CONFIDENTIAL

STATISTICAL ANALYSIS PLAN FOR PROTOCOL 207640

Determination of the Sun Protection Factor of a
Cosmetic Daily Defence Skin Cream

BIOSTATISTICS DEPARTMENT
GLAXOSMITHKLINE CONSUMER HEALTHCARE

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The purpose of this Statistical Analysis Plan (SAP) is to describe the planned analyses and output to be included in the Clinical Study Report for Clinical Study Protocol (CSP) 207640. This SAP will be finalized prior to database freeze and treatment code un-blinding.

1 Study details

An important parameter of efficacy for sunscreen products is the Sun Protection Factor (SPF). The SPF is a measure of how much solar energy (UV radiation) is required to produce sunburn on protected skin (i.e. in the presence of sunscreen) relative to the amount of solar energy required to produce sunburn on unprotected skin. In this study, the SPF is to be determined according to the International Standards Organization (ISO) 24444:2010 methodology (In vivo determination of the sun protection factor).

General safety and tolerability will be assessed based on the frequency and severity of Adverse Events (AEs).

1.1 Study design

Overall Design

A single-center, randomized, evaluator blind, intra-individual comparison, no treatment and positive controlled clinical study to determine the SPF of Physiogel Daily Defence Protective Day Cream Light as per ISO 24444:2010.

The provisional minimal erythemal dose of unprotected skin (MEDu) for each subject will be determined before starting the main test in order to center the UV dose ranges for the exposures of MEDu and MEDp. As the first step, a virgin area of skin on the back will be exposed to a preliminary series of UV exposures. The location of the irradiated test site for the provisional MEDu measurement will be randomised for all subjects. In this study, there will be a total of four irradiated test sites. Two test sites will be located below the scapula line, either side of the spine. The remaining two areas will be located below these sites and above the waist.

Six exposure sub-sites positioned within the randomised test area and centered on the estimated MEDu will be exposed to incremental UV doses using a geometric progression of 1.25. The dose of UV radiation administered will be chosen so that the estimated MEDu will be irradiated at the 4th of the 6 sub-sites. The estimated MEDu will be predicted based on the subject's mean Individual Typology Angle (ITA°) value. As the second step, a trained evaluator will assess the irradiated sub-sites for signs of unambiguous erythema 16-24 hours after UV exposure to determine the provisional MEDu. The provisional MEDu will be the lowest dose of UV radiation that produces the first perceptible unambiguous erythema with defined borders appearing over most of the field of UV exposure.

Once the provisional MEDu for a subject has been determined, the three remaining test sites will be demarcated. The test product (Physiogel Daily Defence Protective Day Cream Light) and positive control (P3 reference sunscreen formulation) will be applied to two of the three virgin test sites. The other test site will remain unprotected. The order of product application

(test product, reference product and unprotected test site) will be randomised over the entire test group. Once the test product and positive control have been applied to the assigned test sites, the subject will undergo a second series of incremental UV exposures. For the unprotected site, the range of UV doses administered shall be selected using the subject's provisional MEDu. Six exposure sub-sites centered on the provisional MEDu shall be exposed with incremental UV doses using a geometric progression of 1.25. The dose of UV radiation administered to subjects will be chosen such that the provisional MEDu will be irradiated at the 4th of the 6 sub-sites. For the product protected sites, the UV doses administered shall be selected using the subject's expected MEDp, which is the multiple of the provisional MEDu for the subject and the expected SPF of either the test product (21) or reference sunscreen formulation (16). A minimum of 6 sub-sites centered on the expected MEDp shall be exposed with incremental UV doses using a geometric progression of 1.25. The dose of UV radiation administered to subjects will be chosen such that the expected MEDp will be irradiated at the 4th of the 6 subsites.

The minimum number of valid individual SPF (SPFi) results shall be 10 and the maximum number of valid SPFi results shall be 20. In order to achieve between 10 and 20 valid results, a maximum of five individual invalid results may be excluded from the calculation of the mean SPF. Consequently the actual number of test subjects used will fall between a minimum of 10 and a maximum of 25 subjects (i.e. a maximum of 20 valid results plus 5 rejected invalid results).

The study will include subjects of more than one Fitzpatrick phototype (I, II or III). It will not be permitted to adjust the expected SPF of the test product from subject to subject.

