AMIKACIN LIPOSOME INHALATION SUSPENSION FOR CHRONIC PSEUDOMONAS AERUGINOSA INFECTION IN CYSTIC FIBROSIS

Diana Bilton, et al.

Supplementary Appendix

Table of Contents

| CLEAR-108 study group |
|--|
| Selection of study population |
| Inclusion criteria |
| Exclusion criteria |
| Supplementary Table 1. Reasons for study drug discontinuation (mITT Population) |
| Supplementary Table 2. Change from baseline in CFQ-R scales (mITT population) 40 |
| Supplementary Table 3. Relative change and adjusted change from baseline in CFQ-R Treatment |
| Burden scale (mITT population) |
| Supplementary Figure 1. Patient disposition |
| Supplementary Figure 2. Relative change from baseline in FEV ₁ over time (mITT population).47 |
| Supplementary Figure 3. Forest plot of treatment differences (ALIS–TIS, \pm 95% CI) for the |
| primary and sensitivity analyses of mean relative change from baseline to day 168 in FEV_1 (L) |
| (PP and mITT populations). Vertical line represents the lower boundary of the pre-specified -5% |
| noninferiority margin |
| Supplementary Figure 4. Change from baseline in CFQ-R Respiratory Symptoms domain (mITT |
| population). Horizontal line represents the minimal clinically important difference \geq 4) associated |
| with the CFQ-R Respiratory Symptom domain |

CLEAR-108 study group

| Lead Investigator | Institution | |
|---|---|--|
| Sabine Renner, MD | University Children's Hospital, Vienna, Austria | |
| Christiane Knoop, PhD | Erasmus University Hospital, Brussels, Belgium | |
| Anne Malfroot, PhD | University Hospital Brussel, Brussels, Belgium | |
| Lieven Dupont, PhD | University Hospital Gasthuisberg, Leuven, Belgium | |
| Kristine Desager, PhD | University Hospital Antwerp, Antwerp, Belgium | |
| Frans De Baets, PhD | University Hospital Gent, Gent, Belgium | |
| Miroslava Bosheva, PhD | Higher Medical Institute, Plovdiv, Bulgaria | |
| Vania Nedkova, MD, PhD | University Hospital, Pleven, Bulgaria | |
| Ivan Galabov, MD, PhD | MHAT Sveta Marina, Varna, Bulgaria | |
| Ivanka Galeva, MD, PhD | UMHAT Alexandrovska, Sofia, Bulgaria | |
| Andreas Freitag, MD | McMaster University, West Hamilton, ON, Canada | |
| Nancy Morrison, MD | Queen Elizabeth II Health Sciences Centre, Halifax, NS, Canada | |
| Pearce Wilcox, MD | St. Paul's Hospital, Vancouver, BC, Canada | |
| Tanja Pressler, MD | National University Hospital, Copenhagen, Denmark | |
| Yves Martinet, MD | Hôpital de Brabois, Nancy, France | |
| Raphael Chiron, MD | Hôpital Arnaud de Villeneuve, Montpellier, France | |
| Isabelle Fajac, MD | Hôpital Cochin, Paris, France | |
| Stephan Dominique, MD | Hôpital Charles Nicolle, Rouen, France | |
| Philippe Reix, MD | Hospices Civils de Lyon, Centre de Référence Mucoviscidose. Lyon, France | |
| Anne Prevotat, MD | Hôpital Albert Calmette, Lille, France | |
| Isabelle Sermet, MD | Hôpital Necker-Enfants Malades, Paris, France | |
| Isabelle Durieu, MD | Hospices Civils de Lyon, Hospitalier Lyon-Sud, Lyon, France | |
| Rainald Fischer, MD; Rudolf Huber, PhD | University of Munich, Munich, Germany | |
| Doris Staab, MD | Children's Hospital Charité Campus, Humboldt University, Berlin, Germany | |
| Uwe Mellies, MD | Cystic Fibrosis Center Essen, University of Essen, Essen, Germany | |
| Wolfgang Sextro, MD | Paediatricians Kinderärztliche Ambulanz, Hamburg, Germany | |
| Tobias Welte, MD | Hannover Medical School, Hannover, Germany | |
| Heinrike Wilkens, MD | University Hospital of Saarland, Homburg, Germany | |

