CLINICAL STUDY REPORT SYNOPSIS

Name of Sponsor/Company	Janssen Research & Development*
Name of Finished Product	To be determined
Name of Active Ingredient(s)	JNJ-644059 (Ketamine IV)

* Janssen Research & Development is a global organization that operates through different legal entities in various countries. Therefore, the legal entity acting as the sponsor for Janssen Research & Development studies may vary, such as, but not limited to Janssen Biotech, Inc.; Janssen Products, LP; Janssen Biologics, BV; Janssen-Cilag International NV; Janssen, Inc; Janssen Infectious Diseases BVBA; Janssen R&D Ireland; or Janssen Research & Development, LLC. The term "sponsor" is used to represent these various legal entities as identified on the Sponsor List.

Status: Approved
Date: 23 June 2015
Prepared by: Janssen Research & Development, LLC
EDMS no & version: EDMS-ERI-98172144:1.0

Compliance: The study described in this report was performed according to the principles of Good Clinical Practice (GCP).

Protocol No.: KETIVEDI2001

Title of Study: An exploratory, blinded, randomized, placebo-controlled study in subjects with depressive disorder to investigate the effect of minocycline on relapse after successful intravenous ketamine/minocycline-induced (partial) symptoms response

EudraCT Number: 2012-002954-21

NCT No.: NCT01809340

Clinical Registry No.: CR100957

Coordinating Investigator: Prof. Dr. J. van Gerven; MD, PhD

Study Centers: 7 centers across 4 countries (Belgium, Netherlands, France, and Spain)

Publication (Reference): None

Study Period: 19 June 2013 to 10 July 2014

Phase of Development: 2a

OBJECTIVES:

Primary Objective:

The primary objective of this study was to assess whether the antidepressant response to intravenous (IV) ketamine can be maintained by minocycline compared to placebo.

Secondary Objectives:

The secondary objectives of this study were:

- To investigate the safety and tolerability of the administered study medications (ie, ketamine and minocycline);
- To investigate the effect of minocycline on symptoms of depression in ketamine non-responders.

METHODS:

This was a placebo-controlled, blinded, randomized study to assess whether the antidepressant response to treatment with IV ketamine could be maintained by treatment with minocycline in subjects with major depressive disorder (MDD) or Bipolar Depression Type II (compared to placebo).

The study consisted of 4 sequential phases as follows:

Screening Phase: After providing informed consent, subjects underwent screening within 3 weeks of Day 1 to determine eligibility for participation in the study.

12-Day Open-Label (OL) Treatment Phase: Eligible subjects entered the 12-day OL treatment phase during which subjects received 6 OL IV infusions of 0.5 mg/kg ketamine over 40 minutes on Days 1, 3, 5, 8, 10, and 12 in combination with OL minocycline 100 mg, orally administered twice daily. All subjects were to remain at the study site for at least 4 hours following IV ketamine administrations. Improvement in depressive symptoms was assessed in subjects using the Montgomery-Asberg Depression Rating Scale (MADRS).

6-Week Treatment Phase

Ketamine Responders (blinded, randomized)

On Day 12 of the 12-day OL treatment phase, subjects who were considered “ketamine responders” were randomly assigned in a 1:1 ratio to receive either minocycline 100 mg or placebo twice daily in a blinded fashion for 6 weeks or until relapse.

A subject was defined as a "ketamine responder" if there was a 50% or more decrease in comparison to baseline values (Day 1 predose) in the MADRS total score performed at 3 to 4 hours postdose on Days 8, 10, or 12, with a 40% or more decrease from baseline in the MADRS total score on Day 12.

Ketamine Non-Responders (optional, OL)

Subjects who were “ketamine non-responders” had the option to participate in the 6-week OL treatment phase. During this phase, subjects were to self-administer minocycline 100 mg twice daily from Day 12 to Day 54.

Follow Up (End of Study)