Visit 1 – Subject Screening

The following assessments will be conducted:
1. Informed Consent
2. Demographics
3. Medical History
4. Current / Concomitant Medication
5. ITA° Measurement
6. Fitzpatrick Skin Type Assessment
7. In/Exclusion Criteria
8. Subject Eligibility

Visit 2 – Provisional MED Irradiation (UV Exposure)

The following assessments will be conducted:
1. Current / Concomitant Medication*
2. Continued Eligibility*
3. Exclusion Criteria*
4. Subject Eligibility*
5. Randomisation
6. Provisional Minimum Erythemal Dose (MED) Irradiation
7. Adverse Events

*Not required if Visit 2 is combined with Visit 1

Visit 3 – Provisional MED Evaluation
The following assessments will be conducted: 1. Current / Concomitant Medication 2. Continued Eligibility 3. Visual Grading of Exposure Sub-Sites (Test Sites)* 4. Adverse Events *Visual grading of skin must occur 16-24 hours after completion of the Provisional MED Irradiation procedure
Visit 4 – Test Irradiation (UV Exposure)
The following assessments will be conducted: 1. Current / Concomitant Medication* 2. Continued Eligibility* 3. Test Product and Reference Sunscreen Application to Randomly Assigned Test Sites on the Back 4. UV Exposure of Test Product Treated, Reference Sunscreen Formulation Treated and Unprotected Test Sites 5. Adverse Events *Not required if Visit 4 is combined with Visit 3
Visit 5 – MEDp and MEDu Determination and SPF Calculation for Test and Reference Sunscreen
The following assessments will be conducted: 1. Current / Concomitant Medication 2. Continued Eligibility 3. Visual Grading of Exposure Sub-Sites to Determine MEDp and MEDu and calculate SPF* 4. Adverse Events 5. Subject Discharge from Study * Visual grading of skin must occur 16-24 hours after completion of the Test Irradiation procedure

1.2 Study objectives

Objectives	Endpoints
Primary Objective	**Primary Endpoint**
To determine the Sun Protection Factor of the test product	Arithmetic mean of all valid individual sun protection factor (SPFi) values; where SPFi = Minimal Erythemal Dose of product treated (MEDp) test sites in relation to unprotected (MEDu) test sites 16-24 hours after exposure to ultraviolet (UV) radiation.
Secondary Objectives	**Secondary Endpoints**
To evaluate the general safety of the test product	Frequency and severity of Adverse Events.

1.3 Treatments

	Test Product	Reference Product
Product Name	Physiogel Daily Defence Protective Day Cream Light	P3 Standard
Product Formulation Code (MFC)	CCI [redacted]	Commercially Available
Expected SPF	21	16
Application Quantity	2.00 ± 0.05 mg / cm^2	2.00 ± 0.05 mg / cm^2
Route of Administration	Topical	Topical

1.4 Timepoints and visit windows

Deviations from the scheduled assessment times must be avoided. The following are the assessment time windows.

Visit	Time window
Visit 2	0-7 days after Visit 1 (allowed to be combined with Visit 1)
Visit 3	1 day after Visit 2
Visit 4	0-7 days after Visit 3 (allowed to be combined with Visit 3)
Visit 5	1 day after Visit 4

Visual grading of skin at Visit 3 must happen 16-24 hours after irradiation at Visit 2. Visual grading of skin at Visit 5 must happen 16-24 hours after irradiation at Visit 4.

2 Data analysis

Data analysis will be performed by inVentiv Health Clinical. Prior to database hard lock a Blind Data Review Meeting (BDRM) will be conducted in which various aspects of the trial will be discussed and agreed. The statistical analysis software used will be SAS® version 9.4.

All listings will be produced for all randomised subjects, unless otherwise specified.

2.1 Populations for analysis

2.1.1 Subject disposition

Screen failures will be defined as subjects who consent to participate in the study but are never subsequently randomised. A summary will be provided of the number of subjects screened and the number of screen failures with reasons why subjects were not randomised (Table 14.1.1).

Subject disposition will be summarized as the number and percentage of subjects (out of the number of randomised subjects) who complete the study, with the number who discontinue broken down by reason for discontinuation (Table 14.1.1). The table will also summarize the number and percentage of subjects assigned to each analysis population (refer to section 2.1.3).