| Lead Investigator | Institution |
|--|--|
| Urte Sommerwerk, MD | University Hospital, University Duisburg-Essen, Essen, Germany |
| Burkhard Bewig, MD | University Hospital Schleswig-Holstein, Kiel, Germany |
| Ilias Inglezos, MD | Sismanoglio General Hospital of Attica, Maroussi, Greece |
| Stavros-Eleftherios Doudounakis, MD | Agia Sofia Children's Hospital, Athens, Greece |
| Olga Bede, MD | Pharmaceutical and Medical University of Szeged, Szeged, Hungary |
| Ferenc Gönczi, MD | Kenezy Hospital, Debrecen, Hungary |
| Rita Újhelyi, MD | Heim Pál Children Hospital, Budapest, Hungary |
| Edward McKone, MD | St. Vincent's University Hospital, Dublin, Ireland |
| Paul McNally, MD | Our Lady's Children's Hospital Crumlin, Dublin, Ireland |
| Vincenzina Lucidi, MD | Bambino Gesu Childrens Hospital, Rome, Italy |
| Marco Cipolli, MD | Azienda Ospedaliera Universitaria, Verona, Italy |
| Mario La Rosa, MD | Policlinico Vittorio Emanuele Hospital, Catania, Italy |
| Laura Minicucci, MD | Institute Giannina Gaslini, Genoa, Italy |
| Rita Padoan, MD | Children's Hospital, Brescia, Italy |
| Giovanna Pisi, MD | University Hospital, Parma, Italy |
| Rolando Gagliardini, MD | Salesi Children's Hospital, Ancona, Italy |
| Carla Colombo, MD | Ospedale Maggiore Policlinico & University of Milan, Milan, Italy |
| Inez Bronsveld, MD | University Medical Center Utrecht, Utrecht, The Netherlands |
| Ewa Sapiejka, MD | Polanki Children's Hospital, Gdansk, Poland |
| Henryk Mazurek, MD | Institute of Tuberculosis and Lung Disorders, Rabka Zdroj, Poland |
| Dorota Sands, MD | Institute of Mother and Child, Warsaw, Poland |
| Grażyna Górnicka, MD | Gębala Children's Clinical Hospital, Lublin, Poland |
| Iwona Stelmach, PhD | Mikołaj Kopernik Hospital, Łódź, Poland |
| Halina Batura-Gabryel, PhD | Poznań University of Medical Sciences, Poznań, Poland |
| Marta Rachel, MD | Provincial Hospital No 2, Rzeszów, Poland |
| Predrag Minic, PhD | University of Belgrade School of Medicine, Belgrade, Serbia |
| Jaroslava Orosova, MD | University Hospital Bratislava, Bratislava, Slovak Republic |
| Branko Takac, MD | Children Faculty Hospital, Banská Bystrica, Slovak Republic |
| Anna Feketova, MD | Children Faculty Hospital, Košice, Slovak Republic |

| Lead Investigator | Institution |
|--------------------------------|---|
| Carmen Martinez, MD | La Paz University Hospital, Madrid, Spain |
| Gloria Garcia Hernandez, MD | University Hospital 12 de Octubre, Madrid, Spain |
| Jose Ramon Villa-Asensi, MD | Niño Jesús University Hospital for Children, Madrid, Spain |
| Silvia Gartner, MD | Vall d'Hebrón Hospital, Barcelona, Spain |
| Amparo Sole, MD | Hospital La Fe, Valencia, Spain |
| Anders Lindblad, MD | Queen Silvia's Children Hospital, Gothenburg, Sweden |
| Martin Ledson, MD | Liverpool Heart and Chest Hospital, Liverpool, UK |
| Diana Bilton, MD | Royal Brompton Hospital, London, UK |
| Joanna Whitehouse, MD | Birmingham Heartlands Hospital, Birmingham, UK |
| Alan Smyth, MD | Nottingham University Hospitals NHS Trust, Nottingham, UK |
| Ian Ketchell, MD | Llandough Hospital Penarth, UK |
| Timothy Lee, MD | Leeds Teaching Hospitals NHS Trust, Leeds, UK |
| Gordon MacGregor, MD | West of Scotland Cystic Fibrosis Centre, Gartnavel General Hospital, Glasgow, UK |

Selection of study population

Patients must have met all the inclusion criteria and none of the exclusion criteria to be considered eligible for randomisation into the study.

