Integrated Analysis Plan

Clinical Trial Protocol Identification No.	MS200095-0030
Title	Phase 1, Open-label, Single Sequence, Two-Period Crossover Trial to Evaluate the Effect of Tepotinib on Cytochrome P450 (CYP) 3A by Investigating the Pharmacokinetics of the CYP3A Substrate Midazolam in Healthy Subjects
Trial Phase	I
Investigational Medicinal Product(s)	Tepotinib (MSC2156119J)
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1   Table of Contents

2   List of Abbreviations and Definition of Terms

AE	Adverse Event
AUC_{0-t}	Area under the plasma concentration-time curve from time zero (= dosing time) to the last sampling time (t_{last}) at which the concentration is at or above the lower limit of quantification
$AUC_{0-\infty}$	Area under the plasma concentration-time curve from time zero (= dosing time) extrapolated to infinity
AUC_{extra}	The AUC from time t_{last} extrapolated to infinity
$AUC_{extra\%}$	$AUC_{extra} / AUC_{0-\infty}$ x 100
BMI	Body Mass Index
CI	Confidence Interval
C_{max}	Maximum plasma concentration observed
CSR	Clinical Study Report
CV%	Coefficient of Variation
ECG	Electrocardiogram
eCRF	Electronic Case Report Form
GeoCV%	Geometric Coefficient of Variation
GeoMean	Geometric Mean
IAP	Integrated Analysis Plan
ICH	International Conference on Harmonization
LCI	Lower Confidence Interval Bound
LLOQ	Lower Limit of Quantification
MedDRA	Medical Dictionary for Regulatory Activities
MR	Metabolic Ratio
NCI-CTCAE	National Cancer Institute – Common Terminology Criteria for Adverse Events
PD	Pharmacodynamics
PGx	Pharmacogenetics
PK	Pharmacokinetics
PT	Preferred Term
Q1	25th Percentile

Q3	75th Percentile
QTcF	Corrected QT interval per Fridericia's formula
SAE	Serious Adverse Event
SEM	Standard Error of the Mean
SOC	System Organ Class
SD	Standard Deviation
$t_{1/2}$	Terminal half-life
TEAE	Treatment Emergent Adverse Event
t_{last}	The last sampling time at which the concentration is at or above the lower limit of quantification
t_{max}	Time to reach the maximum plasma concentration
ULOQ	Upper Limit of Quantification
UCI	Upper Confidence Interval Bound

3   Modification History

Unique Identifier for Version	Date of IAP Version	Author	Changes from the Previous Version
1.0	14-NOV-2018	PI	Original document

4   Purpose of the Integrated Analysis Plan

The purpose of this IAP is to document technical and detailed specifications for the final analysis of data collected for protocol MS200095-0030. Results of the analyses described in this IAP will be included in the Clinical Study Report (CSR). Additionally, the planned analyses identified in this IAP will be included in regulatory submissions or future manuscripts. Any post-hoc, or unplanned analyses performed to provide results for inclusion in the CSR but not identified in this prospective IAP will be clearly identified in the CSR.

The IAP is based upon section 8 (Statistics) of the trial protocol and protocol amendments and is prepared in compliance with ICH E9.

5   Objectives and Endpoints

	Objective	Endpoint	IAP section
Primary Objective	To investigate the effect of multiple doses of tepotinib on AUC_{0-t}, $AUC_{0-\infty}$, and C_{max} of the CYP3A substrate midazolam in healthy subjects.	AUC_{0-t}, $AUC_{0-\infty}$, and C_{max} of midazolam	
Secondary Objective	To further investigate effects of multiple doses of tepotinib on the PK of midazolam	t_{max} and $t_{1/2}$ of midazolam	
	To investigate the effect of multiple doses of tepotinib on the PK of the main midazolam metabolite 1-hydroxymidazolam	AUC_{0-t}, $AUC_{0-\infty}$, C_{max}, t_{max} and $t_{1/2}$ of 1-hydroxymidazolam; metabolic ratio (MR)	
	To assess the safety and tolerability of tepotinib alone and upon co-administration of midazolam.	Occurrence of treatment emergent adverse events (TEAEs; incidence, frequency, intensity and causality), occurrence of changes in clinical laboratory assessments, 12-lead electrocardiograms (ECGs) and vital signs in subjects receiving tepotinib alone and together with midazolam assessed from Day 1 of Period 2 until the End of Trial Visit.	
Exploratory Objective	To explore the effect of pharmacogenetics (PGx) and variations of associated genes on the PK profile of tepotinib and/or midazolam.	Genetic variants and mutations in genes that potentially influence PK of tepotinib and/or midazolam.	