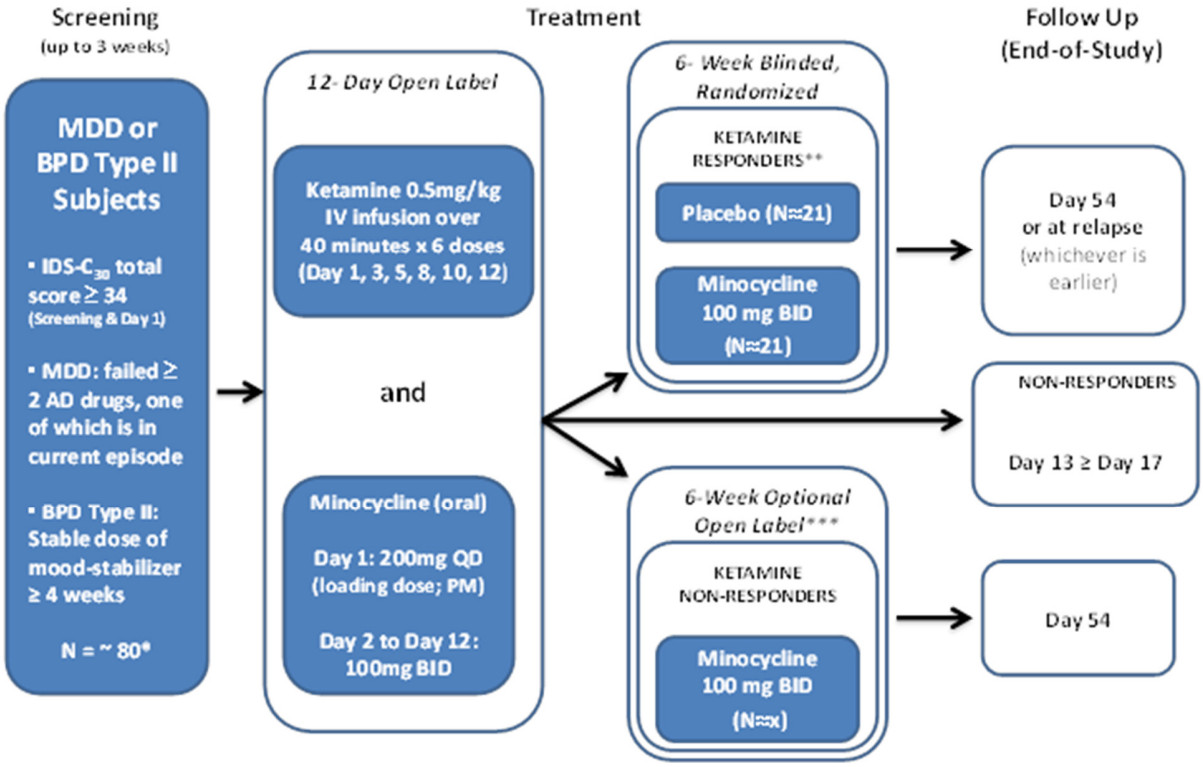
All subjects had one End-of-Study (EOS) visit conducted.

- Ketamine responders had an EOS visit on the last day of the 6-week blinded treatment phase (i.e., Day 54), or at the time of relapse, whichever came first.
- Ketamine non-responders, who participated in the 6-week open-label treatment phase, had an EOS visit on the last day of the 6-week open-label treatment phase (i.e., Day 54).
- Ketamine non-responders, who did not participate in the 6-week open-label treatment phase, had an EOS visit conducted no earlier than Day 13 and no later than Day 20.

- Subjects who withdrew/discontinued from the treatment phase, had an EOS visit conducted no earlier than 1 day, and no later than 5 days, from their last dose of study medication.
- Upon completion of the study (i.e., EOS), all subjects were to return to standard of care treatment

An overview of the study design is provided in Figure 1.

Figure 1: Overview of study design



*Enrollment ends when n= 42 ketamine responders are randomized on Day 12 to the 6-week, blinded treatment phase.
** Ketamine Responder = ≥ 50% decrease from baseline in the MADRS total score on Days 8, 10, or 12, with a ≥ 40% decrease from baseline in the MADRS total score on Day 12.
*** Subjects not responding to ketamine have option to participate in open label treatment with minocycline for 6 weeks.

Premature Stop of Study

The Sponsor terminated the study prematurely for the following reasons:

- Slow recruitment resulting in expiration of trial supplies;
- Inability to secure new trial supplies due to availability issues;
- Methodological improvements to trial design required based on preliminary results.

Number of Subjects (planned and analyzed):

Planned: Up to 80 men and women with MDD or BPD Type II, inpatients and outpatients, were planned to be enrolled in this study.

Analyzed: A total of 29 subjects were enrolled in this study and received at least 1 dose of study medication (ketamine and minocycline 100 mg bid OL 12 days-label treatment). Of these, 14 subjects were considered to be ketamine responders and 15 subjects were considered to be ketamine non-responders. Thirteen of 14 ketamine responder subjects were treated in the 6-week blinded treatment phase and 5 of the 15 ketamine non-responders participated in the optional 6-week OL treatment phase.