Inclusion criteria

The following inclusion criteria were applicable:

- 1. Written informed consent or assent obtained from the patient, parent, or legal guardian prior to the performance of any study-related procedures
- 2. Male or female patients ≥6 years of age (or older, if restricted by the local IRB/IEC) at screening
- 3. Diagnosis of CF confirmed by a positive sweat test ≥60 mEq/L or ≥60 mmol/L or by deoxyribonucleic acid analysis revealing both mutated alleles consistent with CF disease
- 4. History of chronic infection with *P. aeruginosa* confirmed by 3 documented positive cultures for *P. aeruginosa* within the 2 years prior to screening, with at least one obtained within 6 months prior to screening. The cultures could have been obtained from the following respiratory secretions: sputum, deep throat swabs, or bronchoalveolar lavage fluid specimens.
- 5. Sputum culture positive for *P. aeruginosa* at screening
- 6. FEV₁ \geq 25% of predicted value at screening using spirometer provided by sponsor
- 7. SaO2 \geq 90% while breathing room air at screening
- 8. Ability to comply with study drug use, study visits, and study procedures as judged by the Investigator
- 9. Ability to expectorate ≥ 0.4 mL of sputum
- 10. Willingness to have specimens stored (no genetic testing)
- 11. Women of childbearing potential must have had a negative result on their serum pregnancy test at screening and were willing to use reliable methods of contraception (e.g., abstinence, hormonal or barrier methods, partner sterilization, or intrauterine device) throughout the study duration. Women not of childbearing potential were defined as prepubescent, post-menopausal (i.e., amenorrhea for at least 1 year), or surgically or naturally sterile.

Exclusion criteria

The following exclusion criteria were applicable:

- 1. FEV₁ <25% of predicted at screening using spirometer provided by the sponsor
- 2. History of hypersensitivity to aminoglycosides including tobramycin solution for inhalation

- 3. Prior exposure to ALIS (including clinical study)
- 4. History of major complications of lung disease (including atelectasis, pneumothorax, major pleural effusion) within 8 weeks prior to screening
- 5. Haemoptysis of ≥ 60 mL in a 24-hour period within 4 weeks prior to screening
- 6. History of acute pulmonary exacerbation requiring antibiotic treatment within 4 weeks prior to screening
- 7. History of upper respiratory tract infection within 2 weeks prior to screening
- 8. Use of antipseudomonal antibiotics (IV antibiotics, inhalation antibiotics, or oral) within 4 weeks prior to Day 1
- 9. Radiologic finding of new pulmonary infiltrate(s) within 3 months prior to screening, or presence of other abnormalities suggesting clinically significant active pulmonary disease other than CF
- 10. Initiation of chronic therapy (e.g., TOBI, Colomycin[®], high-dose ibuprofen, bronchodilators, inhaled anti-inflammatory agents including steroids, low-dose maintenance steroids, rhDNase, hypertonic saline, macrolides) within 4 weeks prior to Day 1
- 11. History of positive culture for Burkholderia cepacia within 2 years prior to screening
- 12. History of pulmonary tuberculosis or non-tuberculous mycobacterial lung disease treated within 2 years prior to screening or requiring treatment at the time of screening
- 13. History of allergic broncho-pulmonary aspergillosis requiring systemic steroid treatment or any other condition requiring systemic steroids at a dose ≥10 mg/day of prednisone within 3 months prior to screening
- 14. Presence or history of any clinically significant cardiac disease as determined by Investigator and/or, if QTc data were available, QTc prolongation >450 msec (0.450 seconds) for males or QTc >470 msec (0.470 seconds) for females or QTc prolongation >440 msec (0.440 seconds) for all patients 6-12 years of age
- 15. Acquired and primary immunodeficiency syndromes
- 16. History of hepatitis C or chronic active hepatitis B infection
- 17. Active pulmonary malignancy (primary or metastatic) or any malignancy requiring chemotherapy or radiation therapy within 1 year prior to screening or anticipated during the study period
- 18. History of biliary cirrhosis with portal hypertension
- 19. History of lung transplantation
- 20. Elevated aspartate aminotransferase (AST), alanine aminotransferase (ALT), or gamma glutamyltransferase (GGT) \geq 3 × the upper limit of normal (ULN) at screening