6   Overview of Planned Analyses

All final, planned analyses identified in the Clinical Trial Protocol and in this IAP will be performed only after the last subject has completed the last visit, ie, end of trial visit/early termination visit with all trial data in-house, all data queries resolved, and the database locked.

A data review meeting will be held prior to database lock. In addition, no database can be locked until this IAP has been approved.

7   Changes to the Planned Analyses in the Clinical Trial Protocol

The statistical methods as described in the protocol were adopted.

Boxplots of the primary endpoints have been replaced with scatter plots (16.1.1).

8   Protocol Deviations and Analysis Sets

8.1   Definition of Protocol Deviations and Analysis Sets

Important protocol deviations are protocol deviations that might significantly affect the completeness, accuracy, and/or reliability of the study data or that might significantly affect a subject's rights, safety, or well-being.

The following deviations will be identified and confirmed prior to or at the Data Review Meeting at the latest.

Important protocol deviations include:

- Deviations from the inclusion and exclusion criteria

- Concomitant medication violations (see Section 6.5.1 of the protocol)

- Use of prohibited medicines (see Section 6.5.2. of the protocol)

- Subjects that receive incorrect treatment or dose

- Sample processing errors that may lead to inaccurate bioanalytical results

- Deviation from Good Clinical Practice

- Non-compliance to study procedures or deviations from study procedures likely to affect the primary endpoints (e.g. subject develops withdrawal criteria whilst on the study but is not withdrawn)

In addition for the definition of the PK analysis set (see section 8.2) factors likely to affect the comparability of PK results will be identified. Important events to be considered are:

- Vomiting or diarrhea following oral dosing (these instances will be discussed on a case-by-case basis)

- Deviation from study medication compliance in terms of medical conditions and/or AEs that may have interfered with drug disposition or with respect to factors likely to affect the primary endpoints

All important protocol deviations and factors likely to affect the comparability of PK results will be documented in CDISC datasets whether identified through sites monitoring or medical review.

8.2   Definition of Analysis Sets and Subgroups

For purposes of analysis, the following populations are defined:

Population	Description
Screening	The screening analysis set will include all subjects who provided signed informed consent, regardless of treatment status in the trial. This set will be used for subject disposition.
Safety	The Safety Analysis Set will include all subjects who have received at least 1 dose of planned IMP. Subjects will be analyzed according to the actual treatment they receive.
Pharmacokinetic	The PK Analysis Set will include all subjects without any relevant protocol deviations with respect to PK and absence of factors likely to affect the comparability of PK results, who have received at least one dose of midazolam and who have at least 3 post-dose concentration measurements.
	Subjects may be excluded after vomiting or following diarrhea in a particular period as this could render the plasma concentration-time profile unreliable. The use of a concomitant medication that might interfere with the PK of any investigational drug could be a reason for excluding a subject.

9   General Specifications for Data Analyses

Statistical analyses will be performed using the computer program package SAS® System for Windows™ (Version 9.4 or later; SAS Institute, Cary, North Carolina, USA).

The results of this trial will be reported using summary tables, figures, and data listings, as appropriate. All data will be summarized by treatment and/or scheduled time point, as appropriate.

