# THE LANCET

# Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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# Emergency treatment with Levetiracetam or Phenytoin in convulsive status epilepticus in children – the EcLiPSE trial: Supplementary Material

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# 1. Primary outcome

# 1.1 Cox Proportional Hazards model (all children)

# Unadjusted HRs

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs.	1·2 (95% CI 0·91-1·6)	P=0.2
Phenytoin		

#### Unadjusted Schoenfelds for primary outcome:

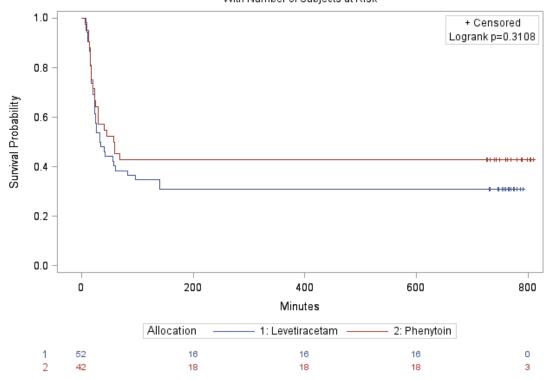
Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute Value	Replications	Pr > MaxAbsVal	
Levetiracetam vs. Phenytoin	0.6100	1000	0.7200	

#### Adjusted Schoenfelds for primary outcome:

Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute	Replications	Pr>	
	Value		MaxAbsVal	
Levetiracetam vs.	0.6207	1000	0.7100	
Phenytoin				
Gender: Female vs	0.9470	1000	0.2520	
Male				
Weight	1.8151	1000	0.0050	
First seizure: No vs Yes	0.9665	1000	0.2670	

# 1.2 Children with weight <12kg:





#### Unadjusted Schoenfelds for <12kg:

Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute	Replications	Pr >	
	Value		MaxAbsVal	
Levetiracetam vs. Phenytoin	0.4659	1000	0.8870	

#### Unadjusted HRs for <12kg:

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs. Phenytoin	1.301 (0.776, 2.181)	0.3185

#### Adjusted Schoenfelds for <12kg:

Supremum Test for Proportionals Hazards Assumption					
Variable	Maximum Absolute	Replications	Pr >		
	Value	-	MaxAbsVal		
Levetiracetam	0.4595	1000	0.9040		
vs. Phenytoin					
Gender:	1.0542	1000	0.1410		
Female vs Male					
Weight	1.2529	1000	0.1400		

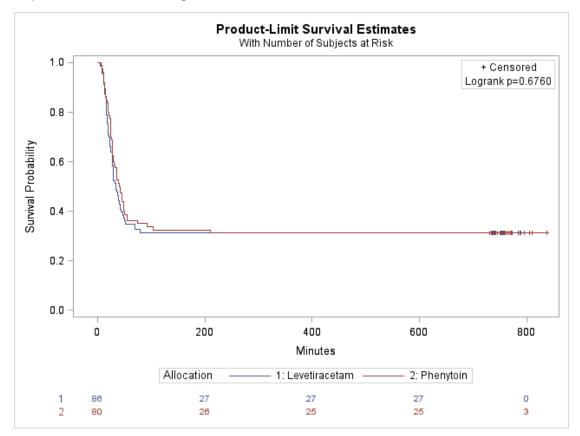
First seizure:	0.8390	1000	0.2930
No vs Yes			

#### Adjusted HR for <12kg:

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs. Phenytoin	1.250 (0.737, 2.120)	0.4087
Gender: Female vs Male	1.020 (0.599, 1.736)	0.9418
Weight	1.172 (0.873, 1.573)	0.2910
First seizure: No vs Yes	1.495 (0.862, 2.593)	0.1526

# 1.3 Children with weight 12 to 36kg:

#### Kaplan-Meier for 12 to 36kg:



#### Unadjusted Schoenfelds for 12 to 36kg:

Supremum Test	Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute Value	Replications	Pr > MaxAbsVal		
Levetiracetam vs. Phenytoin	0.7902	1000	0.3950		

Unadjusted HRs for 12 to 36kg:

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs. Phenytoin	1.081 (0.748, 1.561)	0.6791