2.1.2 Protocol violations

Protocol violations will be tracked by the study team throughout the conduct of the study. All violations will be reviewed prior to un-blinding and closure of the database to ensure all important violations are captured and categorised.

Major violations will be defined in the "Review Listing Requirement (RLR)" document.

A listing of protocol violations will be provided (Listing 16.2.1).

2.1.3 Analysis populations

Five populations are defined below.

Population	Definition / Criteria	Analyses Evaluated
All Screened Subjects	All subjects who are screened	Disposition
Randomised	All subjects who are randomised and may or may not receive the application of the study products.	Protocol violations and data listings
Safety	Safety population includes all subjects who are randomised and receive any application of the study products.	Safety analysis
Analysis Population	The analysis population includes those randomised subjects who undergo irradiation at Visit 4	SPF analysis

2.1.4 Subgroups/Stratifications

Not applicable.

2.1.5 Centers pools

Not applicable.

2.2 Patient demographics/other baseline characteristics

Demographic and baseline characteristics summaries will be produced for the safety and analysis population.

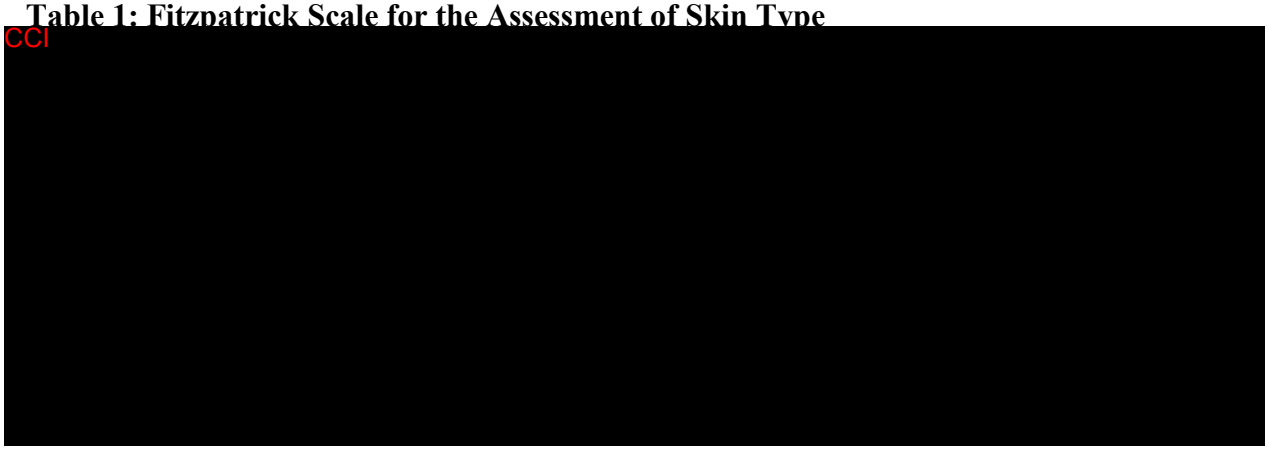
2.2.1 Demographic characteristics

Categorical demographic variables include sex, race and Fitzpatrick skin type assessment. These variables will be summarized by the number and percentage of subjects with each relevant characteristic (Table 14.1.2.1 for safety, and Table 14.1.2.3 for analysis population). Age, individual typology angle (ITA°), meanL and meanB values will be summarized by the mean, standard deviation, median, minimum and maximum values. The demographics information age, sex, race, individual typology angle (ITA°), meanL and meanB values will be listed in Listing 16.2.4.1.

The Fitzpatrick scale is a numerical classification that is widely used by dermatologists to classify a person's skin type by their response to the sun exposure .

Table 1: Fitzpatrick Scale for the Assessment of Skin Type

CCI



A tri-stimulus chromameter (Minolta CR 400, Langenhagen, Germany) which utilizes the L*, a*, b* colour space and complies with International Commission on Illumination (CIE) recommendations will be used to measure the colour of each subject's skin (dorsum). Four measurements will be taken on the back of each subject, between the waist and shoulder line, and the individual L* and b* values will be recorded as source data. The ITA° will be calculated and recorded on the case report form (CRF) as

$$\text{ITA}^\circ = \{arc\ tangent\ [\frac{(L^*-50}{b^*}]\}\ \frac{180}{3.14159}$$

*arc tangent is expressed in radians.

