THE LANCET Neurology

Supplementary appendix

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

Supplement to: Kehoe PG, Turner N, Howden B, et al. Safety and efficacy of losartan for the reduction of brain atrophy in clinically diagnosed Alzheimer's disease (the RADAR trial): a double-blind, randomised, placebo-controlled, phase 2 trial. *Lancet Neurol* 2021; **20:** 895–906.

Supplemental Tables

<u>to</u>

Safety and efficacy of losartan for the reduction of brain atrophy in clinically diagnosed Alzheimer's disease (the RADAR trial): a phase 2 double blind, randomised, placebo-controlled trial

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$Supplemental\ Table\ 1-Summary\ of\ Amendments\ to\ Protocol$

Trial Amendment Type & Number	Protocol Version No.	Date Issued	Author(s) of changes	Summary of changes made
Substantial Amendment 1 (S/A1)	3.0	03/06/2013	Patrick Kehoe	Revisions made for clarity and to ensure consistency with the sponsor's SOPs and previous recommendations made by the ethics committee See S/A1 summary dated 03/06/2013
Substantial Amendment 2 (S/A2)	4.0	18/07/2013	Patrick Kehoe	Addition of information pertaining to pilot imaging procedures
Minor Amendment 2	4.1	23/07/2013	Patrick Kehoe	Minor clarifications added after review by TSC, DMEC and TMG
Substantial Amendment 3 (S/A3)	5.0	28/11/2013	Patrick Kehoe	Change to minimisation details and eligibility criteria. Clarification that an additional phonecall is required to provide the outcome of the screening blood test.
Minor Amendment 3	5.1	09/04/2014	Patrick Kehoe	Minor corrections to ensure consistency with other documentation/text e.g. timing of blood tests
Substantial amendment 6 (S/A 6) NB substantial amendments 4&5 were approved by the MHRA only due to	6.0	07/10/2014	Patrick Kehoe	Removal of exclusion criteria for severe hippocampal atrophy and inclusion of option to recruit via primary care.

change in brand of the IMP and shelf- life extension.				
Minor Amendment 4	6.0	07/10/2014	Patrick Kehoe	Submission for review of revised poster to be used in recruitment from primary care.
Minor Amendment 5	6.1	14/11/2014	Patrick Kehoe	Removal of residual references in protocol text and Appendix I of protocol to severe hippocampal atrophy as exclusion criteria that were missed in Substantial amendment 6 (S/A 6)
Minor Amendment 6	6.1	26.02.2015	Patrick Kehoe	Formatting changes to the open label diaries for BP and medication and change to the reply slip to include GP surgery.
Minor Amendment 7	6.1	12.05.2015	Patrick Kehoe	Inclusion of RADAR on 'Join Dementia Research' (JDR)
Substantial Amendment 7 (S/A7)	7.0	03/12/2015	Patrick Kehoe	Change of eligibility criteria for MMSE range from 18-28 to 15-28.
Substantial Amendment 8 (S/A8)	8.0	04.03.2016	Patrick Kehoe	Inclusion of an embedded qualitative component.
Substantial Amendment 9 (S/A9)	9.0	19.07.2017	Patrick Kehoe	Clarification of consent process. Inclusion of SPECT as a considered scan option for screening, and similarly use of ACE-R cognitive assessment scores as a reference point for screening of potentially eligible participants. Clarification of baseline Blood pressure exclusion criteria. Clarification of assessment timings. Replace 'informant' with 'companion'
Substantial Amendment 10 (S/A10)	10.0	11.10.2017	Patrick Kehoe	Correction to blood pressure exclusion criteria section 7.2.

Supplemental Table 2 – Comparisons of primary outcome according to Hippocampal and Lateral Ventricle volumes

