	
lymph node, ren	LYMPHOMA	2	0	0. 2832
multicentric ne	HEMANGI OMA	1	1	0. 7815
	HEMANGI OSARCOMA	3	5	0. 9010
	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	4	5	0.8003
	SARCOMA, HISTIOCYTIC	0	0	

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Table 5A: Comparison of Placebo and Untreated Controls Male Mice Excluding Interim Sacrifice

•	Tumor Name	Cont N=58	PI aceb Cont N=57	P_Value PC vs UC
nerve, sciatic	LYMPHOMA	0	1	1. 0000
pancreas	HEMANGI OSARCOMA LEI OMYOSARCOMA LEUKEMI A, GRANULOCYT LYMPHOMA SARCOMA, HI STI OCYTI C	1 1 0 2	0 0 0 2	0. 5294 0. 5294 0. 7342
peyers patch	LYMPHOMA	0	1	1. 0000
pi tui tary gland	LYMPHOMA	1	1	0. 7808
preputial gland	LEUKEMI A, GRANULOCYT	0	0	
prostate gland	LYMPHOMA	0	1	1. 0000
salivary gland,	LYMPHOMA	0 1	1 1	1. 0000 0. 7756
		2	2	0. 7342
seminal vesicle	LEI OMYOSARCOMA LYMPHOMA	1 0	0 2	0. 5294 1. 0000
skeletal muscle	LYMPHOMA	0	1	1. 0000
skin, subcutis	FIBROUS HISTIOCYTOMA	0	1	1. 0000
skin, treated	HI BERNOMA LYMPHOMA	0 1	1 2	1. 0000 0. 8994
skin, untreated	LEI OMYOSARCOMA	1	0	0. 5294
	LYMPHOMA	1	2	0. 8958
	PAPILLOMA, SQUAMOUS	0	0	
small intestine	LYMPHOMA	0	0 1	1. 0000
spinal cord, ce	LYMPHOMA	0	0	
spinal cord, th	LYMPHOMA	0	0	
spl een	HEMANGI OSARCOMA	1	1	0. 7756
	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	3	3	0. 7140
stomach, glandu	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
stomach, nongla	LYMPHOMA	1	0	0. 5294

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Table 5A: Comparison of Placebo and Untreated Controls Male Mice Excluding Interim Sacrifice

	Untreat	PI aceb	
	Cont	Cont	P_Val ue
Tumor Name	N=58	N=57	PC vs UC
<i>ŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦ</i> ŦŦŦŦŦŦ	ffffffff	ffffffff	ffffffff
ADENOMA, INTERSTITIA	2	1	0. 5353
LYMPHOMA	1	2	0. 8994
LEUKEMIA, GRANULOCYT	0	0	
LYMPHOMA	2	3	0.8469
LYMPHOMA	2	1	0. 5436
SARCOMA, HISTIOCYTIC	0	0	
LYMPHOMA	1	0	0. 5294
LYMPHOMA	0	0	
LEI OMYOSARCOMA	1	0	0. 5294
LEUKEMIA, GRANULOCYT	0	0	
LYMPHOMA	1	3	0. 9497
LYMPHOMA	0	2	1.0000
	ADENOMA, INTERSTITIA LYMPHOMA  LEUKEMIA, GRANULOCYT LYMPHOMA  LYMPHOMA SARCOMA, HISTIOCYTIC  LYMPHOMA  LYMPHOMA  LYMPHOMA  LYMPHOMA  LEIOMYOSARCOMA LEUKEMIA, GRANULOCYT LYMPHOMA	TUMOR NAME  TUMOR NAME  TUMOR NAME  THEORY OF THE PROPERTY OF	TUMOR NAME N=58 N=57  Ifffffffffffffffffffffffffffffffffff

Table 5B: Comparison of Placebo and Untreated Controls Female Mice Excluding Interim Sacrifice

		Untreat	PI aceb	
		Cont	Cont	P_Val ue
Organ Name	Tumor Name	N=59	N=60	PC vs UC
ffffffffffffffff	fffffffffffffffffffffffff	ffffffff	ffffffff	ffffffff
adipose tissue	LYMPHOMA	1	0	0. 5000
adrenal glands	ADENOMA, SUBCAPSULAR	2	1	0. 5000
	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	4	5	0. 7685
	PHEOCHROMOCYTOMA	1	1	0. 7471
aorta	CARCI NOMA, BRONCHI OL	0	2	1.0000
	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	5	0. 8737
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
bone	OSTEOSARCOMA	0	0	•
bone marrow, fe	FIBROSARCOMA	0	0	
,	HEMANGI OSARCOMA	1	0	0. 5000
	LYMPHOMA	1	4	0. 9706
	SARCOMA, HISTIOCYTIC	0	2	1. 0000
bone marrow, st	LYMPHOMA	0	3	1. 0000
bone marrow, st	SARCOMA, HISTIOCYTIC	0	2	1. 0000
	SARCOWA, HISTIOCTIIC	U	2	1.0000
bone, femur	LYMPHOMA	1	2	0. 8793
	OSTEOMA	0	1	1. 0000
bone, mandi bl e	OSTEOSARCOMA	1	0	0. 4943
bone, sternum	LYMPHOMA	2	5	0. 9449
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
brai n	LYMPHOMA	0	2	1. 0000
cavity, abdomin	FIBROSARCOMA	1	0	0. 5000
	HEMANGI OSARCOMA	1	0	0. 5000
	LYMPHOMA	1	0	0. 5000
	SEX-CORD/STROMAL TUM	0	0	
cavity, thoraci	LYMPHOMA	0	0	
esophagus	LYMPHOMA	0	2	1. 0000
eyes	LYMPHOMA	2	1	0. 5085
eyes, optic ner	LYMPHOMA	0	1	1. 0000
gal I bl adder	FIBROMA	0	1	1.0000
	LYMPHOMA	1	4	0. 9723
harderi an gland	ADENOMA	2	1	0. 5000
_				
heart	CARCINOMA, BRONCHIOL	1	1	0. 7471

Table 5B: Comparison of Placebo and Untreated Controls Female Mice Excluding Interim Sacrifice

		Untreat Cont	PI aceb Cont	P_Val ue
Organ Name	Tumor Name	N=59	N=60	PC vs UC
3	ffffffffffffffffffffffffffffffffffffff			
heart	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	8	0. 9728
	SARCOMA, HISTIOCYTIC	1	0	0. 5000
joint, tibiofem	LYMPHOMA	0	1	1. 0000
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
ki dneys	LYMPHOMA	5	10	0. 9599
	SARCOMA, HISTIOCYTIC	2	2	0. 6833
	SEX-CORD/STROMAL TUM	0	0	
lacrimal glands	LYMPHOMA	3	5	0. 8668
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
large intestine	LYMPHOMA	1	0	0. 5000
· ·		2	1	0. 5085
		3	1	0. 3167
larynx	LYMPHOMA	2	3	0. 8196
,	SARCOMA, HISTIOCYTIC	0	1	1. 0000
liver	ADENOMA, HEPATOCELLU	0	1	1. 0000
	CARCINOMA, HEPATOCEL	0	2	1. 0000
	ADEN+CAR, HEPATOCELL	0	3	1.0000
	HEMANGI OMA	0	0	
	HEMANGI OSARCOMA	3	2	0. 4892
	LYMPHOMA	3	9	0. 9852
	SARCOMA, HISTIOCYTIC	2	5	0. 9377
Lung	ADENOMA, BRONCHI OLAR	3	7	0. 9477
	CARCINOMA, BRONCHIOL	7	6	0. 4823
	ADEN+CAR, BRONCHI OLA	9	12	0. 8105
	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	11	0. 9959
	SARCOMA, HISTIOCYTIC	1	5	0. 9850
lymph node, axi	FI BROSARCOMA	0	0	
	LYMPHOMA	0	1	1. 0000
I ymph node, hep	LYMPHOMA	0	1	1. 0000
lymph node, ili	LYMPHOMA	1	0	0. 5000
lymph node, ing	HEMANGI OSARCOMA	0	0	
	LYMPHOMA	0	1	1. 0000
lymph node, man	LYMPHOMA	3	7	0. 9515
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
lymph node, med	CARCINOMA, BRONCHIOL	1	1	0. 7529
9 ,	LYMPHOMA	1	2	0. 8793
lymph node, mes	LYMPHOMA	4	8	0. 9405

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Table 5B: Comparison of Placebo and Untreated Controls Female Mice Excluding Interim Sacrifice

Organ Name	Tumor Name	Untreat Cont N=59	PI aceb Cont N=60	P_Value PC vs UC
•	fullor walle			
lymph node, mes	SARCOMA, HISTIOCYTIC	1	3	0. 9390
	SEX-CORD/STROMAL TUM	0	0	
lymph node, ren	LYMPHOMA	1	1	0. 7529
lymph node, tra	LYMPHOMA	0	1	1. 0000
mammary gland	ADENOCARCI NOMA	1	0	0. 5000
	LYMPHOMA	4	4	0. 6555
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
mesentery/perit	LYMPHOMA	0	0	
multicentric ne	HEMANGI OMA	1	2	0. 8750
	HEMANGI OSARCOMA	3	4	0. 7641
	LYMPHOMA	5	13	0. 9917
	SARCOMA, HISTIOCYTIC	2	5	0. 9377
nerve, sciatic	LYMPHOMA	2	6	0. 9686
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
ovari es	ADENOMA, TUBULOSTROM	1	0	0. 4943
	CARCINOMA, YOLK SAC	1	0	0. 4943
	CHORI OCARCI NOMA	0	1	1. 0000
	CYSTADENOMA	0	2	1. 0000
	LYMPHOMA	5	9	0. 9272
	SARCOMA, HISTIOCYTIC	1	2	0. 8793
	SEX-CORD/STROMAL TUM	1	1	0. 7472
ovi ducts	LYMPHOMA	1	1	0. 7529
pancreas	CARCINOMA, YOLK SAC	1	0	0. 4943
	HEMANGI OMA	1	0	0.5000
	LYMPHOMA	5	7	0. 8332
	SARCOMA, HISTIOCYTIC	1	1	0. 7529
	SCHWANNOMA	0	0	
peyers patch	LYMPHOMA	1	1	0. 7472
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
pi tui tary gl and	ADENOMA, PARS DISTAL	1	1	0. 7471
	ADENOMA, PARS INTERM	0	2	1.0000
	LYMPHOMA	0	0	
salivary gland,	LYMPHOMA	2	1	0. 5085
3 3		3	3	0. 6617
				0. 6725
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
skeletal muscle	LYMPHOMA	1	2	0. 8750