2.2.2 General medical history

Medical history data will not be presented in the study report. A data listing will be produced at the blinded data review stage, for evaluation of protocol violations only.

2.2.3 Characteristics of Disease

Not applicable.

2.3 Treatments (study drug, rescue medication, other concomitant therapies, compliance)

2.3.1 Study Product/drug Compliance and Exposure

Any protocol violations associated with treatment applications will be listed at the blinded data review stage. Any protocol violations leading to exclusion from analysis population will be listed in the Listing 16.2.2.

2.3.2 Concomitant medication

Prior and concomitant medication/non-drug treatments data will be listed in the Listing 16.2.4.2. A data listing will also be produced at the blinded data review stage, for evaluation of protocol violations.

2.4 Analysis of Sun Protection Factor (SPF)

2.4.1 Primary efficacy endpoint

2.4.1.1 Primary endpoint definition

The primary analysis will be based on sun protection factor (SPF). Individual SPF for each subject (SPFi) is defined as the ratio of his/her minimal erythemal dose of protected skin (MEDp) over unprotected skin (MEDu), i.e., SPFi = MEDp / MEDu (keeping 1 decimal place for individual SPF). As each subject will have both test product and reference product applied on two sites of dorsum together with an unprotected site, each subject will provide two individual SPFs, one for the test product, one for the reference product. The MEDp at two protected sites and MEDu at the unprotected site of each subject determined by a trained grader at Visit 5 will be used in primary analysis.

Summary statistics for SPF, including mean, standard deviation, will be presented by treatment. The 95% CIs for the mean SPFs of the two treatments will be constructed via t-statistic and presented together with summary statistics (Table 14.2.1.1. for Analysis Population). The study will be considered valid if

- the range of the 95% CI of the mean SPF is within ±17% of the mean SPF for each product;
- The mean SPF of the reference sunscreen formulation (P3) used in the test shall fall within the defined acceptance limits (lower limit, SPF 13.7; upper limit, 17.7).

2.4.1.2 Statistical hypothesis, model, and method of analysis

Except the 95% CI for mean SPF, there is no formal statistical inference to be performed.

2.4.1.3 Supportive analyses

Not applicable.

2.4.2 Secondary efficacy endpoint

Not applicable.

2.4.3 Handling of missing values/censoring/discontinuations

Missing data will not be replaced or imputed.

2.5 Analysis of secondary objectives

Not applicable.

2.6 Safety

2.6.1.1 Adverse events and Serious Adverse Events

All adverse events (AEs) will be summarised by primary system organ class and preferred term.

Treatment emergent adverse events (TEAEs), defined as the AEs reported after study product application, will be summarized by the number and percentage of subjects having any adverse event, any adverse event in each System Organ Class, and and the number of occurrences of each individual adverse event (Table 14.3.1.1). All TEAEs will also be tabulated by severity (Table 14.3.1.2). Treatment emergent AEs suspected of a relationship to study medication will be presented in a similar manner (Table 14.3.1.3). For treatment related AEs, these will also be presented by severity (Table 14.3.1.4).

Deaths occurring during treatment (if any) will be listed (Listing 14.3.2.1) by treatment, including the date and study day of death, and the principal cause of death. Non-fatal serious adverse events causing study treatment discontinuation will be listed (Listing 14.3.2.2).

AEs will be collected from the start of provisional MEDu irradiation procedure until 5 days after the last administration of the study product. SAEs however, if assessed as related to study participation or related to a GSK concomitant medication will be recorded from the time a subject consents to participate in the study up to and including any follow-up contact. All AEs will be listed in Listing 16.2.7.1 for randomised subjects and Listing 16.2.7.2 for non-randomised subjects.

2.7 Analysis of other variables

MEDu and MEDp collected from study subjects are used to derive SPF. MEDu and MEDp themselves will not be summarised or analysed. However, a listing for all MED determinations will be provided including the provisional determination (at Visit 3) of the unprotected skin and the final determination (at Visit 5) of both protected and unprotected skin (Listing 16.2.6).

2.8 Interim analysis

There is no formal interim analysis. The procedure described in sample size determination will be performed by site staff.