Diagnosis and Main Criteria for Inclusion:

Subjects eligible for this study were men and women from age 18 to 80 years (inclusive) who met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) diagnostic criteria for MDD, without psychotic features (DSM-IV 296.22, 296.23, 296.32, or 296.33) or BPD Type II (DSM-IV 296.89) based upon clinical assessment at Screening; had to have an Inventory of Depressive Symptomatology-Clinician Rated (IDS-C_{30}) total score ≥34 at Screening and at Day 1 (predose); subjects with MDD should have failed at least 2 adequate treatment courses (dose and duration) with antidepressant therapy, those with BPD Type II must had been taking a stable dose of a mood-stabilizing medication (eg, lithium, valproate, carbamazepine, lamotrigine, antipsychotic agents); should not have had received ECT in the current episode, but could be those for whom ECT were considered. Subjects with a current DSM-IV axis I diagnosis other than MDD or BPD Type II (except for co-morbid anxiety disorders) at Screening and subjects who were currently on >4 psychotropic medications at Day 1 (predose) were excluded**.**

Test Product, Dose and Mode of Administration, Batch No.:

Ketamine for IV administration was supplied by the sponsor in a commercially available package. The ampoules contained 5 mL solution for injection of ketamine hydrochloride, corresponding to 10 mg free ketamine base per mL and 0.9% sodium chloride for injection, to be used as the diluent for dilution, was supplied by the clinical sites.

Minocycline for oral administration was supplied as an overencapsulated capsule in active dose strength of 100 mg as red opaque hard-gelatin capsules.

Reference Therapy, Dose and Mode of Administration, Batch No.:

Minocycline matching placebo capsules were supplied as “00” red opaque hard-gelatin capsules that were identical in shape, size, and appearance.

The batch numbers and expiration dates for the test and reference products were as shown in Table 1:

Table 1: Batch Numbers and Expiration Dates for the Study Medications

Product	Package Reference Number	Bulk Lot Number	Expiry
Ketamine 10 mg/mL Inj. Solution	4367306	20319	May-14
Minocycline 100 mg Open Label Day 1-12	4367387	13C22/G065	May-14
Minocycline 100 mg Open Label Day 12-54	4367388	13C22/G065	May-14
Minocycline Double Blind Day 12-54	4367389	13C22/G065	May-14
Placebo for Minocycline 100 mg Day 12-54	4367389	13C21/G064	May-14
Minocycline 100 mg Open Label Day 1-12	4368765	13C22/G065	May-14
Minocycline 100 mg Open Label Day 12-54	4368766	13C22/G065	May-14
Minocycline Double Blind Day 12-54	4368767	13C22/G065	May-14
Placebo for Minocycline 100 mg Day 12-54	4368767	13C21/G064	May-14
Minocycline Double Blind Day 12-54	4368857	13C22/G065	May-14
Placebo for Minocycline 100 mg Day 12-54	4368857	13C21/G064	May-14
Minocycline 100 mg Open Label Day 12-54	4369285	14D22/G065	Dec-15
Minocycline Double Blind Day 12-54	4369286	14D22/G065	Dec-15
Placebo for Minocycline 100 mg Day 12-54	4369286	14D22/G064	Dec-15
Minocycline 100 mg Open Label Day 1-12	4369288	14D22/G065	Dec-15

Duration of Treatment:

The study consisted of a 12-day OL treatment phase during which all subjects received IV infusions of 0.5 mg/kg ketamine on Days 1, 3, 5, 8, 10, and 12 in combination with minocycline 100 mg, orally administered twice daily, and a 6-week blinded or optional OL treatment phase during which the subjects received either minocycline 100 mg or placebo twice daily.

CRITERIA FOR EVALUATION:

Efficacy Evaluations: The primary efficacy evaluation was based on the MADRS total score which was to be completed at the specific timepoints. The primary efficacy endpoint was the proportion of subjects who were relapse-free (among responders) on Day 54 (Week 6) of the 6-week blinded treatment period. A subject was defined as "relapsed" if his/her MADRS total score had returned to ≥30 after at least the first dose administration of minocycline or placebo in the 6-week blinded, treatment phase.

Major Secondary Endpoint (Ketamine non-responders) change in MADRS total score from Day 12 (3 to 4 hours postdose) of the 12-day OL treatment phase to end-of-study (Day 54).

Other Secondary Endpoints : change in the MADRS total score from baseline (Day 1 predose) during the IV ketamine treatment phase (Days 1, 3, 5, 8, 10 and 12); change in the MADRS total score from baseline (Day 1 predose) after the IV ketamine treatment phase (Days 20, 27, 34, 41, 48, and 54); response rate during the IV ketamine treatment phase (Days 1, 3, 5, 8, 10 and 12); time to relapse (among responders) following completion of the IV ketamine infusion schedule, and effects on Columbia Suicide Severity Rating Scale (C-SSRS).

Exploratory Inflammatory Marker and Exploratory Transcriptomics (mRNA): Venous blood samples (20 mL total per timepoint) were collected for the assessment of inflammatory markers (eg, CRP, IL-6, IL-1β, TNF, MCP-1) at the timepoints specified in the Time and Events Schedule of the study protocol. At the same timepoints, venous blood samples (10 mL total) were to be collected for the extraction of messenger RNA (mRNA) for transcriptomics. However, due to the early stopping of the study, these samples were not analyzed, and hence there were no values to report.