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Table 5B: Comparison of Placebo and Untreated Controls Female Mice Excluding Interim Sacrifice

			PI aceb	D. Val
Organ Nama	Tumor Nomo	Cont	Cont	P_Value
Organ Name	Tumor Name Effffffffffffffffffffff	N=59		PC vs UC
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,
skin, subcutis	FIBROSARCOMA	0	0	
,	HEMANGI OSARCOMA	0	0	
	OSTEOSARCOMA	0	0	
	SCHWANNOMA	0	0	
skin, treated	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	2	4	0. 8986
	SARCOMA, HISTIOCYTIC	0	1	1.0000
skin, untreated	CARCINOMA, SQUAMOUS	1	0	0.5000
	KERATOACANTHOMA	0	1	1.0000
	LYMPHOMA	1	2	0. 8750
small intestine	LYMPHOMA	1	0	0.5000
			1	0. 7472
		2	1	0.5000
	POLYP, GLANDULAR	0	0	
	SCHWANNOMA	0	0	
spinal cord, ce	LYMPHOMA	0	1	1. 0000
spinal cord, lu	LYMPHOMA	0	1	1.0000
spinal cord, th	LYMPHOMA	0	1	1. 0000
spl een	HEMANGI OSARCOMA	1	0	0. 5000
	LYMPHOMA	4	10	0. 9803
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
stomach, glandu		1	0	0. 4943
	LYMPHOMA	3	3	0. 6725
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
	SEX-CORD/STROMAL TUM	0	0	
	LVAIDUOMA		0	4 0000
stomach, nongla	LYMPHOMA	0	2	1.0000
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
tail	HEMANGI OSARCOMA	0	0	
thymus	CARCI NOMA, BRONCHI OL	2	1	0. 5000
	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	5	12	0. 9869
	SARCOMA, HISTIOCYTIC	1	1	0. 7529
Alexandria al and	LVAIDUOMA	0		0.0007
thyroid gland	LYMPHOMA	2	4	0. 8986
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
tongue	LYMPHOMA	1	3	0. 9390
tongue	LIMITHOWA	'	J	0. 7370
trachea	LYMPHOMA	1	2	0. 8750
ti donca	SARCOMA, HISTIOCYTIC	0	1	1. 0000
	5	3	•	1. 0000

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Table 5B: Comparison of Placebo and Untreated Controls Female Mice Excluding Interim Sacrifice

		Untreat Cont	PI aceb Cont	P Val ue
Organ Name	Tumor Name	N=59		PC vs UC
	ffffffffffffffffffffff			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,	,,,,,,,,,	,,,,,,,,
ureters	LYMPHOMA	5	8	0. 8925
uri nary bl adder	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	5	0.8668
	SARCOMA, HISTIOCYTIC	0	1	1.0000
uterus with cer	ADENOCARCI NOMA	0	1	1.0000
	CARCINOMA, YOLK SAC	1	0	0. 4943
	FIBROSARCOMA	0	0	
	HEMANGI OMA	0	2	1.0000
	HEMANGI OSARCOMA	0	2	1.0000
	LEI OMYOMA	0	1	1.0000
	LEI OMYOSARCOMA	0	0	
	LYMPHOMA	5	4	0. 5280
	POLYP, ENDOMETRIAL S	8	3	0.0914
	SARCOMA, ENDOMETRIAL	2	3	0.8053
	SARCOMA, HISTIOCYTIC	2	2	0. 6833
	SCHWANNOMA	0	0	
	SEX-CORD/STROMAL TUM	0	0	
vagi na	LYMPHOMA	2	3	0. 8267
	POLYP	0	1	1.0000

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Table 6A: Comparison of Placebo and Untreated Controls Male Mice Including Interim Sacrifice

		Untreat	PI aceb	
		Cont		P_Val ue
Organ Name	Tumor Name	N=58		
•		Tffffffff	ffffffff	ffffffff
adrenal glands	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
	AADALMAMA DDAMAMAA			
aorta	CARCINOMA, BRONCHIOL	1	0	0. 5294
	LEI OMYOSARCOMA LYMPHOMA	1	0	0. 5294 0. 8469
	LIMPHOMA	2	3	0. 0407
bone marrow, fe	HEMANGI OMA	1	0	0. 5294
,	HEMANGI OSARCOMA	1	0	0. 5294
	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
bone marrow, st	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	3	2	0. 5652
			_	
bone, femur	LYMPHOMA	1	0	0. 5349
bone, sternum	LYMPHOMA	3	2	0. 5538
borie, sterrium	LIMPHOMA	3	2	0. 3336
brai n	ASTROCYTOMA	1	0	0. 5294
	LYMPHOMA	0	0	
cavity, abdomin	CARCI NOMA, BRONCHI OL	1	0	0. 5294
	LYMPHOMA	0	1	1. 0000
cavity, thoraci	CARCI NOMA, BRONCHI OL	1	0	0. 5294
and all alone alone	LELOMYOCADCOMA	1	0	0 5004
epi di dymi des	LEI OMYOSARCOMA LYMPHOMA	1 2	0	0. 5294 0. 7342
	LYMPHOMA	2	2	0.7342
esophagus	LYMPHOMA	0	0	
eyes	LYMPHOMA	1	2	0. 8958
gal I bl adder	LYMPHOMA	1	0	0. 5294
harderi an gland	ADENOMA	0	0	
h t	OADOLNOMA DDONOULO	4		0.5004
heart	CARCINOMA, BRONCHIOL HEMANGIOMA	1	0	0. 5294
	HEMANGI OSARCOMA	0 1	0	0. 5294
	LYMPHOMA	3	3	0. 7140
	21111111111111	· ·	Ü	0.7.10
ki dneys	ADENOMA, TUBULAR CEL	1	0	0. 5294
=	CARCINOMA, TUBULAR C	1	0	0. 5294
	HEMANGI OMA	0	1	1.0000
	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMI A, GRANULOCYT	0	0	
	LYMPHOMA	4	2	0. 4057

Table 6A: Comparison of Placebo and Untreated Controls Male Mice Including Interim Sacrifice

		Cont	PI aceb Cont	P_Val ue			
•	Organ Name Tumor Name N=58 N=59 PC vs UC						
lacrimal glands	LEUKEMI A, GRANULOCYT LYMPHOMA	0	0	0. 7140			
large intestine	LEI OMYOSARCOMA	1	0	0. 5294			
	LYMPHOMA	0	1	1.0000			
		1	1	0. 7756			
larynx	LYMPHOMA	1	1	0. 7756			
liver	ADENOMA, HEPATOCELLU	11	14	0. 8266			
	CARCI NOMA, HEPATOCEL	1	0	0. 5294			
	ADEN+CAR, HEPATOCELL	12	14	0. 7571			
	HEMANGI OSARCOMA	2	5	0. 9608			
	LEI OMYOSARCOMA	1	0	0. 5294			
	LEUKEMIA, GRANULOCYT	0	0				
	LYMPHOMA	3	2	0. 5652			
	SARCOMA, HISTIOCYTIC	0	0	•			
l ung	ADENOMA, BRONCHI OLAR	5	5	0. 7291			
	CARCINOMA, BRONCHIOL	8	7	0. 5775			
	ADEN+CAR, BRONCHI OLA	11	12	0.8040			
	CARCINOMA, HEPATOCEL	0	0				
	LEI OMYOSARCOMA	1	0	0. 5294			
	LEUKEMIA, GRANULOCYT	0	0				
	LYMPHOMA	3	4	0. 8268			
	SARCOMA, HISTIOCYTIC	0	0				
lymph node, axi	LYMPHOMA	1	0	0. 5294			
Lymph node, hep	LEUKEMIA, GRANULOCYT	0	0				
31 . 1	LYMPHOMA	1	0	0. 5294			
	SARCOMA, HISTIOCYTIC	0	0				
lymph node, ili	LYMPHOMA	1	1	0. 7756			
lymph node, man	LEUKEMIA, GRANULOCYT	0	0				
	LYMPHOMA	3	3	0. 7140			
Lymph node, med	CARCINOMA, BRONCHIOL	1	0	0. 5294			
· .	LYMPHOMA	1	0	0. 5294			
lymph node, mes	LEUKEMI A, GRANULOCYT	0	0				
	LYMPHOMA	3	3	0. 7140			
	SARCOMA, HISTIOCYTIC	0	0	•			
lymph node, ren	LYMPHOMA	2	0	0. 2832			
multicentric ne	HEMANGI OMA	1	1	0. 7815			
	HEMANGI OSARCOMA	3	5	0. 9010			
	LEUKEMI A, GRANULOCYT	0	0				
	LYMPHOMA	4	5	0. 8003			
	SARCOMA, HISTIOCYTIC	0	0				

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Table 6A: Comparison of Placebo and Untreated Controls Male Mice Including Interim Sacrifice

