Table: Hgb, WBC, Absolute Neutrophil Count, Albumin, ALP, Total Bilirubin, BUN, Creatinine

Laboratory Test Date (Day)	Hgb Central Laboratory NR: 125 – 170 g/L Local Laboratory NR: 140 – 170 g/L	WBC Central Laboratory NR: 3.7 – 11 x10^9/L Local Laboratory NR: 4 – 11 x10^9/L	Absolute Neutrophils Central Laboratory NR: 1.7 – 7.9 x10^9/L Local Laboratory NR: 1.7 – 7 x10^9/L	Albumin Central Laboratory NR: 33 – 55 g/L Local Laboratory NR: 33 – 52 g/L	ALP Central Laboratory NR: 43 – 115 U/L Local Laboratory NR: 40 – 129 U/L	Total Bilirubin Central Laboratory NR: 0 – 18.8 umol/L Local Laboratory NR: 1.71 – 20.52 umol/L	BUN Central Laboratory NR: 1.78 – 7.14 mmol/L Local Laboratory NR: 2.142 – 9.282 mmol/L	Creatinine Central Laboratory NR: 62 – 124 umol/L Local Laboratory NR: 35.36 – 106.08 umol/L
19 May 2014 (Day –3)	135 CNR	3.4 CNR	2.2 CNR	42 CNR	102 CNR	11.1 CNR	8.21 CNR	88 CNR
21 Apr 2015 (Day 335)	91 CNR	3.6 CNR	2.9 CNR	32 CNR	126 CNR	10.4 CNR	13.21 CNR	124 CNR
02 Jun 2015 (Day 377)	95 LNR	5.13 LNR	3.73 LNR	34 LNR	181 LNR	16.416 LNR	13.3518 LNR	152.048 LNR
27 Jul 2015 (Day 432)	84 LNR	6.02 LNR	4.21 LNR	35 LNR	274 LNR	42.75 LNR	30.7377 LNR	213.928 LNR
08 Aug 2015 (Day 444)	101 LNR	Not Done	Not Done	Not Done	Not Done	66.69 LNR	Not Done	Not Done
09 Aug 2015 (Day 445)	84 LNR	Not Done	Not Done	Not Done	Not Done	Not Done	39.8769 LNR	348.296 LNR
10 Aug 2015 (Day 446)	86 LNR	11.94 LNR	9.98 LNR	28 LNR	132 LNR	32.49 LNR	38.0205 LNR	398.684 LNR
11 Aug 2015 (Day 447)	74 CNR	5.1 CNR	4.4 CNR	29 CNR	131 CNR	22.9 CNR	33.56 CNR	354 CNR

CNR = Central Laboratory Normal Range
LNR = Local Laboratory Normal Range

Subject Number	30061012
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2015-006052
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Muscular weakness

A 58-year-old Asian male was diagnosed with hepatocellular carcinoma on 08 Aug 2014. Significant medical history included abdominal pain, polyarthritis (arthritis at both shoulder and left ankle), chronic gastritis, chronic hepatitis B, hypertension, hepatic cirrhosis, low back pain, perineural cysts, portal hypertension, gastroesophageal reflux disease, renal cyst, right pleural effusion, and spinal cord compression. Previous anticancer therapy included radiotherapy to right portal vein thrombosis and transcatheter arterial chemoembolization. Prior and concomitant medications included acetylcysteine, amlodipine, cefalexin, cimetropium, dexamethasone, festal plus, flumazenil, gabapentin, hepatamine, hydroxyzine, ketorolac, lactobacillus acidophilus, lactulose, lansoprazole, magnesium oxide, mecobalamin, megestrol, midazolam, morphine, oxycodone, pethidine, pronase, ranitidine, simeticone, smoflipid, targin, telmisartan, terbinafine, thiamine, and ursodeoxycholic acid. At Screening, tumor assessments of target/non-target lesions via MRI showed liver lesion at right lobe, right lower and upper rib mass, omental mass and CT scan showed left hilar lymphadenopathy and mass in bilateral lobes of lung. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 08 Jan 2015 (Day 1), treatment with study drug was initiated.