Safety evaluations: Safety evaluations consisted of regular assessments of safety and tolerability of the study medication (ie, ketamine, minocycline, minocycline-matching placebo), and assessment of suicidal ideation and behavior using the C-SSRS, evaluation of adverse events (AEs), physical examination, body weight, supine vital signs, digital pulse oximetry, 12-lead electrocardiogram (ECG), and continuous ECG monitoring.

STATISTICAL METHODS:

Due to the exploratory nature of this study, no adjustments for multiple testing were to be applied.

Planned Sample Size

Assuming a one-sided significance level of 0.10 and 80% of power, a sample size of 38 subjects (19 per group) was required to detect a difference (absolute) of 35% in the proportion of subjects surviving relapse-free between placebo and minocycline treatment groups on Day 54, using the log-rank test under the assumption of proportional hazards. Forty-two responders (21 per group) on Day 12 were required to provide an allowance for discontinuation/withdrawals in order to maintain the power of the study. The total number of subjects to be enrolled in this study was not to exceed 80.

Actual Sample Size

Due to the early stopping of the study, a total of 29 subjects were treated in the OL treatment phase, Day 1 to Day 12 with ketamine/minocycline 100 mg twice daily. Of these 29, 14 subjects were randomized to receive either placebo or minocycline in the 6 week blinded treatment phase.

Planned Efficacy Analyses: Efficacy analyses were performed using an intent-to-treat (ITT) analysis data set which included all subjects who received at least 1 dose of study drug and had both baseline and at least 1 post-baseline MADRS total score.

The primary endpoint was the proportion of subjects who were relapse-free (among responders) on Day 54, comparing minocycline and placebo. The proportion of subjects who were relapse-free on Day 54 was to be analyzed using a logistic regression model with baseline MADRS score and treatment. Additional covariates (eg, baseline inflammatory markers) could also be explored. The odds ratio, its one-sided 90% confidence interval (CI), and the associated p-value for minocycline compared to placebo were to be derived from the model.

For the major secondary endpoint, the change in MADRS total score from Day 12, 3 to 4 hours postdose, to the end-of-study (Day 54) among non-responders was to be analyzed using the ANCOVA model with baseline MADRS score and treatment. Additional covariates could also be explored.

For other secondary endpoints, summary statistics for changes from baseline in MADRS scores during the IV ketamine OL treatment phase, as well as during the 6-week blinded treatment phase were to be provided. A mixed-effect model using repeated measures (MMRM) could be performed if required. Summary statistics for responder's rate during the IV ketamine treatment phase was to be provided. A logistic regression model could be performed, if required. Survival curves (time to relapse) were to be estimated using the Kaplan-Meier method. Statistical comparison of survival curves for minocycline over placebo was to be carried out using Cox's proportion hazards model with treatment and adjusting for the baseline MADRS score covariate.

Actual Efficacy Analysis

Due to the study stopping early and the subsequent reduced sample size, only descriptive analyses of the MADRS scores and changes from baseline were performed. A table of relapse / non-relapse by treatment (6 weeks placebo/ minocycline) was provided. A Kaplan-Meier plot was produced showing relapses over time by blinded treatment (6 weeks placebo/minocycline) and non-relapsed subjects at their last assessment (censored values); the final height of each treatment's curve is the treatment's relapse-free rate.

Inflammatory Marker Analysis

No inflammatory marker samples were analyzed, and consequently no values were available for analysis.

Safety Analyses

All safety analyses were performed based on the safety analysis set, which included subjects who received at least 1 dose of ketamine or minocycline on Days 1 to Day 12. Safety summaries were provided by treatment and scheduled timepoint unless specified otherwise. Changes from baseline were tabulated over time by treatment, using descriptive statistics. Any treatment-emergent abnormalities were also presented and a listing of subjects with abnormal results was provided. Subjects with changes from screening in physical examination findings from normal to abnormal were listed. A listing of C-SSRS from baseline to Day 54 was provided; summary tables and ANCOVA for change in C-SSRS total scores from baseline to Day 54 were not produced, due to the reduced sample size.

RESULTS:

STUDY POPULATION:

- A total of 29 subjects were enrolled in this study and received at least 1 dose of study drug (ketamine or minocycline 100 mg bid).
- Baseline demographic characteristics were consistent with those of the planned population as defined in the inclusion/exclusion criteria.
- All 29 treated subjects were white, with 27 subjects Not Hispanic or Latino in ethnicity and 2 subjects being Hispanic or Latino.
- There were a higher proportion of women than men in this study (55.2% versus 44.8%). The mean age of subjects was 50.5 years (range: 23 to 75 years) and the mean BMI was 28.2 kg/m^2 (range: 19.3 to 53.2 kg/m^2).
- Of the 29 subjects, 14 subjects were considered as ketamine responders; however, only 13 subjects received study medication in the 6-week blinded treatment phase. Subject 31001005 was a ketamine responder and randomized to placebo for the 6-week blinded treatment phase. The subject returned all dispensed placebo tablets (ie. no evidence of having taken any study medication during this phase), therefore this subject was not considered in the safety analysis for the 6 week blinded treatment period. The remaining 15 subjects were ketamine non-responders.
- Subject 32001001 started IV ketamine and oral minocycline treatment on Day 3 of the 12-day OL treatment phase, instead of Day 1. The subject was a ketamine responder, was randomized on Day 12 to placebo, and completed 6 weeks of blinded treatment.
- Of the 10 ketamine non-responders from the 12-day Open Label Treatment Phase who did not enter the optional 6-week OL treatment phase, 3 subjects did not complete the study (2 withdrew due to lack of efficacy and 1 due to other reasons).
- Of the 13 ketamine responders treated in the 6-week blinded treatment phase, 6 subjects were randomized to placebo and 7 subjects were randomized to minocycline 100 mg bid treatment groups. All of the subjects completed the study except for 1 subject in the placebo group (subject 31001001) who was lost to follow up.
- Of the 5 ketamine non-responders who entered the optional 6-week OL treatment group, 4 subjects completed the study, while 1 subject withdrew due to other reasons.
- Two subjects (reported with 1 protocol deviation each during the study) entered the study but did not satisfy the selection criteria. One subject from the minocycline 100 mg group had a diastolic blood pressure of >90 mmHg and had hematology and chemical laboratory parameters analyzed before signing of the ICF, and 1 subject from the ketamine/ minocycline 100 mg bid 12 days OL group had screening visit before signing the ICF.

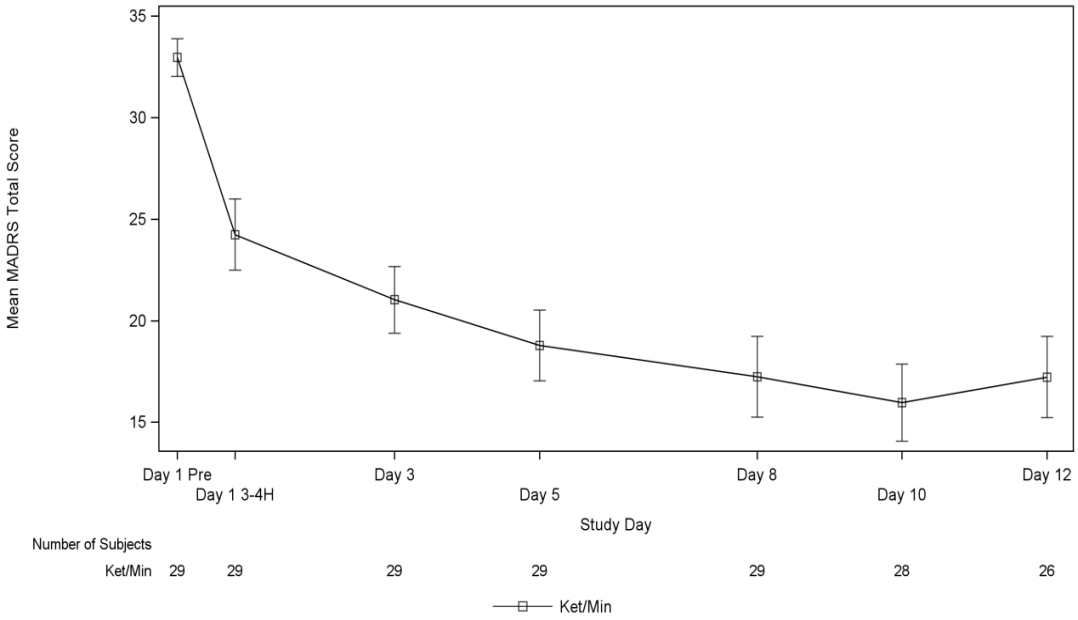
EFFICACY RESULTS:

Primary Efficacy Endpoint:

The primary efficacy endpoint was the proportion of subjects who were relapse-free (among responders) on Day 54 of the 6-week blinded treatment period. During the 6-week blinded period, fewer subjects relapsed in the minocycline group compared to the placebo group (1/7 [14.3%] versus 3/7 [42.9%], respectively).

For the 29 subjects who received IV ketamine/oral minocycline treatment, there was a decrease in the mean MADRS total score from baseline to Days 1, 3, 5, 8, 10 and 12, with mean changes in the scores of -8.7, -11.9, -14.2, -15.7, -17.0, and -15.6, respectively (Figure 2).