For demographic, baseline and safety assessments, continuous measurements will be summarized by means of descriptive statistics (ie, number [n] and percentage of observations, number and percentage of missing observations, arithmetic mean [Mean], standard deviation [SD], median, 25th and 75th percentiles [Q1 and Q3], minimum [Min], and maximum [Max]) and categorical data will be summarized by means of frequency tables (ie, count and percentages), if not stated otherwise. Mean, Median, Q1, Q3, Min, Max will have the same precision as the SDTM data (decimal places). SD will be presented with one decimal place more than the mean. For subject disposition and demographic tables the denominator will be the number of subjects in the analysis set. Counts of missing observations will be included as a separate category.

If not otherwise specified, 'baseline' refers to the last scheduled measurement before administration of the first drug in each period. However, if a subject is missing the baseline collection, the previous non-missing evaluation within the same period pre-dose could become

the baseline value. If no baseline or previous to baseline evaluations exist then the baseline value will be treated as missing.

The following calculations and derivations, as applicable, will be used:

- Change from baseline: post-baseline visit value - baseline value

- Duration of AE (in days hh:mm) = end date and time - start date and time of the AE, if missing time for either the beginning or end then = end date – start date + 1

- Days hh:mm from dosing = start date and time of the event - date and time dose administration; (for treatment-emergent AEs), if missing time for either the dosing or event then = event start date – date of dose administration + 1

- Rel. Day in period of AE = start date of the event – date of First Admin in period + 1 (for AEs on or after the day of dosing)

- Rel. Day of pre-treatment AE = start date of the event – date of First Admin (for pre-treatment AEs before first treatment administration of the study only)

Repeated laboratory assessments will be flagged as repeats in the subject data listings and not included in summary tables statistics (unless the scheduled measurement was considered unreliable, eg due to technical reasons, and needed to be replaced by an unscheduled repeat measurement).

In this phase 1 PK study missing observations will be assumed to be missing completely at random (MCAR). No action will be taken to handle missing data. A subject who withdraws prior to the last planned observation in a trial period will be included in the analyses up to the time of discontinuation.

The following treatment labels will be used in listing and tables:

- midazolam

- tepotinib + midazolam

10   Trial Subjects

10.1   Disposition of Subjects and Discontinuations

This following will be presented in a summary table:

- Total number of subjects screened (ie, subjects who gave informed consent)

- Number of screened subjects who discontinued from the trial prior to treatment overall and grouped by the main reason for discontinuation:

    o   Subject did not meet all eligibility criteria

- o   Withdrew consent

- o   Other

- Number of treated subjects

- Number and percentage of treated subjects who completed study

- Number and percentage of treated subjects who discontinued the study, with the primary reason of discontinuation:

  - o   Adverse event

  - o   Lost to follow-up

  - o   Protocol non-compliance

  - o   Death

  - o   Withdrew consent

  - o   Other

- Number and percentage of subjects who completed period (for periods 1, and 2)

- Number and percentage of subjects who discontinued period and reason for discontinuation (for periods 1, and 2)

A listing of discontinued subjects will be provided.

10.2   Protocol Deviations

10.2.1   Important Protocol Deviations

Listings of important protocol deviations will be provided including the date and relative day in relation to dosing in the relevant period.

10.2.2   Reasons Leading to the Exclusion from an Analysis Set

All criteria/reasons leading to the exclusion of a subject from the PK analysis set will be listed based on the safety set.

Reasons for excluding individual PK concentrations will also be listed separately and flagged in the main listing based on the safety analysis set.

11   Demographics and Other Baseline Characteristics

11.1   Demographics

Summaries will be given for both the safety and the pharmacokinetic set, if different.

Demographic characteristics will be listed by subject and summarized using the following information from the Screening/Baseline Visit CRF pages.

Demographic characteristics:

- Sex: male, female

- Race: Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, White, Other

- Ethnic origin: Hispanic or Latino , Not Hispanic or Latino

- Age (years): summary statistics

- Height (cm) at Baseline: summary statistics

- Weight (kg) at Baseline: summary statistics

- BMI (kg/m²) at Baseline: summary statistics

Age will be taken from the eCRF and cannot be derived from the data because only the year of birth is collected in the eCRF.