2.9 Sample size calculation

Healthy volunteers aged between 18-70 years (inclusive) with Fitzpatrick phototype I, II or III, an ITA° value greater than 28° and who are untanned on the test area will be recruited for this study. The study will contain a population of subjects of more than one Fitzpatrick phototype.

To complete the study successfully, the minimum number of valid individual sun protection factor (SPFi) results will be 10 and the maximum number of valid SPFi results will be 20 for both the test product and positive control. In order to achieve between 10 and 20 valid SPFi results, a maximum of 5 individual invalid results may be excluded from the calculation of the mean SPF. Consequently, the actual number of subjects used for the study will fall between a minimum of 10 and a maximum of 25 (i.e. a maximum of 20 valid SPFi results plus 5 rejected invalid results).

In order to determine the number of test subjects, the 95% confidence interval (95% CI) of the mean SPF shall be taken into account. A minimum of 10 subjects shall be tested. The test shall be considered valid for the first 10 subjects if the resulting range of the 95% CI of the mean SPF is within ±17% of the mean SPF. If it is not within ±17% of the mean SPF, the number of subjects shall be increased stepwise from the minimum number of 10 until the 95% CI statistical criterion is met (up to a maximum of 20 valid results from a maximum of 25 subjects tested). If the statistical criterion has not been met after 20 valid results from a maximum of 25 subjects, then the test shall be rejected.

3 Changes to the Protocol Defined Statistical Analysis Plan

There were no changes or deviations to the originally planned statistical analysis specified in the protocol version 1.0 [(Dated: 28/Mar/2017)].

4 Appendix 1:

4.1 List of Tables, Listings and Figures

4.2 Tables

Table Number	Table Title (Population)	Template
14.1.1	Subject Disposition (All Screened Subjects)	Appendix 2
14.1.2.1	Subject Demographics and Baseline Characteristics (Safety Population)	Appendix 2
14.1.2.2	Subject Demographics and Baseline Characteristics (Analysis Population)	14.1.2.1
14.2.1.1	Summary of Sun Protection Factor by Treatment (Analysis Population)	Appendix 2
14.3.1.1	Treatment Emergent Adverse Events (Safety Population)	Appendix 2
14.3.1.2	Treatment Emergent Adverse Events by Severity (Safety Population)	Appendix 2
14.3.1.3	Treatment Emergent Treatment Related Adverse Events (Safety Population)	14.3.1.1
14.3.1.4	Treatment Emergent Treatment Related Adverse Events by Severity (Safety Population)	14.3.1.2

4.3 Listings

Listing Number	Listing Title (Population)	Template
14.3.2.1	Listing of Deaths (Randomised population)	16.2.7.1
14.3.2.2	Listing of Serious Adverse Events leading to Discontinuation (Randomised population)	16.2.7.1
16.1.7	Randomisation Information (Randomised Population)	Appendix 2
16.2.1	Individual Subjects Protocol Violations (Randomised Population)	Appendix 2
16.2.2	Protocol Violations Leading to Exclusion from Analysis Population (Randomised Population)	Appendix 2
16.2.4.1	Demographic Characteristics (Randomised Population)	Appendix 2
16.2.4.2	Prior and Concomitant Medications (Randomised Population)	Appendix 2
16.2.4.3	Listing of the identification for Technician (Randomised Population)	Appendix 2
16.2.6	Individual Subject Efficacy Data (Randomised	Appendix 2

Listing Number	Listing Title (Population)	Template
	Population)	
16.2.7.1	All Adverse Events (Randomised Population)	Appendix 2
16.2.7.2	All Adverse Events (Non-Randomised Subjects)	16.2.7.1

Note: If there are no data to display generate a null listing.

4.4 Top line Outputs:

Table/Listing Figure Number	Table/Listing/Figure Title (Population)
14.1.1	Subject Disposition (All Screened Subjects)
14.1.2.1	Subject Demographics and Baseline Characteristics (Safety Population)
14.2.1.1	Summary of Sun Protection Factor by Treatment (Analysis Population)
14.3.1.1	Treatment Emergent Adverse Events (Safety Population)
16.2.7.1	All Adverse Events (Randomised Population)

5 Appendix 2:

5.1 Templates for the Tables, Listings and Figures

This is a guideline which will give the guidance of treatment labels that will be used for the table header and in the figures, listings and in the footnotes.