Figure 2: Mean Plot (+/- SE) of MADRS Total Score Over Time During 12-Day Open-Label Phase; ITT Analysis Set (Study JNJ644059-KETIVEDI2001)



Pre=Predose H=Hour Ket/Min: Ketamine 0.5mg/kg, Minocycline 100/200mg
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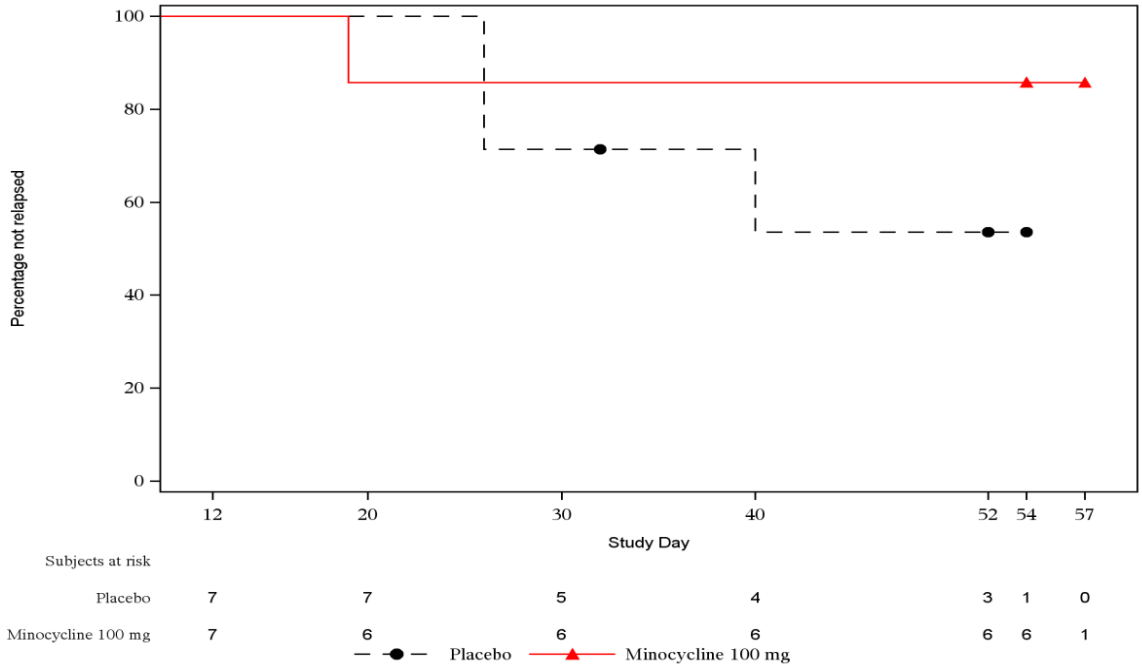
For the 14 subjects in the blinded 6 week treatment phase, the Kaplan-Meier plot (Figure 3) shows that relapse-free rates at the end of treatment were 85.7% for minocycline compared to 53.6% for placebo.

Figure 3: Kaplan-Meier plot of relapse (Total Madrs score >=30) from Day 12 by treatment (Study JNJ644059-KETIVEDI2001)



Relapse occurred beyond Day 12 if Total MADRS score >=30; one patient started Ketamine treatment on Day 3
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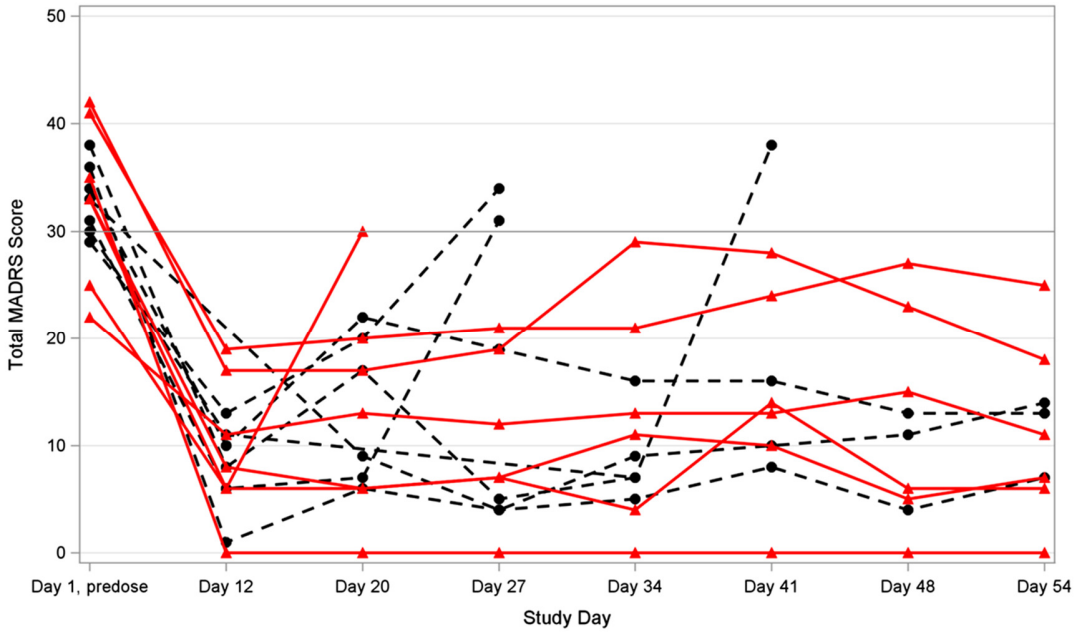
Figure 4 shows individual subjects' MADRS total scores at Day 1, 12, and in the blinded treatment period.