BMI will be re-derived (ie, not taken directly from the database) according to the following formula:

- BMI (kg/m²) = weight (kg) / (height (m) * height (m))

11.2   Medical History

The medical history will be listed by subject including the preferred term and MedDRA system organ class (SOC) body using MedDRA, current version.

11.3   Other Baseline Characteristics

Other baseline characteristics will be listed by subject and summarized using the following information from the Screening/Baseline Visit eCRF pages.

Other baseline characteristics:

- Smoking status

- Alcohol consumption

12   Previous or Concomitant Medications/Procedures

Previous medications are medications, other than trial medications and pre-medications for trial drug, which started and stopped before first administration of trial drug.

Concomitant treatments are medications, other than trial medications, which are taken by subjects any time on-trial (on or after the first day of trial drug treatment for each subject).

In case the date values will not allow to unequivocally allocating a medication to previous or concomitant medication the medication will be considered as concomitant medication

Any previous and concomitant medication will be encoded with WHO-DD, latest version. Prior and concomitant medications will be listed by subject (all subjects).

The following information will be displayed in a listing: generic or trade name (as reported in eCRF), WHO drug name (including ATC-2nd level and preferred term), dose/unit, route, frequency, reason for use, start/end date and time.

Concomitant procedures will be presented in a data listing.

13   Treatment Compliance and Exposure

A listing of date and time of each drug administration and each blood sampling including time deviations will be provided sorted by subject. In addition a listing of the midazolam plasma concentrations will be provided.

14   Efficacy Analyses

Not applicable.

15   Safety Analyses

The subsections in this section include specifications for summarizing safety endpoints that are common across clinical trials such as adverse events, laboratory tests and vital signs.

Safety data analysis will be conducted on the Safety Analysis Set.

15.1   Adverse Events

The number and percentage of subjects experiencing at least one TEAE will be summarized by treatment as well as the number of events. A TEAE is an AE with onset after start of treatment. Tables by relationship to trial drug and by severity will be generated. AEs will be coded using Medical Dictionary for Regulatory Activities terminology, latest version.

Incomplete TEAE-related dates will be handled as follows:

- In case the onset date is missing completely or missing partially but the onset month and year, or the onset year are equal to the start of trial treatment then the onset date will be replaced by the minimum of start of trial treatment and TEAE resolution date.

- In all other cases the missing onset day or missing onset month will be replaced by 1.

- Incomplete stop dates will be replaced by the last day of the month (if day is missing only), if not resulting in a date later than the date of subject's death. In the latter case, the date of death will be used to impute the incomplete stop date.

- In all other cases the incomplete stop date will not be imputed.

15.1.1   All Adverse Events

All AEs recorded during the course of the trial (ie, assessed from signature of informed consent until the end of the Follow-up/End of Trial visit) will be coded according to MedDRA latest version and assigned to a SOC and PT.

TEAEs will be summarized by worst severity, using MedDRA latest version preferred term as event category and MedDRA primary system organ class (SOC) body term as Body System category. The severity of AEs will be graded using the "National Cancer Institute - Common Terminology Criteria for Adverse Events" (NCI-CTCAE) guideline, as detailed in the study protocol.

TEAEs related to trial treatment are those events with relationship missing, unknown or related.

The following will be summarized in an overview table with the number and percentage of subjects (and the number of events) by treatment and overall:

- Any TEAE
- Any trial treatment related TEAE
- Any TEAE related to midazolam
- Any TEAE related to tepotinib
- Any serious TEAE

- Any trial treatment related serious TEAE

- Any midazolam related serious TEAE

- Any tepotinib related serious TEAE

- Any TEAE of grade >=3

- Any trial treatment related TEAE of grade >=3

- Any midazolam related TEAE of grade >=3

- Any tepotinib related TEAE of grade >=3

- Any TEAE leading to death

- Any trial treatment related TEAE leading to death

- Any midazolam related TEAE leading to death

- Any tepotinib related TEAE leading to death

TEAEs will be summarized by treatment and overall in tables with:

- The number and percentage of subjects by treatment with at least one TEAE and the number of events overall and by SOC and PT. Group/SOC terms will be sorted alphabetically and PTs within each group/SOC term will be sorted by descending frequency.