- 21. Absolute neutrophils count ≤ 1000 at screening
- 22. Serum creatinine $>2 \times$ ULN at screening
- 23. Daily, continuous oxygen supplementation
- 24. Supplemental oxygen requirement of greater than 2 L/min at night
- 25. Administration of any investigational products within 8 weeks prior to Day 1
- 26. Psychotic, addictive, or other disorder limiting the ability to provide informed consent or to comply with study requirements
- 27. History of alcohol, medication, or illicit drug abuse within the 1 year prior to screening
- 28. Smoking tobacco or any substance within 6 months prior to screening or anticipated inability to refrain from smoking throughout the study
- 29. Positive pregnancy test or lactation at screening. All women of childbearing potential were tested for pregnancy. Women not of childbearing potential were defined as prepubescent, post-menopausal (i.e., amenorrhea for at least 1 year), or surgically or naturally sterile.
- 30. Any condition that, in the opinion of the Investigator, interfered with the ability to safely complete the study or adhere to study requirements

| | ALIS | TIS | All |
|---|-------------|-------------|-------------|
| Parameter | N=148 | N=146 | N=294 |
| Randomised and dosed | 148 (100.0) | 146 (100.0) | 294 (100.0) |
| Randomised but not dosed | 0 | 0 | 0 |
| Did the participant complete dosing at treatment cycles per protocol? | | | |
| Yes | 129 (87.2) | 137 (93.8) | 266 (90.5) |
| No | 19 (12.8) | 9 (6.2) | 28 (9.5) |
| Primary reason for study drug discontinuation | | | |
| Death | 0 | 0 | 0 |
| Protocol-specified safety criteria or adverse event | 11 (7.4) | 3 (2.1) | 14 (4.8) |
| Persistent severe cough, study drug related | 1 (0.7) | 1 (0.7) | 2 (0.7) |
| Decline predose FEV ₁ % predicted $\geq 20\%$, not a pulmonary exacerbation | 0 | 0 | 0 |
| Predose FEV ₁ % predicted <25%, not a pulmonary exacerbation | 0 | 0 | 0 |
| Creatinine >2 ULN or ×2 from baseline | 0 | 0 | 0 |
| Pregnancy | 0 | 0 | 0 |
| Adverse event | 10 (6.8) | 2 (1.4) | 12 (4.1) |
| Nonadherence to study procedures | 0 | 0 | 0 |
| Withdrawal of consent | 1 (0.7) | 2 (1.4) | 3 (1.0) |

Supplementary Table 1. Reasons for study drug discontinuation (mITT Population).

| Lost to follow-up | 0 | 0 | 0 |
|--------------------------------|---------|---------|----------|
| Premature termination of study | 0 | 0 | 0 |
| Other | 7 (4.7) | 4 (2.7) | 11 (3.7) |

ALIS, amikacin liposome inhalation suspension; FEV₁, forced expiratory volume in 1 second; mITT, modified intention-to-treat; TIS, tobramycin inhalation solution; ULN, upper limit of normal.