Figure 4: Individual Profiles per Subject; ITT Analysis Set (Study JNJ644059-KETIVEDI2001)



One patient started Ketamine treatment on Day 3: Placebo (Black Lines), Minocycline 100mg (Red Lines)
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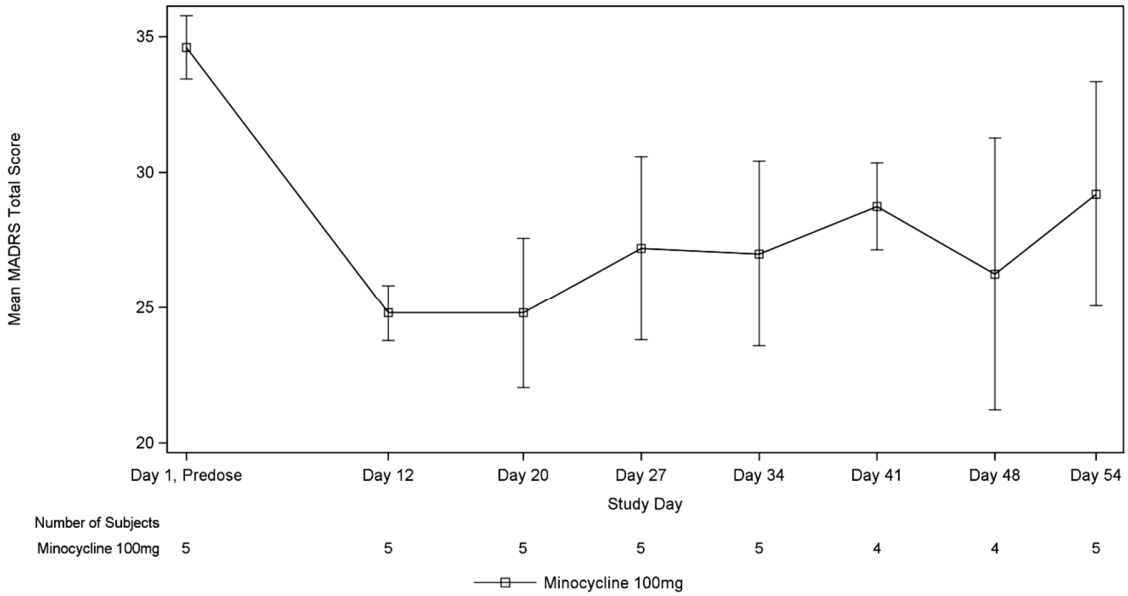
For the 5 ketamine non-responders who entered the optional OL treatment phase, there were increases in the MADRS mean scores compared to Day 12 (ranging from no change [0.00] on Day 20 to 4.4 on Day 54) (Figure 5).

Figure 5: Mean Plot (+/- SE) of MADRS Total Score Over Time at Day 1 and During 6-Week Optional Open-label Phase; ITT Analysis Set (Study JNJ644059-KETIVEDI2001)



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SAFETY RESULTS:

The safety analysis included all 29 subjects who received at least 1 dose of ketamine or minocycline 100 mg bid.