- The number and percentage of subjects by treatment with at least one non-serious TEAE and the number of non-serious TEAE applying frequency threshold of 5%. Group/SOC terms will be sorted alphabetically and PTs within each group/SOC term will be sorted by descending frequency.

In addition the following tables will be provided. Group/SOC terms will be sorted alphabetically and PTs within each group/SOC term will be sorted by descending frequency (based on all treatment groups combined):

- A table by severity of TEAEs with the number and percentage of subjects by treatment with at least one TEAE and the number of events by SOC and PT.

- A table by relationship to trial treatment (related to any treatment, related to midazolam, and related to tepotinib) with the number and percentage of subjects by treatment with at least one TEAE and the number of events by SOC and PT.

Pre-treatment AEs (AEs with onset after informed consent but before start of treatment) and TEAEs will be listed separately.

15.1.2   Adverse Events Leading to Treatment Discontinuation

TEAEs leading to permanent discontinuation of trial treatment will be summarized by treatment and overall including number of subjects, percentage and number of events.

A listing of TEAEs leading to permanent discontinuation of a trial treatment will additionally be provided.

15.2   Deaths, Other Serious Adverse Events, and Other Significant Adverse Events

15.2.1   Deaths

All deaths as well as reason for death will be based on information from the "Report of Subject Death" eCRFs.

Listing of deaths, if any, will be provided displaying date and cause of death (including TEAE leading to death and relatedness to trial treatment, when applicable), and date and time of treatment administration.

15.2.2   Serious Adverse Events

A summary table of SAEs, if any, by treatment and overall will be provided displaying the number and percentage of subjects by treatment with at least one SAE and the number of SAE overall and by system organ class and preferred term. Group/SOC terms and PTs within each group/SOC term will be sorted alphabetically.

Listing of SAEs, if any, will be provided in addition.

15.2.3   Other Significant Adverse Event

15.2.3.1   Adverse Events of Special Interest

Healthy subjects might experience asymptomatic elevations in serum lipase and amylase. Any elevation in serum lipase and amylase of Grade ≥ 3 will lead to the recording of an adverse event of special interest (AESI). The severity of these AEs should be defined based on clinical judgment of the Investigator and defined according to NCI-CTCAE Severity Scale.

Adverse events of special interest will be presented in a separate data listing.

15.3   Clinical Laboratory Evaluation

All laboratory data will be reported with SI units. Laboratory parameters will be listed by subject and time-point and summarized indicating the treatment at the respective time-point using descriptive statistics for absolute values and change from baseline over time. Shift tables for laboratory tests will be presented by treatment. Shift tables will be based on NCI-CTCAE grades, where possible, and on normal ranges otherwise. They will be produced for

- End of Trial versus Screening

- Discharge versus Pre-dose (Tepotinib admistration) for period 2 only.

Laboratory values that are outside the normal range will also be flagged in the data listings, along with corresponding normal ranges and NCI-CTCAE grade, Version 5.0 (publication date: 27 Nov 2017), and will additionally be listed separately.

See section 7.4.3 of the clinical study protocol for a table of the safety laboratory evaluations.

Safety laboratory values are separated into:

- Hematology
- Biochemistry
- Urinalysis
- Other tests

Tables will be produced for the groups Hematology, and Biochemistry.

15.4   Vital Signs

Vital signs will be listed by subject and time-point and summarized for absolute values and changes-from-baseline by visit and treatment using descriptive statistics. Descriptive statistics tables will start at baseline.

15.5   ECG Evaluation

ECG data will be listed by subject and time-point and summarized by absolute values and changes-from-baseline by treatment group using descriptive statistics. Descriptive statistics tables will start at baseline. Clinically significant ECG findings for individual subjects will be listed and summarized.