Organ Name	Tumor Name	Cont N=58	PI aceb Cont N=59 ffffffff	P_Value PC vs UC
nerve, sciatic	LYMPHOMA	0	1	1. 0000
pancreas	HEMANGI OSARCOMA LEI OMYOSARCOMA LEUKEMI A, GRANULOCYT LYMPHOMA SARCOMA, HI STI OCYTI C	1 1 0 2	0 0 0 2 0	0. 5294 0. 5294 0. 7342
peyers patch	LYMPHOMA	0	1	1. 0000
pi tui tary gl and	LYMPHOMA	1	1	0. 7808
preputial gland	LEUKEMI A, GRANULOCYT	0	0	
prostate gl and	LYMPHOMA	0	1	1. 0000
salivary gland,	LYMPHOMA	0 1 2	1 1 2	1. 0000 0. 7756 0. 7342
seminal vesicle	LEI OMYOSARCOMA LYMPHOMA	1	0 2	0. 5294 1. 0000
skeletal muscle	LYMPHOMA	0	1	1. 0000
skin, subcutis	FIBROUS HISTIOCYTOMA	0	1	1. 0000
skin, treated	HI BERNOMA LYMPHOMA	0	1 2	1. 0000 0. 8994
skin, untreated	LEI OMYOSARCOMA	1	0	0. 5294
	LYMPHOMA	1	2	0. 8958
	PAPILLOMA, SQUAMOUS	0	0	
small intestine	LYMPHOMA	0	0 1	1. 0000
spinal cord, ce	LYMPHOMA	0	0	
spinal cord, th	LYMPHOMA	0	0	
spl een	HEMANGI OSARCOMA LEUKEMI A, GRANULOCYT LYMPHOMA	1 0 3	1 0 3	0. 7756 0. 7140
stomach, glandu	LEI OMYOSARCOMA LEUKEMI A, GRANULOCYT LYMPHOMA	1 0 3	0 0 2	0. 5294 0. 5652
stomach, nongla	LYMPHOMA	1	0	0. 5294

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Table 6A: Comparison of Placebo and Untreated Controls Male Mice Including Interim Sacrifice

		Untreat	PI aceb	
		Cont	Cont	P_Val ue
Organ Name	Tumor Name	N=58	N=59	PC vs UC
ffffffffffffffff	<i>ŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦŦ</i> ŦŦ	ffffffff	ffffffff	ffffffff
	ADENOMA INTEROTUTA		_	0.5050
testes	ADENOMA, INTERSTITIA	2	1	0. 5353
	LYMPHOMA	1	2	0. 8994
thymus	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	2	3	0. 8469
thyroid gland	LYMPHOMA	2	1	0. 5436
	SARCOMA, HISTIOCYTIC	0	0	
tongue	LYMPHOMA	1	0	0. 5294
trachea	LYMPHOMA	0	0	
ureters	LEI OMYOSARCOMA	1	0	0. 5294
	LEUKEMIA, GRANULOCYT	0	0	
	LYMPHOMA	1	3	0. 9497
uri nary bladder	LYMPHOMA	0	2	1. 0000

Table 6B: Comparison of Placebo and Untreated Controls Female Mice Including Interim Sacrifice

		Untreat	PI aceb			
		Cont	Cont	P_Val ue		
Organ Name	Tumor Name	N=59	N=60	PC vs UC		
ffffffffffffffff						
adi pose ti ssue	LYMPHOMA	1	0	0. 5000		
adrenal glands	ADENOMA, SUBCAPSULAR	2	1	0.5000		
	CARCINOMA, YOLK SAC	1	0	0. 4943		
	LYMPHOMA	4	5	0. 7685		
	PHEOCHROMOCYTOMA	1	1	0. 7471		
aorta	CARCI NOMA, BRONCHI OL	0	2	1. 0000		
	CARCINOMA, YOLK SAC	1	0	0. 4943		
	LYMPHOMA	3	5	0. 8737		
	SARCOMA, HISTIOCYTIC	0	1	1. 0000		
bone	OSTEOSARCOMA	0	0			
bone marrow, fe	FIBROSARCOMA	0	0			
	HEMANGI OSARCOMA	1	0	0. 5000		
	LYMPHOMA	1	4	0. 9706		
	SARCOMA, HISTIOCYTIC	0	2	1. 0000		
	,					
bone marrow, st	LYMPHOMA	0	3	1.0000		
	SARCOMA, HISTIOCYTIC	0	2	1.0000		
bone, femur	LYMPHOMA	1	2	0. 8793		
	OSTEOMA	0	1	1. 0000		
bone, mandi bl e	OSTEOSARCOMA	1	0	0. 4943		
bone, sternum	LYMPHOMA	2	5	0. 9449		
	SARCOMA, HISTIOCYTIC	0	1	1. 0000		
brai n	LYMPHOMA	0	2	1. 0000		
cavity, abdomin	FIBROSARCOMA	1	0	0. 5000		
oavi ty, abaomin	HEMANGI OSARCOMA	1	0	0. 5000		
	LYMPHOMA	1	0	0. 5000		
	SEX-CORD/STROMAL TUM	0	0			
cavity, thoraci	LYMPHOMA	0	0			
esophagus	LYMPHOMA	0	2	1. 0000		
eyes	LYMPHOMA	2	1	0. 5085		
eyes, optic ner	LYMPHOMA	0	1	1. 0000		
gal I bl adder	FIBROMA	0	1	1. 0000		
	LYMPHOMA	1	4	0. 9723		
harderian gland	ADENOMA	2	1	0. 5000		
heart	CARCI NOMA, BRONCHI OL	1	1	0. 7471		

Table 6B: Comparison of Placebo and Untreated Controls Female Mice Including Interim Sacrifice

		Untreat Cont	PI aceb	P_Val ue
Organ Name	Tumor Name	N=59	N=60	PC vs UC
•	fffffffffffffffffffffffffff			
heart	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	8	0. 9728
	SARCOMA, HISTIOCYTIC	1	0	0. 5000
joint, tibiofem	LYMPHOMA	0	1	1. 0000
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
ki dneys	LYMPHOMA	5	10	0. 9599
	SARCOMA, HISTIOCYTIC	2	2	0. 6833
	SEX-CORD/STROMAL TUM	0	0	•
lacrimal glands	LYMPHOMA	3	5	0. 8668
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
large intestine	LYMPHOMA	1	0	0. 5000
		2	1	0. 5085
		3	1	0. 3167
larynx	LYMPHOMA	2	3	0. 8196
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
liver	ADENOMA, HEPATOCELLU	0	1	1. 0000
	CARCINOMA, HEPATOCEL	0	2	1.0000
	ADEN+CAR, HEPATOCELL	0	3	1.0000
	HEMANGI OMA	0	0	
	HEMANGI OSARCOMA	3	2	0. 4892
	LYMPHOMA	3	9	0. 9852
	SARCOMA, HISTIOCYTIC	2	5	0. 9377
l ung	ADENOMA, BRONCHI OLAR	3	7	0. 9477
	CARCI NOMA, BRONCHI OL	7	6	0. 4823
	ADEN+CAR, BRONCHI OLA	9	12	0. 8105
	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	11	0. 9959
	SARCOMA, HISTIOCYTIC	1	5	0. 9850
lymph node, axi	FIBROSARCOMA	0	0	
	LYMPHOMA	0	1	1. 0000
lymph node, hep	LYMPHOMA	0	1	1. 0000
lymph node, ili	LYMPHOMA	1	0	0. 5000
lymph node, ing	HEMANGI OSARCOMA	0	0	
	LYMPHOMA	0	1	1. 0000
lymph node, man	LYMPHOMA	3	7	0. 9515
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
lymph node, med	CARCI NOMA, BRONCHI OL	1	1	0. 7529
. Jiipri riode, illed	LYMPHOMA	1	2	0. 7329
		•	-	
lymph node, mes	LYMPHOMA	4	8	0. 9405

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Table 6B: Comparison of Placebo and Untreated Controls Female Mice Including Interim Sacrifice

		Untreat Cont	PI aceb Cont	P_Val ue
Organ Name	Tumor Name	N=59	N=60	PC vs UC
fffffffffffffff	***************************************	ffffffff	ffffffff	fffffffff
lymph node, mes	SARCOMA, HISTIOCYTIC	1	3	0. 9390
	SEX-CORD/STROMAL TUM	0	0	٠
lymph node, ren	LYMPHOMA	1	1	0. 7529
lymph node, tra	LYMPHOMA	0	1	1. 0000
mammary gland	ADENOCARCI NOMA	1	0	0. 5000
, ,	LYMPHOMA	4	4	0. 6555
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
mesentery/perit	LYMPHOMA	0	0	
multicentric ne	HEMANGI OMA	1	2	0. 8750
	HEMANGI OSARCOMA	3	4	0. 7641
	LYMPHOMA	5	13	0. 9917
	SARCOMA, HISTIOCYTIC	2	5	0. 9377
	LVANDUOMA			0.0101
nerve, sciatic	LYMPHOMA	2	6	0. 9686
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
ovari es	ADENOMA, TUBULOSTROM	1	0	0. 4943
	CARCINOMA, YOLK SAC	1	0	0. 4943
	CHORI OCARCI NOMA	0	1	1.0000
	CYSTADENOMA	0	2	1.0000
	LYMPHOMA	5	9	0. 9272
	SARCOMA, HISTIOCYTIC	1	2	0. 8793
	SEX-CORD/STROMAL TUM	1	1	0. 7472
ovi ducts	LYMPHOMA	1	1	0. 7529
pancreas	CARCINOMA, YOLK SAC	1	0	0. 4943
	HEMANGI OMA	1	0	0.5000
	LYMPHOMA	5	7	0.8332
	SARCOMA, HISTIOCYTIC	1	1	0. 7529
	SCHWANNOMA	0	0	
peyers patch	LYMPHOMA	1	1	0. 7472
	SARCOMA, HISTIOCYTIC	0	1	1.0000
pi tui tary gland	ADENOMA, PARS DISTAL	1	1	0. 7471
	ADENOMA, PARS INTERM	0	2	1.0000
	LYMPHOMA	0	0	•
salivary gland,	LYMPHOMA	2	1	0. 5085
3 5 .		3	3	0. 6617
				0. 6725
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
skeletal muscle	LYMPHOMA	1	2	0. 8750