		Place	ebo		Intervention			Regression analysis		
	В	aseline	1	2 months		Baseline 12 months				
	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)	n	Mean (SD)	Adjusted* mean diff (95%CI)	p- value
LHV	106	2.5 (0.5)	87	2.4 (0.5)	105	2.5 (0.5)	84	2.5 (0.5)	0.01 (-0.01, 0.03)	0.337
LHV BSI	-	-	87	0.11 (0.06)	-	-	84	0.11 (0.08)	-0.01 (-0.03, 0.01)	0.385
RHV	106	2.6 (0.5)	87	2.5 (0.5)	105	2.6 (0.5)	84	2.6 (0.5)	0.01 (-0.003, 0.03)	0.112
RHV BSI	-	-	87	0.12 (0.06)	-	-	84	0.11 (0.08)	-0.01 (-0.03, 0.01)	0.231
THV	106	5.0 (1.0)	87	4.9 (0.9)	105	5.2 (0.9)	84	5.0 (0.9)	0.02 (-0.01, 0.05)	0.144
LVV	106	47 [35, 64]	86	50 [40, 67]	105	48 [35, 69]	83	51 [40, 78]	$0.99^{+}(0.98, 1.01)$	0.443
LVV BSI	-	-	86	5 [3, 7]	-	-	83	5 [3, 8]	-0.45 (-1.45, 0.56)	0.380

Legend. LHV= left hippocampus volume; RHV= right hippocampus volume, THV= total hippocampal volume; BSI = Boundary Shift Integral; LVV = lateral ventricle volume, *Adjusted for minimization variables (age and Scheltens score categories), baseline value of the outcome and centre. [†]Ratio of geometric means.

$Supplemental\ Table\ 3 - - Serious\ Adverse\ Events\ (SAE)\ according\ to\ Treatment\ Arm$

Brief Summary	Arm					
·						
Participant died pancreatic cancer	Placebo					
SAE002 Participant died pancreatic cancer Placebo Cardio-circulatory						
Prolonged syncopal episode	Placebo					
Fainting and bradycardia	Placebo					
gical						
Rash around armpits and right side of the abdomen	Intervention					
and metabolic						
Development of Diabetes	Intervention					
estinal						
Constipation and prolapse	Placebo					
Diverticulitis	Placebo					
Stomach pain and breathing difficulty	Placebo					
Urinary retention and diarrhoea and vomiting	Intervention					
ogical/thrombosis						
Admission 3 days Right sided chest pain. Discharged with						
anticoagulant meds.	Placebo					
1	Intervention					
<u> </u>	Placebo					
Safety bloods results outside of the safety range	Intervention					
	T					
	Intervention					
	Intervention					
	Intervention					
	Intervention					
• • • • • • • • • • • • • • • • • • • •	Intervention					
	Placebo					
· · · ·	Intervention					
<u> </u>						
	Placebo					
<u> </u>	Placebo					
· · ·	Intervention					
	Intervention					
	Intervention					
	Intervention					
Fall	Placebo					
	Participant died pancreatic cancer culatory Prolonged syncopal episode Fainting and bradycardia gical Rash around armpits and right side of the abdomen and metabolic Development of Diabetes stinal Constipation and prolapse Diverticulitis Stomach pain and breathing difficulty Urinary retention and diarrhoea and vomiting gical/thrombosis Admission 3 days Right sided chest pain. Discharged with anticoagulant meds. Collapse Raised ALT 100 (0-55) Grossly raised AST serum level Safety bloods results outside of the safety range Hospital admission. Sepsis Cellulitis left leg Cellulitis left leg flare up Recurrent bronchitis Dizzy spell, tremor and cold hands. Discharged with antibiotics. Chest infection Lower respiratory tract infection Il injury Fall Fainting Participant died. Admitted with femur fracture, dehydration and anaemia. Unrelated to trial Fall Fainting Falls					

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SAE						
Number	Brief Summary	Arm				
Neuropsy	Neuropsychiatric					
SAE012	Found slumped on sofa unable to sit up, visual hallucinations	Placebo				
SAE004	Seizures	Intervention				
SAE026	Seizure	Placebo				
SAE032	Vivid delusions and aggressive outburst	Placebo				
SAE034	Temp admission to Dementia Assessment Unit	Intervention				
Other						
SAE031	Ankle swelling (oedema)	Placebo				
SAE001	Brain pathology	Intervention				
SAE005	Persistent nausea, dizziness and headache	Placebo				
SAE009	Mobility problems and unable to get out of bath	Intervention				
SAE015	Overdose of dementia medication	Intervention				
SAE025	Food poisoning	Intervention				
SAE028	Collapse	Intervention				
SAE036	Elective surgery (throat biopsy)	Placebo				
SAE037	Hospital admission knee pain. Arthritis	Placebo				
SAE038	Collapse without loss of consciousness	Placebo				
Renal						
SAE022	Increased creatinine	Open Label				