The time intervals [PR, QRS, RR, QT and corrected QT intervals [based on Fridericia's formula, QTcF] will be summarized descriptively by treatment.

The Fridericia's Correction (QTcF) is derived as follows:

Fridericia's Correction (QTcF) $\quad QTc_f = \dfrac{QT}{\sqrt[3]{RR}}$

where: RR = RR-interval measured in seconds.

Observed QTcF values will be categorized according to their absolute values into the categories

- ≤ 430 ms,
- > 430 and ≤ 450 ms,
- > 450 and ≤ 480 ms,
- > 480 and ≤ 500 ms, and
- > 500 ms,

and categorized according to their absolute change from baseline into the categories

- ≤ 30 ms,
- > 30 and ≤ 60 ms, and
- > 60 ms.

The number and percentage of subjects by these categories at any post-dose assessment will be tabulated by treatment group. All ECG measurements will be listed, with abnormalities indicated.

Investigator reported interpretation results will also be listed and tabulated treatment using the number and percentage of subjects for each interpretation category (Normal, Abnormal Not Clinically Significant [NCS], Abnormal Clinically Significant [CS].

16   Analyses of Other Endpoints

16.1   Pharmacokinetics

General Specifications for Plasma Concentration Data

PK concentration data will be descriptively summarized using nominal times: n, Mean, SD, standard error of the mean (SEM), coefficient of variation (CV%), Min, Median and Max.

Descriptive statistics of PK concentration data will be calculated using values with the same precision as the source data, and rounded for reporting purposes only. The following conventions will be applied when reporting descriptive statistics of PK concentration data:

Mean, Min, Median, Max: 3 significant digits

SD, SEM   4 significant digits

CV%:   1 decimal place

Values below the lower limit of quantification of the assay (LLOQ) will be taken as zero for summary statistics of PK concentration data. For final evaluations values greater than the upper limit of quantification (ULOQ) are not accepted and should be replaced by valid numeric values from dilution measurement. Missing concentrations (e.g. no sample, insufficient sample volume

for analysis, no result or result not valid) will be reported and used generally as "N.R.". Pre-dose samples that occur before the first drug administration will be assigned a time of 0 hours, as if the sample had been taken simultaneously with the study drug administration.

General Specifications for PK Parameter Data

PK parameter data will be descriptively summarized: n, Mean, SD, SEM, CV%, Min, Median, Max, geometric mean (GeoMean), the geometric coefficient of variation (GeoCV) and the 95% confidence interval for the GeoMean (LCI 95% GeoMean, UCI 95% GeoMean).

PK parameter C_{max} will be reported with the same precision as the source data. All other PK parameters will be reported to 3 significant digits. In export datasets, as well as in the SDTM PP domain, PK parameters will be provided with full precision, and will not be rounded. Descriptive statistics of PK parameter data will be calculated using full precision values, and rounded for reporting purposes only.

The following conventions will be applied when reporting descriptive statistics of PK parameter data:

Mean, Min, Median, Max, GeoMean, 95% CI:	3 significant digits
SD, SEM:	4 significant digits
CV%, GeoCV%:	1 decimal place
Ratio of GeoMean and 95% CI	4 decimal places

To ensure a reliable estimate of the extent of exposure, AUC_{extra} should be less than or equal to 20%. If AUC_{extra} is greater than 20%, all parameters derived using λ_z (ie, λ_z, $t_{1/2}$, $AUC_{0-\infty}$, AUC_{extra}, MR) will be listed, but set to missing for the calculation of descriptive statistics.

All statistical analyses and descriptive summaries of pharmacokinetic data will be performed on the PK Analysis Set. All available PK data will be listed. Data of subjects not in the PK analysis set or invalid data will be flagged accordingly.

In this phase 1 PK study missing observations will be assumed to be missing completely at random (MCAR). No action will be taken to handle missing data. A subject who withdraws prior to the last planned observation in a trial period will be included in the analyses up to the time of discontinuation.