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Table 6B: Comparison of Placebo and Untreated Controls Female Mice Including Interim Sacrifice

		Untreat	PI aceb		
		Cont	Cont	P_Val ue	
Organ Name	Tumor Name	N=59	N=60	PC vs UC	
ffffffffffffffff	Tffffffffffffffffffffffffff	ffffffff	ffffffff	ffffffff	
skin, subcutis	FI BROSARCOMA	0	0		
	HEMANGI OSARCOMA	0	0		
	OSTEOSARCOMA	0	0		
	SCHWANNOMA	0	0		
skin, treated	CARCINOMA, YOLK SAC	1	0	0. 4943	
	LYMPHOMA	2	4	0. 8986	
	SARCOMA, HISTIOCYTIC	0	1	1. 0000	
skin, untreated	CARCINOMA, SQUAMOUS	1	0	0. 5000	
	KERATOACANTHOMA	0	1	1. 0000	
	LYMPHOMA	1	2	0. 8750	
small intestine	LYMPHOMA	1	0	0.5000	
			1	0. 7472	
		2	1	0. 5000	
	POLYP, GLANDULAR	0	0		
	SCHWANNOMA	0	0		
spinal cord, ce	LYMPHOMA	0	1	1. 0000	
spinal cord, lu	LYMPHOMA	0	1	1. 0000	
spinal cord, th	LYMPHOMA	0	1	1. 0000	
spl een	HEMANGI OSARCOMA	1	0	0. 5000	
	LYMPHOMA	4	10	0. 9803	
	SARCOMA, HISTIOCYTIC	0	1	1. 0000	
			_		
stomach, glandu	CARCINOMA, YOLK SAC	1	0	0. 4943	
	LYMPHOMA	3	3	0. 6725	
	SARCOMA, HISTIOCYTIC	0	1	1. 0000	
	SEX-CORD/STROMAL TUM	0	0		
	LVARDUOMA	0		4 0000	
stomach, nongla	LYMPHOMA	0	2	1.0000	
	SARCOMA, HISTIOCYTIC	0	1	1. 0000	
4-11	HEMANCI OCADCOMA	0	0		
tail	HEMANGI OSARCOMA	0	0	•	
thymus	CARCINOMA PRONCHIO	2	1	0 5000	
thymus	CARCINOMA, BRONCHIOL CARCINOMA, YOLK SAC	2 1	1	0.5000	
		5	0 12	0. 4943 0. 9869	
	LYMPHOMA SARCOMA, HISTIOCYTIC	1	1	0. 7529	
	SARCOWA, III STI OCTITIC	'	'	0. 7327	
thyroid gland	LYMPHOMA	2	4	0. 8986	
anyroru granu	SARCOMA, HISTIOCYTIC	0	1	1. 0000	
	JANGOWA, HISTIOCITIC	J	!	1.0000	
tongue	LYMPHOMA	1	3	0. 9390	
: Jiigue	2 1101111		3	3. 7370	
trachea	LYMPHOMA	1	2	0. 8750	
	SARCOMA, HISTIOCYTIC	0	1	1. 0000	
		-	•	500	

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Table 6B: Comparison of Placebo and Untreated Controls Female Mice Including Interim Sacrifice

		Untreat Cont	PI aceb Cont	P_Val ue
Organ Name	Tumor Name	N=59	N=60	PC vs UC
fffffffffffffff	TEFFEFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	ffffffff	ffffffff	ffffffff
ureters	LYMPHOMA	5	8	0. 8925
uri nary bl adder	CARCINOMA, YOLK SAC	1	0	0. 4943
	LYMPHOMA	3	5	0.8668
	SARCOMA, HISTIOCYTIC	0	1	1. 0000
uterus with cer	ADENOCARCI NOMA	0	1	1. 0000
	CARCINOMA, YOLK SAC	1	0	0. 4943
	FIBROSARCOMA	0	0	
	HEMANGI OMA	0	2	1.0000
	HEMANGI OSARCOMA	0	2	1.0000
	LEI OMYOMA	0	1	1.0000
	LEI OMYOSARCOMA	0	0	
	LYMPHOMA	5	4	0. 5280
	POLYP, ENDOMETRIAL S	8	3	0. 0914
	SARCOMA, ENDOMETRIAL	2	3	0.8053
	SARCOMA, HISTIOCYTIC	2	2	0. 6833
	SCHWANNOMA	0	0	
	SEX-CORD/STROMAL TUM	0	0	
vagi na	LYMPHOMA	2	3	0. 8267
	POLYP	0	1	1.0000

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Table 7A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Male Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med	P_Val ue		
Organ Name	Tumor Name	N=58	N=57	N=56	N=47	Dose Resp		
3						•		
adrenal glands	ADENOMA, CORTICAL	0	0	0	1	0. 2764		0. 4304
	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	2	3	0	0. 9480	0.6405	1.0000
aorta	ADENOCARCI NOMA	0	0	0	1	0. 2764		0.4304
	CARCINOMA, BRONCHIOL	1	0	0	0	1.0000	1.0000	1.0000
	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	2	3	1	1	0. 6815	0.8708	0.8221
bone marrow, fe	HEMANGI OMA	1	0	0	0	1.0000	1.0000	1.0000
	HEMANGI OSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	2	3	1	0.8019	0.6512	0.8980
bone marrow, st	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	2	4	1	0.8057	0. 4878	0.8980
bone, femur	LYMPHOMA	1	0	3	1	0. 5405	0. 3083	0. 6806
	OSTEOSARCOMA	0	0	0	1	0. 2823		0. 4375
bone, sternum	LYMPHOMA	3	2	5	1	0.8097	0.3449	0.8980
brai n	ASTROCYTOMA	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	0	0	2	1	0. 2982	0. 2472	0. 4375
cavity, abdomin	CARCINOMA, BRONCHIOL	1	0	0	0	1.0000	1.0000	1.0000
cavity, thoraci	CARCINOMA, BRONCHIOL	1	0	0	0	1.0000	1.0000	1.0000
ears	FIBROUS HISTIOCYTOMA	0	0	0	1	0. 2823		0. 4375
epi di dymi des	ADENOMA, INTERSTITIA	0	0	0	1	0. 2764		0. 4304
	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	2	2	5	1	0. 7193	0. 2172	0. 8221
esophagus	LYMPHOMA	0	0	2	0	0.6042	0. 2416	
eyes	LYMPHOMA	1	2	1	1	0. 5221	0.7472	0. 6867
gal I bl adder	LYMPHOMA	1	0	2	1	0. 5242	0.5000	0. 6867
harderian gland	ADENOMA	0	0	1	0	0. 6341	0. 4944	
heart	CARCINOMA, BRONCHIOL	1	0	0	0	1.0000	1.0000	1.0000
	HEMANGI OMA	0	0	1	0	0. 6341	0. 4944	
	HEMANGI OSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	3	3	5	1	0.8097	0. 3449	0.8980
ki dneys	ADENOCARCI NOMA	0	0	0	1	0. 2764		0. 4304
-	ADENOMA, TUBULAR CEL	1	0	1	0	0. 8681	0.7472	1.0000
	CARCINOMA, TUBULAR C	1	0	0	0	1.0000	1.0000	1.0000
	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	4	2	5	1	0.8800	0. 4862	0. 9438
lacrimal glands	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
ū	LYMPHOMA	3	3	5	1	0.8097	0. 3449	0.8980
large intestine		1	0	0	0	1.0000	1.0000	1.0000
ū	LYMPHOMA	0	0	0	1	0. 2823		0. 4375
			1	1	1	0. 2800	0. 4944	0. 4375
		1	1	0	1	0. 4865	1.0000	0. 6867
Larynx	LYMPHOMA	1	1	3	0	0. 8116	0. 3082	1. 0000
liver	ADENOCARCI NOMA	0	0	0	1	0. 2764		0. 4304
	ADENOMA, HEPATOCELLU	11	14	9	12	0. 1251	0. 7923	0. 2366
	CARCINOMA, HEPATOCEL	1	0	2	1	0. 5243	0. 4915	0. 6867
	ADEN+CAR, HEPATOCELL	12	14	10	13	0. 1365	0. 7861	0. 2503
	HEMANGI OMA	0	0	0	1	0. 2823		0. 4375
						- *		