The treatment labels for the column headings will be as follows:

- Physiogel Daily Defence
- P3 Standard

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Table 14.1.1
Subject Disposition
All Screened Subjects

All Screened Subjects (N=XX)

	Overall(N=XX) n (%)
TOTAL NUMBER OF SUBJECTS SCREENED	xx
SUBJECTS NOT RANDOMISED	Xx (xx.x)
DID NOT MEET STUDY CRITERIA	xx (xx.x)
ADVERSE EVENTS	xx (xx.x)
LOST TO FOLLOW UP	xx (xx.x)
PROTOCOL DEVIATION	xx (xx.x)
WITHDRAWAL OF CONSENT	xx (xx.x)
OTHER	xx (xx.x)
SUBJECTS RANDOMISED	xx (xx.x)
COMPLETED	xx (xx.x)
DID NOT COMPLETE	xx (xx.x)
DID NOT MEET STUDY CRITERIA	
ADVERSE EVENT	xx (xx.x)
LOST TO FOLLOW UP	xx (xx.x)
PROTOCOL DEVIATION	xx (xx.x)
WITHDRAWAL OF CONSENT	xx (xx.x)
OTHER	xx (xx.x)

	Overall(N=XX)
	n (%)
RANDOMISED POPULATION	xx (xx.x)
SAFETY POPULATION	xx (xx.x)
ANALYSIS POPULATION	xx (xx.x)

Program: PPD Source: PPD

For Non-Randomised section percentages has been calculated based on total number of subjects screened.
For Randomised section percentages has been calculated based on total number of subjects randomised.

Note to programmer: For subjects not randomised and subjects not completing the study, the reasons should be consistent with the reasons in eCRF.

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Table 14.1.2.1
Subject Demographics and Baseline Characteristics
Safety Population

Safety Population (N=XX)	Overall (N=XX)
SEX n (%)	
MALE	xx (xx.x)
FEMALE	xx (xx.x)
RACE n (%)	
ASIAN – CENTRAL/SOUTH ASIAN HERITAGE	xx (xx.x)
AFRICAN AMERICAN/AFRICAN HERITAGE	xx (xx.x)
AMERICAN INDIAN OR ALASKAN NATIVE	xx (xx.x)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	xx (xx.x)
WHITE – WHITE/CAUCASIAN/EUROPEAN HERITAGE	xx (xx.x)
...(include all captured as in eCRF)	xx (xx.x)
AGE (YEARS)	
n	XX
MEAN	XX.X
SD	XX.XX
MEDIAN	XX.X
MINIMUM	XX

	Overall (N=XX)
MAXIMUM	XX
ITA°	
n	XX
MEAN	XX.X
SD	XX.XX
MEDIAN	XX.X
MINIMUM	XX
MAXIMUM	XX
FITZPATRICK SCALE FOR SKIN TYPE	
I = ALWAYS BURNS EASILY: NEVER TANS	xx (xx.x)
II = ALWAYS BURNS EASILY: TANS MINIMALLY	xx (xx.x)
III = BURNS MODERATELY: TANS GRADUALLY	xx (xx.x)
IV = BURNS MINIMALLY: ALWAYS TANS WELL	xx (xx.x)
V = RARELY BURNS: TANS PROFUSELY	xx (xx.x)
VI = NEVER BURNS: DEEPLY PIGMENTED	xx (xx.x)

Program: PPD Source: PPD

Programming Note: The similar descriptive statistics should be provided for meanL* and meanb*.

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Table 14.2.1.1
Summary of Sun Protection Factor by Treatment
Analysis Population

Analysis Population (N=XX)

Visit	Variable	Physiogel Daily Defence (N=XX)	P3 Standard (N=XX)
VISIT 5	n (number of invalid cases)	xx	xx
	Summary for Valid Cases		
	n (number of valid cases)	xx	xx
	MEAN	x.xx	x.xx
	SD	x.xxx	x.xxx
	95% CI	(x.xx, x.xx)	(x.xx, x.xx)
	CI[%]	XX.X	XX.X

Program: PPD

Source: PPD

Note to programmer: 1. Keep two decimal places for mean, 95% CI.
2. Keep three decimal places for SD.