16.1.1   Primary Endpoints

Statistical hypotheses

For the statistical analysis of AUC_{0-t} of midazolam data, a-priori ordered hypotheses will be tested.

Test 1 H_{01}: T/R ratio ≤ 0.2 or T/R ratio ≥ 5.0 effect stronger than moderate

              versus

              H_{A1}: T/R ratio within [0.2 ; 5.0] moderate effect

Test 2 H_{02}: T/R ratio ≤ 0.5 or T/R ratio ≥ 2.0 effect stronger than mild

              versus

              H_{A2}: T/R ratio within [0.5 ; 2.0] mild effect,

where R is midazolam and T is tepotinib + midazolam

A general linear model with a fixed effect for TREATMENT and a random effect for SUBJECT will be applied to log-transformed PK parameters C_{max}, AUC_{0-t}, and $AUC_{0-\infty}$ of midazolam based on the PK analysis set. Treatment differences on the log scale of midazolam with tepotinib vs. midazolam alone will be estimated for C_{max}, AUC_{0-t}, and $AUC_{0-\infty}$ together with their 90% CIs.

Point estimates and CIs will be back-transformed to the original scale. The confidence intervals for AUC will be compared to the acceptance ranges for moderate effects [0.2 ; 5.0] and mild effects [0.5 ; 2.0].

PK variables will be evaluated and listed for all subjects of the PK Analysis Set.

The primary endpoints will be descriptively summarized. Scatter plots will be produced for each primary endpoint by treatment group indicating the geometric means within each treatment group.

16.1.2   Secondary Endpoints

Summary statistics will be provided for t_{max} and $t_{1/2}$ and the relative bioavailabilities ($F_{rel,test/reference}$) of midazolam. For t_{max}, the Hodges-Lehmann shift estimates will be calculated together with the 90% confidence intervals according to Tukey.

Summary statistics will be provided for AUC_{0-t}, $AUC_{0-\infty}$, C_{max}, t_{max} and $t_{1/2}$ of 1-hydroxymidazolam and the metabolic ratio (MR).

PK variables will be evaluated for all subjects of the PK population, but listed for all subjects with available data.

16.1.3   Exploratory Endpoints

Pharmacogenetic analyses will be presented in a separate report.

16.1.4   Plasma Concentration Data

Concentrations of midazolam and its metabolite 1-hydroxymidazolam will be tabulated and displayed graphically. Summary statistics will be provided by treatment and nominal timepoint.

The following figures will be produced, separately for midazolam and 1-hydroxymidazolam:

- Arithmetic mean plasma concentration-time profiles overlaying all treatments on linear and semi-logarithmic scale

- Arithmetic mean plasma concentration-time profiles overlaying all treatments on linear scale including SD error bars

- Individual plasma concentration-time profiles overlaying subjects, for each treatment separately on linear and semi-logarithmic scale

- Individual plasma concentration-time profiles overlaying all treatments, separately for each subject on linear and semi-logarithmic scale

Trough concentrations of Tepotinib and its metabolite will be descriptively summarized by treatment and nominal time point. Scatter plots will be produced for each of the days 9, 10 and 11 for the trough concentrations indicating the geometric mean within each treatment group.

The following listing will be produced:

- Plasma concentrations will be listed for each analyte by treatment, subject, and nominal time. Excluded plasma concentrations will be flagged.

- Trough concentrations will be listed for Tepotinib and its metabolite by treatment, subject, and nominal time. Excluded trough concentrations will be flagged.

16.1.5   Estimation of Individual Pharmacokinetic Parameters

The following non-compartmental PK parameters (see Table 1) will be calculated from the individual plasma midazolam and 1-hydroxymidazolam concentration-time data using commercial software such as Phoenix®/WinNonlin® (Version 6.4 or higher) at Nuvisan GmbH.