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Table 7A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Male Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		_P_Val ue_	
Organ Name	Tumor Name	N=58	N=57	N=56	N=47	Dose Resp	UC vs. L	UC vs. M
ffffffffffffffff	fffffffffffffffffffffffff	ffffffff	ffffffff	fffffff	ffffffff	fffffffffff.	fffffffff.	fffffffff
liver	HEMANGI OSARCOMA	2	5	3	2	0. 4605	0. 4895	0. 5826
	LEI OMYOSARCOMA	1	0	0	0	1. 0000	1. 0000	1. 0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	2	6	1	0. 8129	0. 2320	0.8980
	SARCOMA, HISTIOCYTIC	0	0	2	0	0. 6042	0. 2416	
l ung	ADENOCARCI NOMA	0	0	0	1	0. 2764		0. 4304
. 5	ADENOMA, BRONCHI OLAR	5	5	2	4	0. 3800	0. 9339	0. 5903
	CARCI NOMA, BRONCHI OL	8	7	6	6	0. 4880	0. 7823	0. 6241
	ADEN+CAR, BRONCHI OLA	11	12	8	10	0. 2592	0. 8079	0. 3975
	CARCINOMA, HEPATOCEL	0	0	1	0	0. 6341	0. 4944	
	LEI OMYOSARCOMA	1	0	0	0	1. 0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	4	5	1	0.8097	0. 3449	0. 8980
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6341	0. 4944	
lymph node, axi	LYMPHOMA	1	0	0	0	1. 0000	1. 0000	1.0000
Tymph node, hep	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
<i>y</i>	LYMPHOMA	1	0	1	0	0. 8681	0.7472	1.0000
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6341	0. 4944	
lymph node, ili	LYMPHOMA	1	1	0	0	1. 0000	1. 0000	1.0000
Tymph node, man	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
<i>y</i> , , .	LYMPHOMA	3	3	5	1	0.8097	0. 3449	0.8980
lymph node, med	ADENOCARCI NOMA	0	0	0	1	0. 2764		0. 4304
· Jp. · · · · · · · · · · · · · · · · ·	CARCI NOMA, BRONCHI OL	1	0	0	0	1. 0000	1. 0000	1.0000
	LYMPHOMA	1	0	0	0	1. 0000	1. 0000	1.0000
lymph node, mes	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
· Jp. · · · · · · · · · · · · · · · · ·	LYMPHOMA	3	3	6	1	0. 8129	0. 2320	0. 8980
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6341	0. 4944	
lymph node, ren	LYMPHOMA	2	0	0	0	1. 0000	1. 0000	1.0000
multicentric ne	HEMANGI OMA	1	1	1	1	0. 5221	0. 7472	0. 6867
mar er content o mo	HEMANGI OSARCOMA	3	5	3	2	0. 5978	0. 6510	0. 7236
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	4	5	7	1	0. 8807	0. 2614	0. 9438
	SARCOMA, HISTIOCYTIC	0	0	2	0	0. 6042	0. 2416	0.7.00
nerve, sciatic	LYMPHOMA	0	1	3	0	0. 6669	0. 1208	•
pancreas	HEMANGI OSARCOMA	1	0	0	0	1. 0000	1. 0000	1. 0000
panor das	LEI OMYOSARCOMA	1	0	0	0	1. 0000	1. 0000	1. 0000
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	1.0000
	LYMPHOMA	2	2	5	1	0. 7193	0. 2172	0. 8221
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6341	0. 4944	0.0221
peyers patch	LYMPHOMA	0	1	2	1	0. 2986	0. 2416	0. 4375
pi tui tary gland	LYMPHOMA	1	1	2	0	0. 8056	0. 4917	1. 0000
preputial gland	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	1.0000
prostate gland	LYMPHOMA	0	1	4	1	0. 4154	0. 0611	0. 4375
salivary gland,	LYMPHOMA	0	1	2	0	0. 6046	0. 2472	
Sair var y grana,	LTWI HOWA	1	1	4	0	0.8173	0. 1874	1. 0000
		2	2	4	1	0. 7081	0. 3384	0. 8221
seminal vesicle	LEI OMYOSARCOMA	1	0	0	0	1. 0000	1. 0000	1. 0000
Seminar VESICIE	LYMPHOMA	0	2	3	0	0. 6669	0. 1208	1.0000
skeletal muscle	LYMPHOMA	0	1	3	1	0. 3633	0. 1208	0. 4375
skin, subcutis	FI BROUS HI STI OCYTOMA	0	1					
				0	1	0. 2823		0. 4375
skin, treated	LYMPHOMA	1	2	3	1	0. 5415	0. 3000	0. 6806

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Table 7A: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Male Mice

		Untrtd	PI aceb	3 %	10 %		5 1/ 1	
		Cont	Cont	Low	Med		P_Val ue	
Organ Name	Tumor Name	N=58	N=57	N=56	N=47	Dose Resp		
<i>}}}}†</i>	fffffffffffffffffffffff		<i>}}}<i>}†</i></i>	fffffff.	fffffff.	<i>ffffffffffff</i>	#########	ffffffff
skin, untreated	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	1	2	3	1	0. 5488	0. 3082	0. 6867
	PAPI LLOMA, SQUAMOUS	0	0	1	0	0. 6341	0. 4944	
small intestine	LYMPHOMA	0	0	1	1	0. 2800	0. 4944	0. 4375
			1	0	1	0. 2823		0. 4375
				1	1	0. 2800	0. 4944	0. 4375
spinal cord, ce	LYMPHOMA	0	0	1	0	0. 6341	0. 4944	
spinal cord, th	LYMPHOMA	0	0	1	0	0. 6341	0. 4944	
spl een	HEMANGI OSARCOMA	1	1	0	0	1.0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	3	6	1	0. 8126	0. 2428	0.8980
stomach, glandu	ADENOCARCI NOMA	0	0	0	1	0. 2764		0. 4304
	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	3	2	6	1	0.8129	0. 2320	0.8980
stomach, nongla	LYMPHOMA	1	0	2	0	0.8106	0.5000	1.0000
testes	ADENOMA, INTERSTITIA	2	1	1	0	0. 9531	0.8750	1.0000
	LYMPHOMA	1	2	2	0	0.8042	0. 4831	1.0000
thymus	LEUKEMIA, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	2	3	5	0	0.8896	0. 2172	1.0000
thyroid gland	ADENOMA, FOLLICULAR	0	0	0	2	0.0748		0. 1821
	LYMPHOMA	2	1	2	0	0. 9114	0.6747	1.0000
	SARCOMA, HISTIOCYTIC	0	0	1	0	0. 6341	0. 4944	
tongue	LYMPHOMA	1	0	1	0	0.8681	0.7472	1.0000
trachea	LYMPHOMA	0	0	3	1	0. 3633	0. 1208	0. 4375
ureters	LEI OMYOSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
	LEUKEMI A, GRANULOCYT	0	0	1	0	0. 6341	0. 4944	
	LYMPHOMA	1	3	5	0	0. 8145	0. 1066	1.0000
uri nary bladder	LYMPHOMA	0	2	4	1	0. 4154	0.0611	0. 4375

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Table 7B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Female Mice