| | Change from baseline LS mean (SE) from ANCOVA | | Mean difference | P value | |
|-------------------------|--|-------------------------|--------------------|---------|--|
| Parameter ^a | ALIS (N=148) | LIS (N=148) TIS (N=146) | | | |
| Day 14 | | | | | |
| Respiratory | 4.43 (1.33) | 4.35 (1.34) | 0.08 | .96 | |
| Body image | 2.07 (1.38) | -0.46 (1.39) | 2.53 | .13 | |
| Digestive | 2.54 (1.35) | 0.12 (1.36) | 2.42 | .14 | |
| Eating disturbances | 0.71 (1.35) | 0.28 (1.37) | 0.43 | .79 | |
| Emotions/interrelations | 2.15 (0.95) | 2.62 (0.96) | -0.46 | .69 | |
| Energy/well-being | 1.97 (1.58) | 2.79 (1.62) | -0.82 | .67 | |
| Health perception | 2.37 (1.56) | 1.87 (1.60) | 0.51 | .79 | |
| Physical | 1.97 (1.36) | 1.02 (1.37) | 0.95 | .56 | |
| Role limitations | 3.29 (1.19) | -2.00 (1.22) | 5.29 | <.01* | |
| Social limitations | 0.53 (1.17) | 1.47 (1.18) | -0.93 | .51 | |
| Treatment burden | 3.88 (1.34) | 1.00 (1.35) | 2.88 | .07 | |
| Day 28 | | | | | |
| Respiratory | 5.23 (1.39) | 5.85 (1.42) | -0.62 | .72 | |
| Body image | 0.61 (1.61) | 0.25 (1.64) | 0.35 | .86 | |
| Digestive | 3.89 (1.39) | 0.96 (1.42) | 2.93 | .08 | |
| Eating disturbances | -1.13 (1.40) | -0.32 (1.42) | -0.81 | .63 | |
| Emotions/interrelations | 0.42 (1.12) | 1.90 (1.14) | -1.47 | .28 | |
| Energy/well-being | -0.10 (1.64) | 3.71 (1.68) | -3.81 | .06 | |
| Health perception | -0.09 (1.53) | 0.96 (1.57) | -1.05 | .58 | |
| Physical | 0.30 (1.48) | 2.65 (1.50) | -2.36 | .19 | |
| Role limitations | 0.87 (1.35) | -1.72 (1.39) | 2.58 | .12 | |
| Social limitations | -0.95 (1.10) | 1.74 (1.12) | -2.69 | .05* | |
| Treatment burden | 1.27 (1.41) | -0.37 (1.43) | 1.64 | .34 | |
| Day 57 | | | | | |

Supplementary Table 2. Change from baseline in CFQ-R scales (mITT population).

| Respiratory | 0.90 (1.41) | 3.03 (1.42) | -2.13 | .22 |
|-------------------------|--------------|--------------|-------|------|
| Body image | 0.47 (1.70) | -1.42 (1.72) | 1.88 | .37 |
| Digestive | 2.05 (1.59) | 0.21 (1.59) | 1.84 | .34 |
| Eating disturbances | -2.02 (1.60) | -1.44 (1.63) | -0.58 | .76 |
| Emotions/interrelations | 0.60 (1.07) | -0.14 (1.09) | 0.74 | .57 |
| Energy/well-being | -1.84 (1.74) | -0.36 (1.78) | -1.48 | .49 |
| Health perception | -1.64 (1.61) | -1.32 (1.65) | -0.32 | .87 |
| Physical | -2.43 (1.70) | -1.41 (1.72) | -1.02 | .62 |
| Role limitations | 2.01 (1.46) | -2.02 (1.49) | 4.03 | .03* |
| Social limitations | -2.02 (1.13) | -0.37 (1.14) | -1.65 | .23 |
| Treatment burden | 1.13 (1.35) | 0.06 (1.36) | 1.07 | .51 |
| Day 84 | | | | |
| Respiratory | 4.25 (1.44) | 3.22 (1.46) | 1.03 | .56 |
| Body image | 1.93 (1.71) | -2.97 (1.72) | 4.89 | .02* |
| Digestive | 1.05 (1.44) | 1.27 (1.45) | -0.22 | .90 |
| Eating disturbances | -0.34 (1.55) | -0.50 (1.56) | 0.16 | .93 |
| Emotions/interrelations | -0.81 (1.47) | -0.65 (1.16) | -0.16 | .91 |
| Energy/well-being | -2.03 (1.77) | 0.99 (1.79) | -3.01 | .17 |
| Health perception | 1.44 (1.71) | -1.03 (1.72) | 2.47 | .24 |
| Physical | -0.17 (1.68) | 1.21 (1.70) | -1.38 | .50 |
| Role limitations | -0.31 (1.46) | -2.63 (1.47) | 2.32 | .20 |
| Social limitations | -0.67 (1.22) | -1.28 (1.23) | 0.61 | .68 |
| Treatment burden | 1.69 (1.58) | -2.59 (1.58) | 4.27 | .03* |
| Day 113 | | | | |
| Respiratory | -0.27 (1.56) | 1.49 (1.54) | -1.76 | .35 |
| Body image | -0.06 (1.95) | -3.15 (1.93) | 3.09 | .19 |
| Digestive | 2.78 (1.60) | 0.42 (1.59) | 2.36 | .22 |
| Eating disturbances | -1.61 (1.55) | 2.14 (1.55) | -3.75 | .04* |
| Emotions/interrelations | -1.52 (1.26) | -1.11 (1.26) | -0.42 | .79 |
| , | | 1 | | • |