- Of the 29 subjects, 25 (86.2%) subjects experienced at least 1 TEAE associated with 12-days OL ketamine/minocycline 100 mg bid treatment. Three (50.0%) of 6 placebo subjects, 6 (85.7%) of 7 minocycline 100 mg (blinded) subjects, and 4 (80.0%) of 5 OL minocycline 100 mg bid subjects experienced at least 1 TEAE.
- Overall, the incidence of TEAEs was comparable between 12 days OL ketamine/minocycline 100 mg twice daily treatment, 6-week blinded (ketamine responder) minocycline treatment, and the optional 6-week OL minocycline 100 mg (non-ketamine responders) treatment. The incidence of TEAEs for placebo treatment was lower.
- The majority of the TEAEs by system organ class were reported in nervous system disorders, psychiatric disorders, and gastrointestinal disorders.
- The most commonly reported TEAEs (occurring in >20% ketamine/minocycline subjects) were dissociation, headache, and dizziness.
- The majority of the TEAEs were mild or moderate in severity. TEAEs which were severe occurred in 5 subjects: anxiety, depressed mood, derealization, dissociation (all associated with ketamine/minocycline OL 12 days treatment); blood pressure increased (associated with ketamine/minocycline OL 12 days treatment and minocycline 100 mg blinded treatments), and gastroenteritis (associated with 6-week ketamine minocycline-OL treatment).
- Most of the TEAEs were considered as very likely related to ketamine and possibly related to minocycline during the ketamine/minocycline OL treatment phase. Most of the TEAEs were considered as either not related or doubtfully related to minocycline/placebo during the 6 weeks blinded treatment phase and minocycline 6 weeks OL treatment phase.
- All TEAEs resolved by the end of the study except for the following 9 AEs: depressed mood, negative thoughts, tension (Subject 31001001); nausea, depressed mood (Subject 31001003); contusion (Subject 32002003); abdominal pain (Subject 32002006); abdominal discomfort (Subject 32002009); and tinea pedis (Subject 32003002)
- One subject (Subject 32001001) experienced a serious adverse event of anxiety associated with placebo treatment (during the 6-week blinded treatment phase). This 48-year-old white male had a psychiatric history of past depressive episode and one suicidal attempt (cutting in wrist). On Study Day 44, during the 6-week blinded treatment phase (with placebo), the subject experienced a TEAE of anxiety which required hospitalization. No concomitant medications were given and the event resolved after 9 days on Study Day 53. The event was moderate in severity and considered by the investigator to be not related to either Ketamine or placebo treatment.
- There were no deaths or TEAEs leading to study discontinuation reported in this study.

Other Safety Findings

Vital Signs and Electrocardiograms:

A number of values above or below the normal reference range were reported for the vital sign parameters during screening to the end-of-study visit/follow-up visits; however none of these were considered clinically significant and none were reported as TEAEs except for the following:

A TEAE of mild palpitation, was reported in subject 31001003 (ketamine/minocycline treatment) on Day 3, which was mild in severity and resolved on the same day. There were several episodes of severe blood pressure increase reported in subject 33004002 (ketamine/minocycline OL treatment phase and

minocycline blinded 6 week treatment phase) between Day 1 and Day 12, which were reported as TEAEs. The subject had a systolic blood pressure of 157 mmHg at screening and 144 mmHg at baseline (Day 1, predose). The systolic blood pressure ranged between 111 mmHg and 158 mmHg during Day 1 to Day 12. The TEAEs were reported as resolved on the day of their onset.

There were few abnormal ECG values. The following abnormal ECG values were reported: increased PR interval (n=2 at Day 1 and end of study), increased QRS interval (n=2 Day 1 and end of study), QT >450 msec (n=1 Day 1, and n=2 at end of study), QTcB > 450 msec (n=1 Day 1, and n=4 at end of study), QTcB >30-60 change from baseline (n=2 end of study) and QTcF >450 msec (n=2 at end of study). None of these ECG findings were considered to be clinically significant or were reported as TEAEs.

Physical and Neurological Examination:

There were no clinically significant findings noticed in the physical examinations conducted during the study and none were reported as TEAE.

C-SSRS

C-SSRS results indicated that the C‑SSRS scores fluctuated between improvements and worsening at various time points, but ultimately returned to be similar to baseline at the last measurement point. The suicidal ideation scores either improved or were maintained from screening through the EOS for most of the subjects.

Study Limitations:

Study results are preliminary due to the limited sample size and should be confirmed in an appropriately designed and powered double-blind study.

CONCLUSIONS:

- Although based on a limited sample size, the results of the study suggest that compared to placebo, minocycline was effective in maintaining the antidepressant response to treatment with IV ketamine.
- Study medications (ie, ketamine and minocycline) were safe and well tolerated by subjects in this study with no new safety findings of clinical concern.
- Among ketamine non-responders, minocycline did not appreciably reduce symptoms of depression.

SIGNATURE OF SPONSOR'S RESPONSIBLE MEDICAL OFFICER

STUDY TITLE:	An exploratory, blinded, randomized, placebo-controlled study in subjects with depressive disorder to investigate the effect of minocycline on relapse after successful intravenous ketamine/minocycline-induced (partial) symptoms response.
REPORT CONTRIBUTORS:	Dicken Koo, DPhil; Sripad Kulkarni, BAMS; Peter De Boer, PhD; Tim McAuliffe, MS; Jaskaran Singh, MD; Maggie Fedgchin, Pharm D; Maarten Timmers, MS

SPONSOR'S RESPONSIBLE MEDICAL OFFICER

NAME:	Jaskaran Singh, MD
TITLE:	Senior Director

I have read this report and confirm that to the best of my knowledge it accurately describes the conduct and results of the study.

SIGNATURE:	eSignature has been applied on the next page.
DATE:	

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