Organ Name         Tumor Name         N-69         N-60         N-60         N-48         Dose Resp         UC vs. L L UC vs. M           ### MINISHIPHINISHI			Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P_Val ue_	
ADEROMA, ENDOMETRIAL 0 0 0 1 0 0.2650 . 0.4189 adrenal glands adrenal glands adrenal glands are also as a context of the conte	•								
ADEROMA, ENDOMETRIAL 0 0 0 1 0 0.2650 . 0.4189 adrenal glands adrenal glands adrenal glands are also as a context of the conte		LVMDUOMA	1	0	0	1	0.4501	1 0000	0 (501
adrenal glands	adi pose Ti ssue								
CARCI NOMA, YOLK SAC 1 0 0 0 1.0000 1		SAROOMA, ENDOWETRIAL	O	O	O	•	0. 2000		0.4107
LYMPHOMA	adrenal glands	ADENOMA, SUBCAPSULAR	2	1	0	1	0. 6029	1.0000	0. 8039
PHECHROMOCYTOMA 1 1 1 0 0 1 1.0000 1.0000 1.0000 SARCOMA, HISTIOCYTIC 0 0 0 0 1 0.2650 . 0.4189  aorta		CARCINOMA, YOLK SAC	1	0	0	0	1.0000	1.0000	1.0000
SARCOMA, HISTIOCYTIC   O   O   O   O   O   O   O   O   O		LYMPHOMA	4	5	3	3	0. 4384	0.7736	0. 5919
aorta		PHEOCHROMOCYTOMA	1	1	0	0	1.0000	1.0000	1.0000
Deno   Decoration   Decoratio		SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2650		0. 4189
Done marrow, Fe   FI BROSARCOMA   0   0   1   0   0.6325   0.5000   .	aorta	CARCINOMA, YOLK SAC	1	0	0	0	1. 0000	1. 0000	1. 0000
bone marrow, fe HEMANGI OSARCOMA   1		LYMPHOMA	3	5	5	7	0.0374	0. 3445	0.0626
HEMANGI OSARCOMA	bone	OSTEOSARCOMA	0	0	1	0	0. 6325	0. 5000	
HEMANGI OSARCOMA									
LYMPHOMA   1	bone marrow, fe	FIBROSARCOMA	0	0	1	0	0. 6356	0.5057	
SARCOMA, HISTIOCYTIC   O   2   O   2   O   0.0685   .   O   0.1722		HEMANGI OSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
Bone marrow, st   LYMPHOMA   SARCOMA, HISTIOCYTIC   SO   SO   SO   SO   SO   SO   SO   S		LYMPHOMA	1	4	2	2	0. 2601	0.5000	0. 3810
Description		SARCOMA, HISTIOCYTIC	0	2	0	2	0. 0685	·	0. 1722
Description	bone marrow. st	LYMPHOMA	0	3	2	3	0. 0439*	0. 2529	0. 0735
bone, mandi bl e OSTEOSARCOMA 1 0 0 0 1.0000 1.0000 1.0000 bone, sternum LYMPHOMA 2 5 3 6 0.0277 0.4892 0.0610 brain LYMPHOMA 0 2 2 3 0.0439* 0.2529 0.0735 cavi ty, abdomi n Fi BROSARCOMA 1 0 0 0 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00000 1.00000 1.00000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.000	,								
bone, sternum LYMPHOMA 2 5 3 6 0.0277 0.4892 0.0610  brain LYMPHOMA 0 2 2 3 0.0439* 0.2529 0.0735  cavi ty, abdomin FI BROSARCOMA 1 0 0 0 1.0000 1.00	bone, femur	LYMPHOMA	1	2	1	1	0. 4921	0. 7529	0. 6591
brain         LYMPHOMA         0         2         2         3         0.0439*         0.2529         0.0735           cavity, abdomin Cavity, abdomi	bone, mandi bl e	OSTEOSARCOMA	1	0	0	0	1. 0000	1. 0000	1. 0000
cavi ty, abdomi n	bone, sternum	LYMPHOMA	2	5	3	6	0. 0277	0. 4892	0. 0610
HEMANGI OSARCOMA 1 0 0 0 1.0000 1.0000 1.0000 1.0000 LYMPHOMA 1 0 0 0 0 1.00000	brai n	LYMPHOMA	0	2	2	3	0.0439*	0. 2529	0. 0735
LYMPHOMA SEX-CORD/STROMAL TUM         1 0 0 0 1 00 0 0.6325 0.5000 0	cavity, abdomin	FIBROSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
cavi ty, thoraci         LYMPHOMA         0         1         0         0.6325         0.5000         .           esophagus         LYMPHOMA         0         2         0         1         0.2650         .         0.4189           eyes         LYMPHOMA         2         1         2         0         0.9059         0.6833         1.0000           eyes, optic ner         LYMPHOMA         0         1         0         1         0.2650         .         0.4189           gal I bl adder         LYMPHOMA SARCOMA, HI STI OCYTI C         0         0         1         0.5704         0.0623         0.6591           harderi an gl and         ADENOMA         2         1         0         0         1.0000         1.0000         1.0000           heart         CARCI NOMA, BRONCHI OL         1         1         0         1         0.4614         1.0000         0.6657	-	HEMANGI OSARCOMA	1	0	0	0	1.0000	1.0000	1.0000
cavi ty, thoraci         LYMPHOMA         0         0         1         0         0.6325         0.5000         .           esophagus         LYMPHOMA         0         2         0         1         0.2650         .         0.4189           eyes         LYMPHOMA         2         1         2         0         0.9059         0.6833         1.0000           eyes, optic ner         LYMPHOMA         0         1         0         1         0.2650         .         0.4189           gal I bl adder         LYMPHOMA SARCOMA, HI STI OCYTIC         0         0         0         1         0.5704         0.0623         0.6591           harderi an gl and         ADENOMA         2         1         0         0         1.0000         1.0000         1.0000           heart         CARCI NOMA, BRONCHI OL         1         1         0         1         0.4614         1.0000         0.6657		LYMPHOMA	1	0	0	0	1.0000	1.0000	1.0000
esophagus LYMPHOMA 0 2 0 1 0.2650 . 0.4189 eyes LYMPHOMA 2 1 2 0 0.9059 0.6833 1.0000 eyes, optic ner LYMPHOMA 0 1 0 1 0.2650 . 0.4189 gall bl adder LYMPHOMA 1 1 4 6 1 0.5704 0.0623 0.6591 harderi an gl and ADENOMA 2 1 0 0 1.0000 1.0000 1.0000 heart CARCI NOMA, BRONCHI OL 1 1 0 0 1 0.4614 1.0000 0.6657		SEX-CORD/STROMAL TUM	0	0	1	0	0. 6325	0.5000	
eyes LYMPHOMA 2 1 2 0 0.9059 0.6833 1.0000 eyes, optic ner LYMPHOMA 0 1 0.2650 . 0.4189 gallbladder LYMPHOMA 1 4 6 1 0.5704 0.0623 0.6591 SARCOMA, HISTIOCYTIC 0 0 0 1 0.2650 . 0.4189 harderian gland ADENOMA 2 1 0 0 1.0000 1.0000 1.0000 heart CARCINOMA, BRONCHIOL 1 1 0 1 0.4614 1.0000 0.6657	cavity, thoraci	LYMPHOMA	0	0	1	0	0. 6325	0. 5000	
eyes, optic ner LYMPHOMA 0 1 0 1 0.2650 . 0.4189  gallbladder LYMPHOMA 1 1 4 6 1 0.5704 0.0623 0.6591 0.2650 . 0.4189  harderian gland ADENOMA 2 1 0 0 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	esophagus	LYMPHOMA	0	2	0	1	0. 2650		0. 4189
gall bl adder       LYMPHOMA SARCOMA, HISTIOCYTIC 0       1 4 6 1 0.5704 0.0623 0.6591 0.4189         harderian gl and ADENOMA       2 1 0 0 1.0000 1.0000 1.0000 1.0000         heart       CARCI NOMA, BRONCHI OL 1 1 0 1 0.4614 1.0000 0.6657	eyes	LYMPHOMA	2	1	2	0	0. 9059	0. 6833	1. 0000
SARCOMA, HISTIOCYTIC         0         0         0         1         0.2650         .         0.4189           harderian gland         ADENOMA         2         1         0         0         1.0000         1.0000         1.0000           heart         CARCINOMA, BRONCHIOL         1         1         0         1         0.4614         1.0000         0.6657	eyes, optic ner	LYMPHOMA	0	1	0	1	0. 2650		0. 4189
SARCOMA, HISTIOCYTIC         0         0         0         1         0.2650         .         0.4189           harderian gland         ADENOMA         2         1         0         0         1.0000         1.0000         1.0000           heart         CARCINOMA, BRONCHIOL         1         1         0         1         0.4614         1.0000         0.6657	gal I bl adder	LYMPHOMA	1	4	6	1	0. 5704	0.0623	0. 6591
heart CARCINOMA, BRONCHIOL 1 1 0 1 0.4614 1.0000 0.6657		SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2650		0. 4189
·	harderi an gl and	ADENOMA	2	1	0	0	1. 0000	1.0000	1. 0000
·	heart	CARCINOMA BRONCHIO	1	1	0	1	0 4614	1 0000	0 6657

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Table 7B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Female Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P_Val ue_	
Organ Name ffffffffffffffff	Tumor Name	N=59 Fffffffff	N=60 Fffffffff	N=60 Ffffffff	N=48	-		L UC vs. M
heart	LYMPHOMA	3	8	3	7	0. 0235	0. 6617	0. 0672
ricar t	SARCOMA, HISTIOCYTIC	1	0	1	1	0. 4921	0. 7529	0. 6591
joint, tibiofem	LYMPHOMA	0	1	1	1	0. 2650	0. 5057	0. 4189
ki dneys	LYMPHOMA	5	10	6	7	0. 1142	0. 4846	0. 1767
	SARCOMA, HISTIOCYTIC	2	2	0	2	0. 2817	1.0000	0. 5505
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6325	0. 5000	
lacrimal glands	LYMPHOMA	3	5	6	4	0. 2628	0. 2536	0. 3134
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 2650		0. 4189
large intestine	LYMPHOMA	1	0	1	0	0. 8653	0. 7529	1. 0000
9		2	1	2	0	0. 9073	0. 6918	1. 0000
		3	1	0	0	1. 0000	1. 0000	1. 0000
larynx	LYMPHOMA	2	3	1	2	0. 3504	0. 8750	0. 5410
Livor	ADENOMA, HEPATOCELLU	0	1	2	2	0. 0585	0. 1249	0.0603
liver	ADEN+CAR, HEPATOCELL	0	3	3	3 3	0. 0585	0. 1249	0. 0693 0. 0693
	HEMANGI OMA	0	0	1	0	0. 6325	0. 5000	0.0073
	HEMANGI OSARCOMA	3	2	1	1	0. 7684	0. 9418	0. 8883
	LYMPHOMA	3	9	6	4	0. 2795	0. 2536	0. 3292
	SARCOMA, HISTIOCYTIC	2	5	1	3	0. 1642	0. 8793	0. 3364
Lung	ADENOCARCI NOMA	0	0	0	1	0. 2650		0. 4189
I ung	ADENOMA, BRONCHIOLAR	3	7	4	1	0. 2050	0. 5130	0. 4169
	CARCI NOMA, BRONCHI OL	7	6	3	6	0. 7737	0. 9518	0. 5134
	ADEN+CAR, BRONCHI OLA	9	12	7	7	0. 4340	0. 7961	0. 5770
	CARCINOMA, YOLK SAC	1	0	0	0	1. 0000	1. 0000	1. 0000
	LYMPHOMA	3	11	5	7	0. 0374	0. 3445	0. 0626
	SARCOMA, HISTIOCYTIC	1	5	0	0	1. 0000	1. 0000	1. 0000
	El BROGAROOMA					0 (005		
Iymph node, axi	FI BROSARCOMA	0	0 1	1 1	0	0. 6325	0.5000	
	LYMPHOMA	0	'	1	1	0. 2650	0. 5057	0. 4189
I ymph node, hep	LYMPHOMA	0	1	2	2	0. 1124	0. 2529	0. 1722
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2650		0. 4189
lymph node, ili	LYMPHOMA	1	0	3	0	0. 7969	0. 3167	1. 0000
<b>3</b>   111	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2650		0. 4189
		_	_		_			
lymph node, ing	HEMANGI OSARCOMA	0	0	1	0	0. 6325	0.5000	
	LYMPHOMA	0	1	1	0	0. 6356	0. 5057	•
lymph node, man	LYMPHOMA	3	7	6	6	0. 0854	0. 2536	0. 1130
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 2650	•	0. 4189
lymph node, med	CARCI NOMA, BRONCHI OL	1	1	0	0	1. 0000	1. 0000	1. 0000
<b>5</b> ,,	LYMPHOMA	1	2	1	1	0. 5015	0. 7529	0. 6681
I ymph node, mes	LYMPHOMA	4	8	6	5	0. 2294	0. 3697	0. 2946