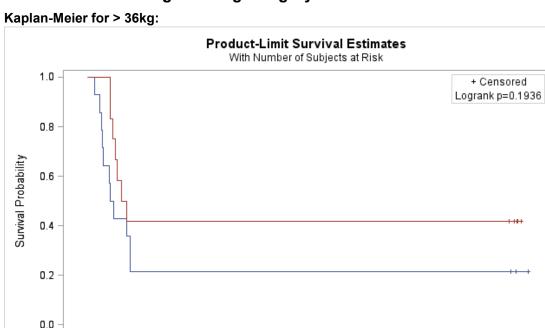
# Adjusted Schoenfelds for 12 to 36kg:

Supremum Test	Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute Value	Replications	Pr > MaxAbsVal		
Levetiracetam vs. Phenytoin	0.8037	1000	0.3870		
Gender: Female vs Male	0.7263	1000	0.5030		
Weight	0.9563	1000	0.2280		
First seizure: No vs Yes	0.7400	1000	0.5240		

# Adjusted HR for 12 to 36kg:

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs.	1.080 (0.742, 1.571)	0.6886
Phenytoin		
Gender: Female vs Male	1.036 (0.710, 1.511)	0.8540
Weight	0.998 (0.968, 1.029)	0.9047
First seizure: No vs Yes	0.960 (0.629, 1.465)	0.8497

# 1.4 Children with weight > 36kg category:



#### 0.0 0 200 400 600 800 Minutes Allocation – 1: Levetiracetam – 2: Phenytoin 14 з з з 0 1 5 12 5 2 5 0

#### Unadjusted Schoenfelds for > 36kg:

Supremum Test for Proportionals Hazards Assumption					
Variable	Maximum Absolute Replications Pr >				
	Value MaxAbsVal				
Levetiracetam vs.	1.0623	1000	0.0910		
Phenytoin					

#### Unadjusted HRs for > 36kg:

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs. Phenytoin	1.845 (0.712, 4.781)	0.2072

#### Adjusted Schoenfelds for > 36kg:

Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute	Pr >		
	Value	-	MaxAbsVal	
Levetiracetam vs.	1.1107	1000	0.0860	
Phenytoin				
Gender: Female vs Male	0.8301	1000	0.5380	
Weight	0.7626	1000	0.6220	
First seizure: No vs Yes	0.8002	1000	0.2320	

Adjusted HR for > 36kg:

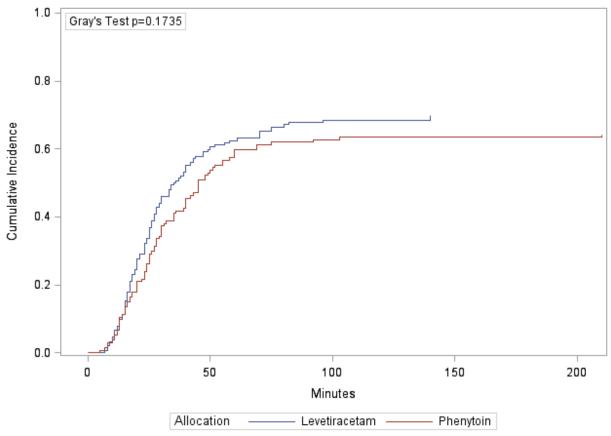
	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs.	1.690 (0.621, 4.599)	0.3043
Phenytoin		
Gender: Female vs Male	0.934 (0.276, 3.162)	0.9128
Weight	1.039 (0.977, 1.104)	0.2201
First seizure: No vs Yes	2.084 (0.455, 9.538)	0.3443

# **1.5 Time to seizure cessation using Gray's test for competing risks**

Time to seizure cessation using Gray's test for competing risks

	Levetiracetam (N = 152)	Phenytoin (N = 134)
Number of events of interest (seizure cessation), N (%)	106 (69.74%)	86 (64.18%)
Number of competing events (RSI), N (%)	46 (30.26%)	48 (35.82%)

#### **Cumulative Incidence Plot**



#### **Cumulative Incidence Functions**

Time to seizure cessation using Gray's test for competing risks results (unadjusted Fine and Gray model)

	Subdistribution hazard ratio (95% confidence interval)		p-value
Levetiracetam vs. Phenytoin	HR for seizure	1.202 (0.908, 1.592)	0.1976
	cessation		
	HR for RSI	0.837 (0.560, 1.250)	0.3843