| Energy/well-being | -3.24 (1.64) | -1.81 (1.64) | -1.44 | .48 |
|-------------------------|--------------|--------------|-------|------|
| Health perception | -3.10 (1.77) | -2.26 (1.77) | -0.84 | .70 |
| Physical | -3.12 (1.82) | -2.27 (1.81) | -0.86 | .70 |
| Role limitations | -3.41 (1.81) | -4.83 (1.81) | 1.42 | .53 |
| Social limitations | -1.43 (1.26) | 0.74 (1.25) | -2.17 | .16 |
| Treatment burden | 0.85 (1.51) | -0.04 (1.50) | 0.89 | .63 |
| Day 140 | | | | |
| Respiratory | 4.49 (1.36) | 2.13 (1.37) | 2.36 | .15 |
| Body image | -0.76 (2.03) | -1.19 (2.04) | 0.44 | .86 |
| Digestive | 3.20 (1.51) | 1.94 (1.50) | 1.26 | .49 |
| Eating disturbances | 0.01 (1.40) | 2.29 (1.42) | -2.28 | .18 |
| Emotions/interrelations | -1.34 (1.28) | -1.51 (1.28) | 0.17 | .91 |
| Energy/well-being | -0.08 (1.70) | -0.89 (1.70) | 0.82 | .69 |
| Health perception | 0.43 (1.58) | -3.50 (1.58) | 3.93 | .04* |
| Physical | -0.09 (1.70) | 0.68 (1.71) | -0.77 | .71 |
| Role limitations | -0.01 (1.61) | -2.70 (1.60) | 2.68 | .18 |
| Social limitations | 0.09 (1.23) | 0.70 (1.24) | -0.61 | .68 |
| Treatment burden | 0.74 (1.57) | -2.83 (1.57) | 3.57 | .06 |
| Day 168 | | | | |
| Respiratory | 2.68 (1.62) | 2.74 (1.62) | -0.07 | .97 |
| Body image | -1.48 (2.05) | -2.64 (2.06) | 1.15 | .64 |
| Digestive | 0.24 (1.68) | -0.91 (1.68) | 1.15 | .57 |
| Eating disturbances | -0.00 (1.47) | 2.41 (1.48) | -2.41 | .17 |
| Emotions/interrelations | 0.83 (1.14) | 0.61 (1.15) | 0.22 | .88 |
| Energy/well-being | -0.78 (1.82) | -1.93 (1.83) | 1.15 | .61 |
| Health perception | -1.15 (1.79) | -3.20 (1.79) | 2.06 | .35 |
| Physical | -2.04 (1.88) | -0.60 (1.89) | -1.45 | .53 |
| Role limitations | -4.24 (1.95) | -4.79 (1.95) | 0.55 | .82 |
| Social limitations | -1.02 (1.32) | 0.10 (1.33) | -1.12 | .49 |

| Treatment burden | 0.09 (1.60) | -0.26 (1.61) | 0.35 | .86 | |
|------------------|-------------|--------------|------|-----|--|
| - | | | | | |

^a The Weight domain was not calculated at the time of data analysis. Missing values excluded.

* Statistically significant at $P \leq .05$. The ANCOVA model includes effects for treatment and the randomization strata.

ALIS, amikacin liposome inhalation suspension; ANCOVA, analysis of covariance; LS, least squares; mITT, modified intention-to-treat; CFQ-R, Cystic Fibrosis Questionnaire-Revised; TIS, tobramycin inhalation solution.