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Table 7B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Female Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P Value	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48			UC vs. M
•								
lymph node, mes	SARCOMA, HISTIOCYTIC	1	3	0	2	0. 1684	1.0000	0. 3696
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6325	0.5000	
lymph node, ren	LYMPHOMA	1	1	1	2	0. 2225	0. 7529	0. 3696
		_		_	_			
lymph node, tra	LYMPHOMA	0	1	0	1	0. 2650	•	0. 4189
mammary al and	ADENOCARCI NOMA	1	0	2	1	0. 4921	0. 5000	0. 6591
mammary gland	LYMPHOMA	4	4	3	4	0. 4921	0. 7641	0. 4277
	SARCOMA, HISTIOCYTIC		1	0	1	0. 2650		0. 4189
	G. 11. G.	Ü	•	Ü	·	0.2000	•	0. 1107
mesentery/perit	LYMPHOMA	0	0	1	1	0. 2650	0.5000	0. 4189
multicentric ne	HEMANGI OMA	1	2	1	0	0.8630	0. 7471	1.0000
	HEMANGI OSARCOMA	3	4	5	1	0. 7917	0. 3566	0. 8883
	LYMPHOMA	5	13	8	10	0.0242	0. 2617	0. 0372
	SARCOMA, HISTIOCYTIC	2	5	1	4	0.0670	0. 8793	0. 1886
nerve, sciatic	LYMPHOMA	2	6	5	2	0. 4589	0. 2170	0. 5410
	ADENOMA TUDUI OCTDOM		0		0	4 0000	1 0000	1 0000
ovari es	ADENOMA, TUBULOSTROM	1	0	0	0	1.0000	1. 0000	1.0000
	CARCINOMA, YOLK SAC	1	0	0	0	1.0000	1. 0000	1.0000
	CYSTADENOMA	0	2	0	1	0. 2650		0. 4189
	LYMPHOMA	5	9	8	5	0. 3425	0. 2617	0. 3934
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2650		0. 4189
	SARCOMA, HISTIOCYTIC	1	2	0	1	0. 4581	1.0000	0. 6591
	SEX-CORD/STROMAL TUM	1	1	4	3	0. 1546	0. 1874	0. 1886
and decades	LVMDHOMA				0	0.0400	0 7474	1 0000
ovi ducts	LYMPHOMA	1	1	1	0	0. 8630	0. 7471	1. 0000
pancreas	CARCINOMA, YOLK SAC	1	0	0	0	1. 0000	1. 0000	1. 0000
pariereas	HEMANGI OMA	1	0	0	0	1. 0000	1. 0000	1. 0000
	LYMPHOMA	5	7	6	3	0. 6147	0. 4846	0. 7067
	SARCOMA, ENDOMETRIAL		0	0	1	0. 2650	0.4040	0. 4189
	SARCOMA, HISTIOCYTIC	1	1	0	1	0. 4581	1. 0000	0. 4107
		0	0	1				0.0391
	SCHWANNOMA	U	U	'	0	0. 6356	0. 5057	•
peyers patch	LYMPHOMA	1	1	1	1	0. 4921	0. 7529	0. 6591
F-7 F-1		·			•			
pi tui tary gland	ADENOMA, PARS DISTAL	1	1	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	0	0	2	1	0. 2863	0. 2529	0. 4267
salivary gland,	LYMPHOMA	2	1	3	2	0. 4156	0. 4892	0. 5410
		3	3	4	3	0.3629	0.5000	0. 4726
	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 2650		0. 4189
skeletal muscle	LYMPHOMA	1	2	3	0	0. 7969	0. 3167	1.0000
skin, subcutis		0	0	2	0	0. 5951	0. 2529	
	HEMANGI OSARCOMA	0	0	1	0	0. 6325	0.5000	

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Table 7B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Female Mice

		Untrtd Cont	PI aceb Cont	3 % Low	10 % Med		P_Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48	Dose Resp	UC vs. l	UC vs. M
ffffffffffffffff	fffffffffffffffffffffffff	ffffffff	ffffffff	fffffff	fffffff	fffffffffff	ffffffff	ffffffff
skin, subcutis	OSTEOSARCOMA	0	0	1	0	0. 6356	0. 5057	
	SCHWANNOMA	0	0	1	0	0. 6356	0. 5057	
skin, treated	CARCINOMA, YOLK SAC	1	0	0	0	1.0000	1. 0000	1. 0000
	LYMPHOMA	2	4	3	2	0. 4283	0.5000	0. 5544
skin, untreated	CARCINOMA, SQUAMOUS	1	0	1	0	0.8630	0. 7471	1.0000
	LYMPHOMA	1	2	3	0	0.7969	0. 3167	1.0000
small intestine	LYMPHOMA	1	0	1	0	0.8653	0. 7529	1. 0000
			1	0	1	0. 4581	1.0000	0. 6591
		2	1	0	0	1.0000	1.0000	1.0000
	POLYP, GLANDULAR	0	0	1	0	0. 6325	0.5000	
	SCHWANNOMA	0	0	1	0	0. 6356	0.5057	
spinal cord, ce	LYMPHOMA	0	1	2	0	0. 5951	0. 2529	
spinal cord, lu	LYMPHOMA	0	1	0	1	0. 2650		0. 4189
spinal cord, th	LYMPHOMA	0	1	1	0	0. 6325	0. 5000	•
			_	_	_			
spl een	HEMANGI OSARCOMA	1	0	2	0	0. 7980	0. 4913	1.0000
	LYMPHOMA	4	10	6	6	0. 1430	0. 3697	0. 1959
	SARCOMA, HISTIOCYTIC	0	1	0	2	0. 0685	•	0. 1722
- A - m - a b - a b - a - b -	OAROLNOMA VOLK CAO			0	0	1 0000	1 0000	4 0000
stomach, glandu	CARCINOMA, YOLK SAC	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA III STLOCYTLO	3	3 1	4	2 1	0. 5684	0. 5000	0. 6839
	SARCOMA, HISTIOCYTIC	0	0	0	0	0. 2650	0 E000	0. 4189
	SEX-CORD/STROMAL TUM	0	U	1	U	0. 6325	0.5000	ě
stomach, nongla	LYMPHOMA	0	2	3	0	0. 6511	0. 1293	
Stollacii, Horigi a	SARCOMA, HISTIOCYTIC	0	1	0	1	0. 2650	0. 1293	0. 4189
	SARCOWA, III STI OCTITIC	U	'	O	'	0. 2030		0.4109
tai I	HEMANGI OSARCOMA	0	0	1	0	0. 6356	0. 5057	
turi	TIEM WOT OST WOOMS	Ü	Ü	•	Ü	0.0000	0.0007	•
thymus	CARCI NOMA, BRONCHI OL	2	1	0	0	1.0000	1. 0000	1.0000
en y mas	CARCINOMA, YOLK SAC	1	0	0	0	1. 0000	1. 0000	1. 0000
	LYMPHOMA	5	12	4	9	0. 0224	0. 7351	0.0677
	SARCOMA, HISTIOCYTIC	1	1	0	1	0. 4581	1. 0000	0. 6591
	,							
thyroid gland	ADENOMA, FOLLICULAR	0	0	0	1	0. 2712		0. 4267
3 0	LYMPHOMA	2	4	2	2	0. 3902	0. 6833	0. 5410
tongue	LYMPHOMA	1	3	3	2	0. 2763	0. 3167	0. 3696
trachea	LYMPHOMA	1	2	1	1	0. 4921	0. 7529	0. 6591
ureters	LYMPHOMA	5	8	5	5	0. 2653	0.6020	0. 3733
	SARCOMA, HISTIOCYTIC	0	0	0	1	0. 2650		0. 4189

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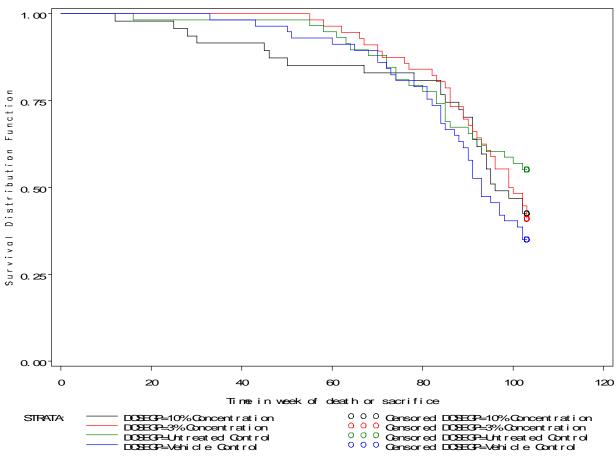
Table 7B: Tumor Rates and P-Values for Dose Response Relationship and Pairwise Comparisons
Using Untreated Control Excluding Interim Sacrifice
Female Mice

		Untrtd	PI aceb	3 %	10 %			
		Cont	Cont	Low	Med		_P_Val ue_	
Organ Name	Tumor Name	N=59	N=60	N=60	N=48	Dose Resp	UC vs. L	UC vs. M
fffffffffffffffff	HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH	ffffffff	ffffffff	fffffff	fffffff.	fffffffffff	fffffffff	ffffffff
uri nary bl adder	CARCINOMA, YOLK SAC	1	0	0	0	1.0000	1.0000	1.0000
	LYMPHOMA	3	5	6	2	0. 5961	0. 2536	0. 6839
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2650		0. 4189
uterus with cer	ADENOCARCI NOMA	0	1	2	2	0. 1124	0. 2529	0. 1722
	CARCINOMA, YOLK SAC	1	0	0	0	1.0000	1.0000	1.0000
	FIBROSARCOMA	0	0	1	0	0. 6356	0.5057	
	LEI OMYOMA	0	1	0	2	0.0685		0. 1722
	LEI OMYOSARCOMA	0	0	3	2	0. 1479	0. 1249	0. 1722
	LYMPHOMA	5	4	5	5	0. 2838	0.6020	0. 3934
	POLYP, ENDOMETRIAL S	8	3	7	5	0. 6142	0.7300	0. 7228
	SARCOMA, ENDOMETRIAL	2	3	1	2	0.3650	0.8794	0.5603
	SARCOMA, HISTIOCYTIC	2	2	1	2	0. 3560	0.8793	0. 5505
	SCHWANNOMA	0	0	1	0	0. 6356	0.5057	
	SEX-CORD/STROMAL TUM	0	0	1	0	0. 6325	0.5000	
vagi na	LYMPHOMA	2	3	3	1	0.6610	0. 4892	0. 7982
	SARCOMA, ENDOMETRIAL	0	0	0	1	0. 2650		0. 4189