### **1.6 Time to seizure cessation from infusion**

#### Time to seizure cessation from infusion

	Levetiracetam (N = 152)	Phenytoin (N = 134)
Number of events (seizure cessation), N (%)	106 (69.74%)	86 (64.18%)
Number of censored times (RSI), N (%)	46 (30.26%)	48 (35.82%)
Median time to cessation of seizure from start of infusion, minutes (IQR)	17.50 (8.00 – NA)	24.50 (8.00 – NA)

#### Unadjusted Schoenfelds for Time to seizure cessation from infusion:

Supremum Test for Proportionals Hazards Assumption				
Variable	Maximum Absolute Replications Pr >			
	Value	-	MaxAbsVal	
Levetiracetam vs. Phenytoin	0.6704	1000	0.5850	

#### Time to seizure cessation from infusion results (unadjusted Cox-PH model)

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs. Phenytoin	1.153 (0.867, 1.532)	0.3279

# **1.7** Time to seizure cessation censoring at time of 2<sup>nd</sup> second-line treatment

# Time to seizure cessation censoring at time of 2<sup>nd</sup> second-line treatment

	Levetiracetam (N = 152)	Phenytoin (N = 134)
Number of events (seizure cessation), N (%)	98 (64.47%)	85 (63.43%)
Number of censored times (RSI), N (%)	41 (26.97%)	45 (33.58%)
Number of censored times (2 <sup>nd</sup> second-line treatment), N (%)	13 (8.55%)	4 (2.99%)
Median time to cessation of censoring at time of 2 <sup>nd</sup> second- line treatment, minutes (IQR)	35 (20 – NA <sup>a</sup> )	45 (24 – NA <sup>a</sup> )

Unadjusted Schoenfelds for Time to seizure cessation censoring at time of 2<sup>nd</sup> second-line treatment:

Supremum Test for Proportionals Hazards Assumption					
Variable	ble Maximum Absolute Replications Pr > Value MaxAbsVa				
Levetiracetam vs. Phenytoin	0.8734	1000	0.3200		

Time to seizure cessation censoring at time of 2<sup>nd</sup> second-line treatment results (unadjusted Cox-PH model)

	Hazard ratio (95% confidence interval)	p-value
Levetiracetam vs. Phenytoin	1.152 (0.861, 1.540)	0.3412

# **1.8** Anticonvulsants given in parallel with trial treatment, seizure cessation, and rapid sequence induction

	Levetiracetam	Phenytoin	Total
Anticonvulsants given in parallel	4	13	17
Paraldehyde	3	9	12
Lorazepam	0	1	1
Midazolam	0	1	1
Propofol	1	0	1
Phenytoin top-up	0	1	1
Missing	0	1	1
Seizure stopped	106	86	192
After 1 <sup>st</sup> second-line treatment	95	85	180
After 2 <sup>nd</sup> second-line treatment	11	1	12
RSI for any reason <sup>a</sup>	46	48	94

<sup>a</sup> Numbers requiring an RSI specifically to terminate ongoing CSE are presented in Table 3 of the main paper<sup>-</sup>

# 1.9 Manufacturers of the treatments used in EcLiPSE

Treatment	Manufacturer (Name based on electronic Medicines Compendium [eMC]) website)	Marketing Authorisation (MA) Holder (Name quoted on eMC website for MA Holder)	MA Holder country
Levetiracetam	Beacon Pharmaceuticals	Beacon Pharmaceuticals Limited	England
	Bowmed Ibisqus Limited	Ibigen Srl	Italy
	Consilient Health Ltd	Hikma Farmacêutica (Portugal), S.A.	Portugal
	Desitin Pharma Ltd	Desitin Arzneimittel GmbH	Germany
	Hospira UK Ltd	Pfizer Europe MA EEIG	Belgium
	UCB Pharma Limited	UCB Pharma SA	Belgium
	Wockhardt UK Ltd	Wockhardt UK Ltd	UK
	Unknown	Unknown	Unknown
Phenytoin	Hospira UK Ltd	Hospira UK Limited	United Kingdom
	Pfizer Limited	Pfizer Limited	United Kingdom
	Unknown	Hikma Farmacêutica (Portugal), SA	Portugal
	Unknown	Mercury Pharmaceuticals Ltd	United Kingdom
	Unknown	Unknown	Unknown

Generic formulations with a MA were also permitted

# 2. EcLiPSE oversight committee members

# 2.1 Independent Trial Steering Committee (TSC) members

Professor Imti Choonara (Department of Child Health, University of Nottingham and Derbyshire Children's Hospital, Derby, UK); Professor Caroline Doré (The Comprehensive Clinical Trials Unit at UCL, London, UK); Michael J Barrett (Our Lady's Children's Hospital, Dublin, Ireland); Professor Ronan O'Sullivan (Cork University Hospital, Cork, Ireland); Gail Miller (Patient and Public Involvement [PPI] representative); Jane V Green (PPI representative); Denise L Bustany (PPI representative).