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Table 14.3.1.1
Summary of Treatment Emergent Adverse Events
Safety Population

Safety Population (N=xx)

System Organ Class and Preferred Term	Physiogel Daily Defence (N=XX)		P3 Standard (N=XX)		Overall (N=XX)	
	n (%)	nAE			n (%)	nAE
NUMBER OF SUBJECTS WITH AT LEAST ONE AE	xx (xx.x)	xx	... ...		xx (xx.x)	xx
NUMBER OF SUBJECTS WITH NO AE	xx (xx.x)	xx	... ...		xx (xx.x)	xx
SKIN AND SUBCUTANEOUS TISSUE DISORDERS	xx (xx.x)	xx	... ...		xx (xx.x)	xx
ERYTHEMA	xx (xx.x)	xx	... ...		xx (xx.x)	xx
DERMATITIS	xx (xx.x)	xx	... ...		xx (xx.x)	xx
GASTROINTESTINAL SYSTEM	xx (xx.x)	xx	... ...		xx (xx.x)	xx
ABDOMINAL PAIN	xx (xx.x)	xx	... ...		xx (xx.x)	xx
DRY MOUTH	xx (xx.x)	xx	... ...		xx (xx.x)	xx
VOMITING	xx (xx.x)	xx			xx (xx.x)	xx

n (%) = Number (percent) of subjects; nAE = Number of adverse events.

Program: PPD

Source: PPD

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Table 14.3.1.2
Summary of Treatment Emergent Adverse Events by Severity
Safety Population

Safety Population (N=xx)

System Organ Class and Preferred Term	Physiogel Daily Defence (N=XX)							P3 Standard (N=XX)						Overall (N=XX)					
	Mild		Moderate		Severe			Mild		Moderate		Severe							
	n (%)	nAE	n (%)	nAE	n (%)	nAE		n (%)	nAE	n (%)	nAE	n (%)	nAE						
NUMBER OF SUBJECTS WITH AT LEAST ONE AE	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
SKIN AND SUBCUTANEOUS TISSUE DISORDERS	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx		xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
ERYTHEMA	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
DERMATITIS	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
GASTROINTESTINAL SYSTEM	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
ABDOMINAL PAIN	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
DRY MOUTH	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						
VOMITING	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx	...	xx (xx.x)	xx	xx (xx.x)	xx	xx (xx.x)	xx						

n (%) = Number (percent) of subjects; nAE = Number of adverse events.

Program: PPD

Source: PPD

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Listing 16.1.7
Randomisation Information
Randomised Population

Subject Number	Age/Sex/Race[1]	Randomisation Number	Test Site/Treatment Randomised	Date of randomisation (dd/mmm/yyyy)
PPD				PPD

[1] Age in years; Sex: F = Female, M = Male ; Race: A = Asian, B = Black or African American, I = American Indian or Alaska Native, H = Native Hawaiian or Other Pacific Islander, W = White, O = Multiple.

Program:PPD

Source: PPD

Note to programmer: Check actual races captured in eCRF to adjust the race name and abbreviations

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Listing 16.2.1
Individual Subjects Protocol Violations
Randomised Population

Subject Number	Age/Sex/Race[1]	Visit	Deviation Sequence	Protocol Deviation
PPD		3	1	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

[1] Age in years; Sex: F = Female, M = Male ; Race: A = Asian, B = Black or African American, I = American Indian or Alaska Native, H = Native Hawaiian or Other Pacific Islander, W = White, O = Multiple.

Program: PPD

Source: PPD

Note to programmer: Check actual races captured in eCRF to adjust the race name and abbreviations

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Listing 16.2.2

Protocol Violations Leading to Exclusion from Analysis Population
Randomised Population

Subject Number	Deviation Sequence	Start Date	End Date	Deviation Description
PPD	1	28MAR2017	28MAR2017	XXXXXXXXX

Program: PPD

Source: PPD

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Listing 16.2.4.1

Demographic Characteristics
Randomised Population

Subject Number	Age	Sex	Race	MeanL*	Meanb*	ITA° Value	FITZPATRICK SCALE FOR SKIN TYPE
PPD				69.03	55.1	55.7	I = ALWAYS BURNS EASILY: NEVER TANS

……..