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Figure 1A: Kaplan-Meier Survival Functions Male Mice All Groups Excluding data of Interim Sacrifice Animals



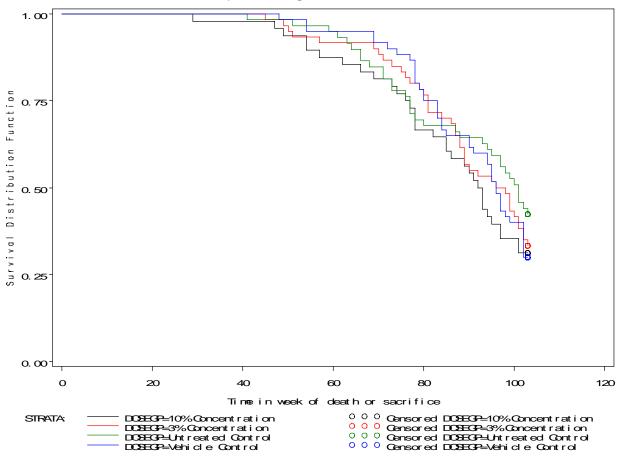


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Figure 1B: Kaplan-Meier Survival Functions
Male Mice All Groups Excluding data of Interim Sacrifice Animals

# Kaplan-Meier Curve

Fenale Mice All Groups Excluding Data of Interim Sacrifice Animals



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#### References

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/s/

MOHAMMAD A RAHMAN
12/06/2012

KARL K LIN 12/06/2012 Concur with review

#### **Executive CAC**

Date of Meeting: November 27, 2012

Committee: David Jacobson-Kram, Ph.D., OND IO, Chair

Abby Jacobs, Ph.D., OND IO, Member Paul Brown, Ph.D., OND IO, Member

Lynnda Reid, Ph.D., DRUP, Alternate Member

Barbara Hill, Ph.D., DDDP, Supervisor

Linda Pellicore, Ph.D., DDDP, Presenting Reviewer

Author of Draft: Linda Pellicore, Ph.D.

The following information reflects a brief summary of the Committee discussion and its recommendations.

**NDA** #: 203567

**Drug Name:** Efinaconazole Topical Solution, 10%

**Sponsor:** Dow Pharmaceutical Sciences

# **Background:**

Efinaconazole Topical Solution, 10% is a triazole antifungal agent being developed for the topical treatment of onychomycosis in adults 18 years of age and older. Dose selection for the dermal mouse carcinogenicity study was based on a 13-week dose range finding study. However, the 13-week dose range finding study was not conducted with the to-be-marketed formulation. Therefore, the Executive CAC recommended that another dose range finding study be conducted with the to-be-marketed formulation to support dose selection for the dermal mouse carcinogenicity study. However, the sponsor decided to conduct the dermal mouse carcinogenicity study with the to-be-marketed formulation without conducting another dose range finding study.

#### **Dermal Mouse Carcinogenicity Study**

CD-1 mice (60 mice/sex/group) were treated with 0% (untreated control), 0% (vehicle control), 3%, 10%, or 30% efinaconazole solution. The initial dose volume was 100 μL of test article applied to an unoccluded treatment site (2 x 3cm²). Test article was to be applied once daily, 7 days per week for up to 104 weeks. The clinical vehicle contained cyclomethicone, NF (b) (4) diisopropyl adipate (b) (4), C12-C15 alkyl lactate, (b) (4), purified water (b) (4), butylated hydroxytoluene, NF (b) (4) citric acid, USP (c) (d) (d), d) alcohol, USP (c) (d)

Severe irritation was noted at the treatment site beginning at week 20 in vehicle, low-, mid- and high-dose groups. The irritation noted at the treatment site appeared to be related to the vehicle and did increase in severity in the high-dose group. All animals were placed on a dosing holiday from week 25 to week 31 due to skin irritation and scabbing in all treatment groups. At week 31, the dose volume was decreased from 100  $\mu$ L to 50  $\mu$ L and the high dose group was terminated at week 34 due to severe skin effects. These modifications in the study received Executive CAC concurrence. It appeared that adequate numbers of mid- and low-dose animals survived to the end of the study.

#### **Executive CAC Recommendations and Conclusions:**

#### **Dermal Mouse:**

- The Committee concluded that the study was suboptimal due to the mice being very sensitive to severe dermal effects elicited by the vehicle. However, the Committee did not recommend repeating the dermal mouse carcinogenicity study. The Executive CAC noted the results of the chronic dermal mini-pig study conducted with once daily application of up to 30% efinaconazole solution for 9 months. No preneoplastic lesions were observed in that study and the high-dose of 30% efinaconazole was the no-observed-adverse-effect level (NOAEL) for dermal and systemic toxicity in the mini-pig.
- The Committee concurred that there were no drug-related neoplasms in the dermal mouse carcinogenicity study.

David Jacobson-Kram, Ph.D. Chair. Executive CAC

cc:\
/Division File, DDDP
/B. Hill, Pharm/Tox Supervisor, DDDP
/L. Pellicore, Pharm/Tox reviewer, DDDP
/S. Dixon, Project Manager, DDDP
/ASeifried, OND IO

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/s/

ADELE S SEIFRIED
11/30/2012

DAVID JACOBSON KRAM 11/30/2012

# STATISTICS FILING CHECKLIST FOR A NEW NDA

NDA Number: 203567 Applicant: Dow Stamp Date: 7/26/2012

**Drug Name:** Efinaconazole **NDA Type:** NME; 505(b)(1) **Indication:** Onychomycosis

Solution 10%

I. On <u>initial</u> overview of the NDA/BLA application identify and list any potential Refuse to File issues:

	Content Parameter for RTF	Yes	No	NA	Comments
1	Indexing and reference links within the electronic submission are sufficient to permit navigation through the submission, including access to reports, tables, data, etc.	X			
2	ISS, ISE, and complete study reports are available (including original protocols, subsequent amendments, etc.)	X			
3	Safety and efficacy were investigated for gender, racial, and geriatric subgroups investigated.	Х			
4	Data sets in EDR are accessible and conform to applicable guidances (e.g., existence of define.pdf file for data sets).	Х			

#### IS THE STATISTICAL SECTION OF THE APPLICATION FILEABLE? Yes.

II. Identify and list any potential review issues to be forwarded to the Applicant for the 74-day letter.

Content Parameter (possible review concerns for 74-day letter)	Yes	No	NA	Comment
Designs utilized are appropriate for the indications requested.	X			
Endpoints and methods of analysis are specified in the protocols/statistical analysis plans.	X			Two SAP versions
Interim analyses (if present) were pre-specified in the protocol and appropriate adjustments in significance level made.  DSMB meeting minutes and data are available.			X	
Appropriate references for novel statistical methodology (if present) are included.			Х	
Safety data organized to permit analyses across clinical trials in the NDA/BLA.	X			
Investigation of effect of dropouts on statistical analyses as described by applicant appears adequate.	X			

# 74-DAY LETTER REQUESTS TO THE APPLICANT

None.

## STATISTICS FILING CHECKLIST FOR A NEW NDA

#### SUBMISSION SUMMARY

This submission contains one Phase 2 study and two Phase 3 studies for efinaconazole solution 10% vs. vehicle in the treatment of onychomycosis. The Phase 2 study evaluated three treatment regimens (10% solution, 10% solution with occlusion, and 5% solution) and vehicle over a 36-week treatment period. The 10% solution (without occlusion) regimen was selected for Phase 3 development. Study P3-01 enrolled 870 subjects (656 efinaconazole/214 vehicle) and Study P3-02 enrolled 785 subjects (781 in the ITT: 580 efinaconazole/201 vehicle). Both studies enrolled subjects age 18 and older with 20-50% involvement of the target toenail. Treatment was applied once daily at bedtime to all affected toenails for 48 weeks. The primary efficacy endpoint was complete cure (0% clinical involvement of target toenail plus negative KOH and negative culture) at Week 52. The sponsor wrote two SAPs for the studies. The first SAP matched the definitions in the protocol, but the second included some changes in the definition and ordering of the secondary endpoints. The sponsor states that the motivation for revising the SAP was primarily to provide a "more statistically robust and clinically relevant evaluation." After the Agency queried the sponsor on the reason for the changes, the sponsor agreed to report both the analyses from both SAPs.

### Primary Efficacy Endpoint (Complete Cure) at Week 52 in Phase 3 Studies

Study	P3-01	Study P3-02					
Efinaconazole	Vehicle	Efinaconazole	Vehicle				
N = 656	N = 214	N = 580	N = 201				
117 (17.8%)	7 (3.3%)	88 (15.2%)	11 (5.5%)				
p<0.	.001	p<0.001					

**ASSOCIATED IND:** IND 77732

WERE PROTOCOLS REVIEWED UNDER A SPA? No.

Reviewing Statistician: Kathleen Fritsch, Ph.D.

Mathematical Statistician, Biometrics III

Supervisor/Team Leader: Mohamed Alosh, Ph.D.

Team Leader, Biometrics III

cc:

NDA/BLA 203567 / 000

DDDP/Walker

DDDP/Kettl

DDDP/Chiang

DDDP/Dixon

OBIO/Patrician

DBIII/Wilson

DBIII/Alosh

DBIII/Fritsch

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/s/

KATHLEEN S FRITSCH
09/12/2012

MOHAMED A ALOSH
09/12/2012