# 2.2 Independent Data and Safety Monitoring Committee (IDSMC) members

Professor Steff C Lewis (Edinburgh Clinical Trials Unit, Usher Institute, University of Edinburgh, UK); Julie A Ellison (Mid Cheshire Hospitals NHS Foundation Trust, UK); Professor Tony G Marson (University of Liverpool and The Walton Centre NHS Foundation Trust, Liverpool, UK).

# 3. EcLiPSE trial Nurse Leadership Group

Alder Hey Children's Hospital NHS Foundation Trust: Joanne Noblet, Elizabeth D Lee, Rachel Greenwood-Bibby.

Bristol Royal Hospital for Children: Sarah Potter, Alice Smith, Phoebe Moulsdale, Holly R Lavigne-Smith.

# 4. Participating sites and investigators

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Birmingham Children's Hospital, UK: Stuart Hartshorn, Louise Rogers, Juliet Hopkins Bristol Royal Hospital for Children, UK: Mark D Lyttle, Daphin Fernandez, Sarah Potter, Holly R Lavigne-Smith, Phoebe Moulsdale, Alice Smith, Tracey Bingham

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Derbyshire Children's Hospital, Derby, UK: Hani Faza, Gisela Robinson, Rachel C Sunley, Coral J Smith, Vanessa Unsworth

Evelina London Children's Hospital, London, UK: John Criddle, Martin Laque, Alyce B Sheedy

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King's College Hospital, London, UK: Emer Sutherland, Fleur Cantle, Sinead Helyar, Paul Riozzi, Hannah Cotton

Leeds General Infirmary, Leeds, UK: Alice J Downes, Helen Mollard

Leicester Hospitals, Leicester, UK: Damian Roland, Felix Hay

Nottingham University Hospitals NHS Trust, Nottingham, UK: Chris Gough, Sonya Finucane

Royal Alexandra Children's Hospital, Brighton, UK: Catherine Bevan, Rebecca Ramsay, Emily Walton

Royal Belfast Hospital for Sick Children, Belfast, UK: Julie-Ann Maney, Elizabeth Dalzell, Muriel Millar

Royal Devon and Exeter NHS Foundation Trust, Exeter, UK: Rachel J Howells, Andy Appelboam, Jennie Small, Daisy Mackle

Royal Hospital for Children, Glasgow, UK: Vince Choudhery, Stewart MacLeod, Ashleigh Neil

Royal Hospital for Sick Children, Edinburgh, UK: Jen Browning, , Thom O'Neill, Julia Grahamslaw

Royal London Hospital, London, UK: Ami Parikh, Imogen Skene, Rhys Thomas

Royal Manchester Children's Hospital, Manchester, UK: Katherine Potier de la Morandiere, Jill L Wilson, Donna Danziger

Sheffield Children's Hospital NHS Foundation Trust, Sheffield, UK: Derek Burke, Shammi Ramlakhan, Jayne Evans, Julie Morcombe, Stuart Gormley

Southampton Children's Hospital, Southampton, UK: Jason M Barling, Katrina Cathie, Jane Bayreuther, Ruth Ensom

St George's University Hospitals NHS Foundation Trust, London, UK: Yasser Iqbal, Sarah Rounding

University Hospital Crosshouse, Kilmarnock, UK: Joanne Mulligan, Claire Bell, Shona McLellan, Shona Leighton

University Hospital Lewisham, London, UK: Tina Sajjanhar, Maggie Nyirenda, Anastasia Alcock, Laura Crome, Neil Williamson

University Hospital of Wales, Cardiff, UK: Sara Edwards, Jeff Morgan, Colin VE Powell

Watford General Hospital, London, UK: Chaniyil A Ramesh, Solomon Kamal-Uddin

Western Sussex Hospitals NHS Foundation Trust, UK: Mike Linney, Katia Vamvakiti, Sharon Floyd, Gill Hobden