Table 1   Definition of PK Parameters for Midazolam and 1-Hydroxymidazolam after Single Dose Administration

Symbol	Definition
AUC_{0-t}	Area under the plasma concentration-time curve (AUC) from time zero (= dosing time) to the last sampling time (t_{last}) at which the concentration is at or above the lower limit of quantification (LLOQ), calculated per the mixed log linear trapezoidal rule (ie linear up/log down)
$AUC_{0-\infty}$	Area under the plasma concentration-time curve from time zero (= dosing time) extrapolated to infinity, calculated as $AUC_{0-t} + AUC_{extra}$. AUC_{extra} represents the extrapolated part of $AUC_{0-\infty}$ calculated by $C_{lastpred}/\lambda_z$, where $C_{lastpred}$ is the predicted plasma concentration at the last sampling time point, calculated from the log-linear regression line for λ_z determination at which the measured plasma concentration is at or above LLOQ
C_{max}	Maximum plasma concentration observed
t_{last}	The last sampling time at which the plasma concentration is at or above the lower limit of quantification
t_{max}	Time to reach the maximum observed plasma concentration
$t_{1/2}$	Terminal half-life, calculated as $\ln(2)/\lambda_z$
λ_z	Terminal rate constant determined from the terminal slope of the log-transformed plasma concentration curve using linear regression on terminal data points of the curve
AUC_{extra}	The AUC from time t_{last} extrapolated to infinity
$AUC_{extra\%}$	$AUC_{extra} / AUC_{0-\infty}$ x 100.
MR	Metabolic ratio of midazolam $AUC_{0-\infty}$ and 1-hydroxymidazolam $AUC_{0-\infty}$
$F_{rel,test/reference}$	Relative bioavailability (test versus reference), defined as $AUC_{0-\infty, reference}/AUC_{0-\infty, test}$, where $AUC_{0-\infty, test}$ is $AUC_{0-\infty}$ for tepotinib+midozalam and $AUC_{0-\infty, reference}$ is $AUC_{0-\infty}$ for midazolam.

Individual PK parameters will be calculated using actual sampling times. The predose sample will be considered as if it had been taken simultaneously with the administration of study drug. PK variables will be evaluated and listed for all subjects who provide sufficient concentration-time data.

Plasma concentrations below LLOQ before the last quantifiable data point will be taken as zero for calculating the AUC (ie embedded below the limit of quantification values set to zero).

Plasma concentrations below LLOQ after the last quantifiable data point will not be considered for the determination of λ_z.

The following PK parameters will be calculated for diagnostic purposes and listed, but will not be summarized:

- The time interval (h) of the log-linear regression ($\lambda_{z\,low}$, $\lambda_{z\,upp}$) to determine λ_z.

- Number of data points included in the log-linear regression analysis to determine λ_z.

- Goodness of fit statistic (Rsq) for calculation of λ_z.

The regression analysis should contain data from at least 3 different time points in the terminal phase consistent with the assessment of a straight line on the log-transformed scale. Phoenix WinNonlin best fit methodology will be used as standard. The last quantifiable concentration should always be included in the regression analysis, while the concentration at t_{max} and any <LLOQ concentrations that occur after the last quantifiable data point should not be used.

The coefficient of correlation (R^2) should be ≥ 0.8 and the observation period over which the regression line is estimated should be at least twofold the resulting $t_{1/2}$ itself. If these criteria are not met, then the corresponding values should be flagged in the listing displaying Individual Plasma Pharmacokinetic Diagnostic Parameters for Each Treatment. Any flags should be included in the study specific SDTM. Then the rate constants and all derived parameters (e.g. $AUC_{0-\infty}$, $\%AUC_{extra}$, and $t_{1/2}$) will be included in the parameter listings and will be discussed appropriately in alignment with the protocol lead and quantitative pharmacology representative.

The Phoenix WinNonlin NCA Core Output will be provided in a separate listing.

16.2   Pharmacogenetics

The results of the pharmacogenetic analysis, as applicable, will be described in a separate report.

17   References

None.

18   Appendices

None.