Supplementary Table 3. Relative change and adjusted change from baseline in CFQ-R

| | ALIS | TIS | | |
|----------------------------------|------------------|------------------|---------------------------------|--------------------------------|
| Treatment Burden scale, | 590 mg QD | 300 mg BID | | |
| missing values excluded | $\mathbf{N}=148$ | N=146 | | |
| Baseline ^a | n=148 | n=141 | | |
| Mean (SD) | 62.875 (19.2236) | 61.545 (18.8055) | | |
| Median | 66.667 | 66.667 | | |
| Minimum, maximum | 22.22, 100.00 | 0.00, 100.00 | | |
| Relative change from baseline, % | | | Mean difference ^b | <i>P</i> value ^b |
| LS mean from ANCOVA ^b | | | | |
| Day 14 (n=142; n=135) | 9.69 | 2.73 | 6.96 | .06 |
| Day 28 (n=144; n=137) | 4.94 | 2.62 | 2.32 | .57 |
| Day 57 (n=139; n=134) | 5.18 | 1.75 | 3.43 | .33 |
| Day 84 (n=137; n=133) | 6.29 | -3.57 | 9.85 | .02* |
| Day 113 (n=132; n=133) | 4.71 | 4.58 | 0.13 | .98 |
| Day 140 (n=129; n=133) | 4.18 | 1.49 | 2.69 | .66 |
| Day 168 (n=129; n=128) | 3.24 | 1.05 | 2.19 | .61 |
| Adjusted change from baseline | | | Mean difference ^c | <i>P</i> value ^c |
| LS mean from ANCOVA ^c | | | | |
| Day 14 (n=142; n=136) | 3.882 | 0.998 | 2.884 | .07 |
| Day 28 (n=144; n=138) | 1.274 | -0.366 | 1.640 | .34 |
| Day 57 (n=139; n=135) | 1.132 | 0.059 | 1.072 | .51 |
| Day 84 (n=137; n=134) | 1.686 | -2.586 | 4.272 | .03* |
| Day 113 (n=132; n=134) | 0.854 | -0.035 | 0.889 | .63 |
| Day 140 (n=129; n=134) | 0.739 | -2.826 | 3.566 | .06 |
| Day 168 (n=129; n=129) | 0.094 | -0.258 | 0.352 | .86 |

Treatment Burden scale (mITT population).

Missing values were excluded under the assumption of missing at random, for which missing baseline or postbaseline values were excluded, but all nonmissing data were included.

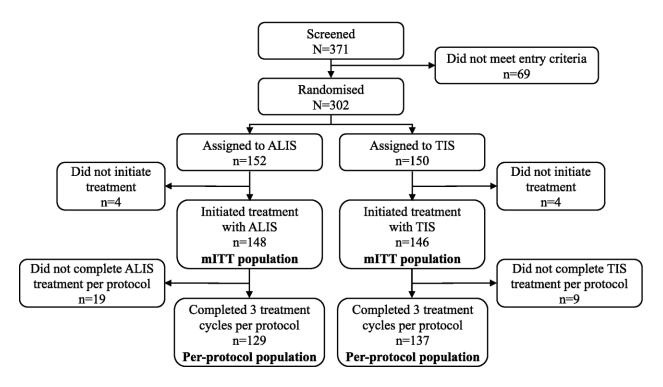
* Statistically significant at $P \leq .05$.

^a Baseline defined as the measurement prior to and closest to the administration of the first dose of study drug.

^b LS mean and mean difference from ANCOVA, and *P* value from treatment effect in ANCOVA model; the ANCOVA model included effects for treatment and the randomisation strata.

^c LS mean and mean difference from ANCOVA, and *P* value from treatment effect in ANCOVA model; the ANCOVA model included effects for treatment and the randomisation strata, and used the baseline value as a covariate.

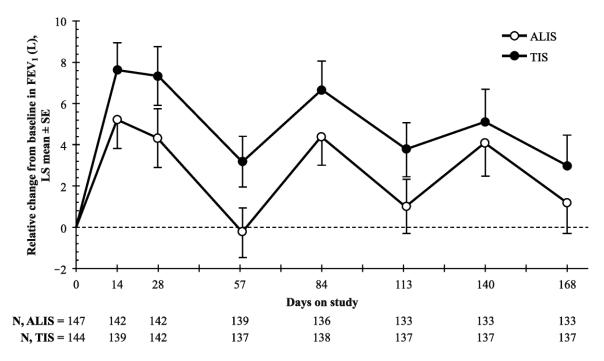
ALIS, amikacin liposome inhalation suspension; ANCOVA, analysis of covariance; BID, twice daily; CFQ-R, Cystic Fibrosis Questionnaire-Revised; LS, least squares; mITT, modified intention-to-treat; QD, once daily TIS, tobramycin inhalation solution.