Program: PPD

Source: PPD

Protocol: 207640

Listing 16.2.4.2

Prior and Concomitant Medications
Randomised Population

Subject Number	Screening Date	Medication	Dosage	Reason for Medication	Medication Start Date [1]	Medication End Date [1]	Ongoing Status Yes/No
PPD			10MG PO OD	HIGH BLOOD PRESSURE	2011	CONTINUING	YES

……

[1] Only known parts of partial dates are listed.

Program: PPD

Source: PPD

Protocol: 207640

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Program Run Date:ddmonyyyy

Listing 16.2.4.3

Listing of the Identification for Technician
Randomised Population

Subject Number	Irradiation at Visit 2	Visual Grading at Visit 3	Product Application and Irradiation at Visit 4	Visual Grading at Visit 5
PPD	AP	AP	AP	AP

Program: PPD

Source: PPD

Programming Note: The AP is just an example, please use the real data while creating the listing.

Protocol: 207640

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Listing 16.2.6
Individual Subjects Efficacy Data
Randomised Population

Subject Number	Age/Sex/Race[1]	Visit	Test-Site	Sub-Site	Treatment	Variable	Variable Value	Valid / Excluded	Exclusion Justification
PPD						Provisional	x.xx		
						MEDu			
						MEDu	x.xx		
						MEDp test	x.xx		
						MEDp reference	x.xx		
						SPFi test	XX.X	Valid	
						SPFi reference	XX.X	excluded	invalid for test product
						Provisional	x.xx		
						MEDu			
						MEDu	x.xx		
						MEDp test	x.xx		
						MEDp reference	x.xx		
						SPFi test	XX.X		
...						SPFi reference	XX.X		

[1] Age in years; Sex: F = Female, M = Male ; Race: A = Asian, B = Black or African American, I = American Indian or Alaska Native, H = Native Hawaiian or Other Pacific Islander, W = White, O = Multiple.

Program:PPD Source: PPD

Note to programmer: Check actual races captured in eCRF to adjust the race name and abbreviations.

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Listing 16.2.7.1
All Adverse Events
Randomised Population

Treatment Group: Physiogel Daily Defence/no treatment

Subject Number	Age/Sex/Race[1]	Adverse Event (Preferred Term) (System Organ Class)	Start Date /Study Day[2]	Start Time	End Date	End Time	Frequency /Intensity [3]	Related to Study Product?	Action Taken re Study Product	Outcome	Serious?	Withdrew?[4]
PPD				PPD			Single/ MILD	No	NOT APPLICABLE	RECOVERED/RESOLVED	NO	NO

[1] Age in years; Sex: F = Female, M = Male ; Race: A = Asian, B = Black or African American, I = American Indian or Alaska Native, H = Native Hawaiian or Other Pacific Islander, W = White, O = Multiple.
[2] Study day is the day relative to start of treatment, day 1 being the day of first treatment.
[3] INT = Intermittent and SGLE = Single.
[4] Did subject withdraw from study as a result of this adverse event?

Program: PPD Source: PPD

Programming Note: Those AEs are not coming under treatment, that will displayed under the overall treatment group.

Programming Note for Listing 16.2.7.2:

- ☐ Repeat the same layout for listing 16.2.7.2
- Population should be used 'Non randomised Subjects'
- The fourth column should be only 'Start Date'
- ☐ Delete the footnote related to study day and adjust the numbers accordingly.

inVentiv Health

Client Approval Form: Final Statistical Analysis Plan Shells

Project Identifiers	
Client: GSKCH	Protocol No.: 207640
Project ID Code: PPD	Protocol Version (date): 1.0 (28-MAR-2017)
SAP Version: 1.0	SAP Author: PPD
SAP Date : 29-JUN-2017	

The signatures below acknowledge that the Statistical Analysis Plan Shells prepared by inVentiv Health for GSKCH are final.

Approved by: GSKCH	PPD	PRINCIPAL BIOSTATISTICIAN
	PRINTED NAME	TITLE
	PPD	
	SIGNATURE	(DDMMMYYYY)
	PPD	DIRECTOR CLINICAL RESEARCH – SKIN HEALTH
	PRINTED NAME	TITLE
	PPD	
		(DDMMMYYYY)
Approved by: Lead Statistician, inVentiv Health	PPD	STATISTICIAN II
	PRINTED NAME	TITLE
	PPD	
	SIGNATURE	(DDMMMYYYY)