On 22 Jan 2015 (Day 15), the subject had anorexia (Grade 2). Treatment included megestrol, hepatamine, and smoflipid. The subject did not recover from anorexia. The Investigator considered anorexia nonserious and probably related to study drug.

On 08 Mar 2015 (Day 60), the subject experienced acute enterocolitis (Grade 2). On 20 Mar 2015 (Day 72), the study drug was interrupted due to acute enterocolitis. The subject was treated with lactobacillus acidophilus. On 30 Mar 2015 (Day 82), the subject recovered and the study drug was resumed at the same dose. The Investigator considered acute enterocolitis nonserious and not related to study drug.

On 04 Apr 2015 (Day 87), the study drug was interrupted due to ongoing anorexia. On 09 Apr 2015 (Day 92), the subject experienced neuralgia (Grade 2) and was treated with mecobalamin. The study drug remained interrupted due to neuralgia. On 15 Apr 2015 (Day 98), the subject recovered from this event. The Investigator considered neuralgia nonserious and not related to study drug.

On 16 Apr 2015 (Day 99), the subject was hospitalized for muscular weakness (lower limb) (Grade 3) and also experienced musculoskeletal pain on shoulder, back, and both legs (Grade 3) and coccydynia (Grade 3). Treatment included dexamethasone, terbinafine, midazolam, oxycodone, pethidine, gabapentin, morphine, and ketorolac. The study drug was further

interrupted due to muscular weakness. On 20 Apr 2015 (Day 103), tumor response assessment showed disease progression. On 28 Apr 2015 (Day 111), the subject was withdrawn from the study due to disease progression and received the last dose of the study drug on 04 Apr 2015 (Day 87). The subject underwent epidural single shot on 28 Apr 2015 (Day 111) and underwent continuous epidural nerve block for leg pain on 06 May 2015 (Day 119). The subject did not recover from coccydynia, muscular weakness, and musculoskeletal pain. The Investigator considered muscular weakness serious and not related to study drug; musculoskeletal pain and coccydynia nonserious and not related to study drug.

On 21 Jul 2015 (Day 195, 108 days after the last dose), the subject died due to disease progression.

Subject Number	30061013
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2015-004103
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Food poisoning, hyponatremia (2x)

A 57-year-old Asian male was diagnosed with hepatocellular carcinoma on 16 May 2014. Significant medical history included abdominal pain, gastroenteritis, decreased appetite, ascites, atelectasis of right lower lobe of lung, chronic gastritis, bullae in apex of right upper lung, chronic hepatitis B, hypertension, left renal cyst, liver abscess, hepatic cirrhosis, maxillary and ethmoid sinusitis, cerebral infarction, osteoarthritis at right acromioclavicular joint, pruritus, right pleural effusion, and thrombocytopenia. Previous anticancer therapy included transcatheter arterial chemoembolization. Prior and concomitant medications included acetylcysteine, amlodipine, biosol, calcium polystyrene sulfonate, cefotaxime, chlorpromazine, cimetropium, ciprofloxacin, clopidogrel, diovan amlo, erdosteine, fentanyl, festal plus, flumazenil, furosemide, hepatamine, human albumin, hydroxyzine, lactulose, megestrol, methylprednisolone, midazolam, morphine, mupirocin, oxycodone, pantoprazole, pentoxifylline, pethidine, pronase, ranitidine, rifaximin, simeticone, smoflipid, spironolactone, targin, tenofovir, thiamine, torasemide, ursodeoxycholic acid, and vitamins. At Screening, tumor assessments of target/non-target lesions via MRI showed lesions at left and right liver lobes and left adrenal masses; CT scan showed mass in both lobes of lung. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 05 Feb 2015 (Day 1), treatment with study drug was initiated.

On 15 Feb 2015 (Day 11), the subject was hospitalized for food poisoning (Grade 3) and the study drug was interrupted due to the event. On 16 Feb 2015 (Day 12), abdominal CT was performed. The subject was treated with ciprofloxacin and cefotaxime. On 27 Feb 2015 (Day 23), the subject recovered from food poisoning and the subject was discharged from the hospital. On 03 Mar 2015 (Day 27), the study drug was resumed at same dose. The Investigator considered food poisoning serious and not related to study drug.