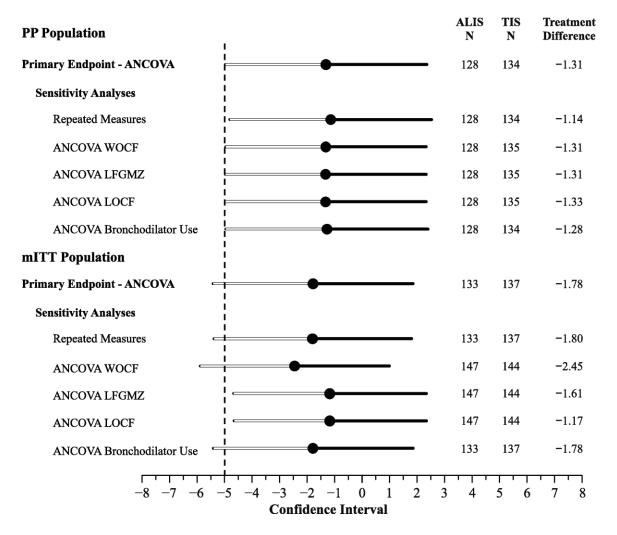
Supplementary Figure 1. Patient disposition.

The per-protocol population took $\geq 80\%$ of study drug doses without missing >3 consecutive doses in any cycle, per data from the study completion electronic case report form.

ALIS, amikacin liposome inhalation suspension; mITT, modified intention-to-treat; TIS, tobramycin inhalation solution.

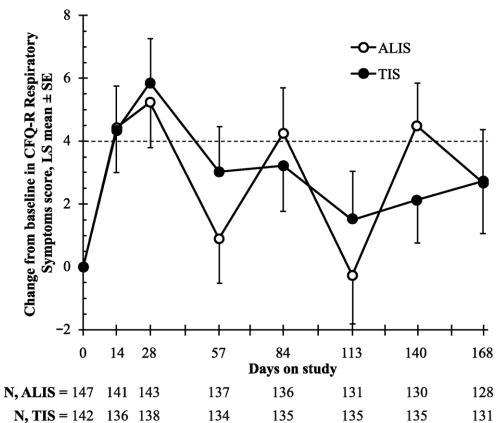


Supplementary Figure 2. Relative change from baseline in FEV_1 over time (mITT population). ALIS, amikacin liposome inhalation suspension; FEV_1 , forced expiratory volume in 1 second; LS, least squares; TIS, tobramycin inhalation solution.



Supplementary Figure 3. Forest plot of treatment differences (ALIS–TIS, \pm 95% CI) for the primary and sensitivity analyses of mean relative change from baseline to day 168 in FEV₁ (L) (PP and mITT populations). Vertical line represents the lower boundary of the pre-specified -5% noninferiority margin For the primary ANCOVA, the repeated measures, and ANCOVA controlling for bronchodilator use, missing values were excluded under the assumption of missing at random, for which missing baseline or postbaseline values were excluded, but all non-missing data were included.

ALIS, amikacin liposome inhalation suspension; ANCOVA, analysis of covariance; FEV₁, forced expiratory volume in 1 second; LFGMZ, last favorable group mean or zero; LOCF, last observation carried forward; LS, least squares; mITT, modified intent-to-treat; PP, per-protocol; TIS, tobramycin inhalation solution; WOCF, worst observation carried forward.



Supplementary Figure 4. Change from baseline in CFQ-R Respiratory Symptoms domain (mITT population). Horizontal line represents the minimal clinically important difference \geq 4) associated with the CFQ-R Respiratory Symptom domain. ALIS, amikacin liposome inhalation suspension; CFQ-R, Cystic Fibrosis Questionnaire-Revised LS, least squares; TIS, tobramycin inhalation solution.