On 02 Apr 2015 (Day 57), tumor response assessment showed disease progression. On 10 Apr 2015 (Day 65), the subject was withdrawn from the study due to disease progression and received the last dose of the study drug on 09 Apr 2015 (Day 64).

On 13 Apr 2015 (Day 68), the subject experienced nausea (Grade 1) and vomiting (Grade 1). On 17 Apr 2015 (Day 72), the subject was hospitalized for hyponatremia (Grade 4) with sodium 118.6 mmol/L (NR: 138 – 148). The subject also had increased C-reactive protein (Grade 2) with CRP 107.2 mg/L (NR: 0 – 5). Treatment included human albumin and cessation of diuretics. On 19 Apr 2015 (Day 74), hyponatremia improved to Grade 3 with repeat sodium 122.5 mmol/L. On 29 Apr 2015 (Day 84), the subject recovered from increased C-reactive protein and hyponatremia. On 01 May 2015 (Day 86), the subject was discharged from the hospital. The subject did not recover from nausea and vomiting. The Investigator

considered hyponatremia serious and not related to study drug; nausea, increased C-reactive protein, and vomiting nonserious and not related to study drug.

On 31 Aug 2015 (Day 208, 144 days after the last dose), the subject died due to disease progression.

Subject Number	30071005
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2014-000312
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Back pain

A 52-year-old Asian male was diagnosed with hepatocellular carcinoma on 15 Nov 2013. Significant medical history included chronic superficial gastritis, upper abdominal pain, esophageal varices, hepatic cirrhosis, and hepatitis B. The subject did not receive any previous anticancer therapies. Prior and concomitant medications included aceclofenac, ambroxol, amino acids w/electrolytes (cletamin), amlodipine, bromhexine, calcium gluconate, cefazolin, cefotaxime, chlorhexidine, dexamethasone, dopamine, fentanyl, furosemide, glycopyrronium, hepatamine, hetastarch, human albumin, hydrocortisone, hydromorphone, itopride, ketorolac, lactulose, levetiracetam, loperamide, magnesium hydroxide, megestrol, metoclopramide, minerals w/vitamins (centrum), morphine, omeprazole, pantoprazole, paracetamol, pethidine, piroxicam, potassium, potassium phosphate monobasic, prednisolone, propranolol, rabeprazole, rifaximin, spironolactone, tenofovir, tramadol, ultracet, and ursodeoxycholic acid. At Screening, tumor assessments of target/non-target lesions via CT scan showed lesions at caudate and quadrate lobes of liver, tumor thrombus in portal vein, and infiltrative multiple HCC lesions. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 19 Dec 2013 (Day 1), treatment with study drug was initiated.

On 26 Dec 2013 (Day 8), the subject experienced palmar-plantar erythrodysesthesia syndrome (Grade 3) and was treated with hydrocortisone. The study drug was interrupted due to this event. On 29 Dec 2013 (Day 11), the study drug dose was resumed at a reduced frequency of 800 mg/day every other day due to this event. On 03 Jan 2014 (Day 16), the study drug dose was further reduced to 600 mg/day due to this event. On 16 Jan 2014 (Day 29), the subject recovered from palmar-plantar erythrodysesthesia syndrome. The Investigator considered palmar-plantar erythrodysesthesia syndrome nonserious and probably related to the study drug.

On 08 Jun 2014 (Day 172), the subject experienced back pain (Grade 2). On 31 Aug 2014 (Day 256), back pain worsened to Grade 3. On 02 Sep 2014 (Day 258), the subject was hospitalized for back pain and also experienced headache (Grade 1) and hypophosphatemia (Grade 3). The MRI of spine showed small vertebral hemangioma at T3 vertebra. Treatment included fentanyl, morphine, hydromorphone, piroxicam, ketorolac, paracetamol, pethidine, tramadol, potassium phosphate monobasic, and ultracet. On 02 Sep 2014 (Day 258), tumor response assessment showed disease progression and the subject was withdrawn from the study due to disease progression and received the last dose of the study drug. On 05 Sep 2014 (Day 261), MRI and MRA of brain showed large scalp and skull metastases, severe compression of superior sagittal sinus with partial invasion of the mass. On 13 Sep 2014 (Day 269), the subject had Grade 3 ascites which started as Grade 1 on 28 Jul 2014 (Day 222). Subject underwent paracentesis on 13 Sep 2014 (Day 269), 17 Sep 2014 (Day 273), and 20 Sep 2014 (Day 276). On 15 Sep 2014 (Day 271), CT scan of the brain revealed left parieto-occipital

bone with epidural space and scalp invasion. On 16 Sep 2014 (Day 272), the subject underwent craniotomy for excision of brain tumor and resection of invasive mass from left parieto-occipital bone. On the same day (Day 272), the subject experienced anemia (Grade 3), hypotension (Grade 3), and increased international normalized ratio (Grade 1). The subject's blood pressure was 75/52 mmHg and laboratory tests showed albumin 27 g/L (NR: 33 – 52), INR 1.57 (NR: 0.8 – 1.2), platelet count 108 x10^9/L (NR: 130 – 400), Hgb 70 g/L (NR: 130 – 170), and RBC 2.16 x10^12/L (NR: 4.2 – 6.3). The subject underwent plateletpheresis, was transfused with packed RBC and fresh frozen plasma, and was treated with albumin and dopamine. The subject recovered from hypophosphatemia. On 17 Sep 2014 (Day 273), anemia improved to Grade 2 and the subject recovered from hypotension. On 20 Sep 2014 (Day 276), the subject experienced tremor (Grade 1). On 21 Sep 2014 (Day 277), the subject recovered from tremor. On 22 Sep 2014 (Day 278), the subject experienced change of personality (Grade 1) and the following day (Day 279), the subject recovered from change of personality. On 24 Sep 2014 (Day 280), the subject recovered from headache. On 26 Sep 2014 (Day 282), subject had endoscopic variceal ligation and the back pain improved. On 28 Sep 2014 (Day 284), the subject recovered from back pain and increased international normalized ratio, and was discharged from the hospital. The subject did not recover from anemia. The Investigator considered back pain serious and not related to study drug; hypophosphatemia, hypotension, increased international normalized ratio, anemia, tremor, headache, and change of personality nonserious and not related to study drug.

On 11 Jan 2015 (Day 389, 131 days after the last dose), the subject died due to unknown cause.

Subject Number	30071014
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2015-012801
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Lung neoplasm malignant, Lung abscess
AE(s) Leading to Discontinuation	Lung neoplasm malignant

A 66-year-old Asian male was diagnosed with hepatocellular carcinoma on 15 Apr 2014. Significant medical history included chronic gastritis, diabetes mellitus, hepatitis B, latent tuberculosis, and hepatic cirrhosis. Previous anticancer therapies included radiotherapy to the mass at right lobe of liver and transcatheter arterial chemoembolization (2x). Prior and concomitant medications included acetylcysteine, actifedrin, ambroxol, amlodipine, atenolol, bisoprolol, bromhexine, carbocisteine, celecoxib, cetirizine, chlorhexidine, codeine, codena-s, diclofenac, epinephrine, fensartan unimax, fentanyl, flumazenil, hydrocortisone, ipratropium, lactulose, levofloxacin, lidocaine, lithium, loperamide, losartan, meropenem, metformin, methylephedrine, midazolam, morphine, paracetamol, pethidine, piperacillin/tazobactam, primaxin, propacetamol, pseudoephedrine, salbutamol, silybum marianum, spasmo-mucosolvan, telbivudine, theobromine, tiotropium, tramadol, triprolidine, and ursodeoxycholic acid. At Screening, tumor assessments of target/non-target lesions via CT scan showed lesion at right liver lobe and tumor thrombus in RHV to IVC. The BCLC Stage was C, ECOG performance score was 1, and Child Pugh score was 5.

On 07 Aug 2014 (Day 1), treatment with study drug was initiated.

On 15 Aug 2014 (Day 9), the subject experienced palmar-plantar erythrodysesthesia syndrome (Grade 3). The subject was treated with lithium and hydrocortisone. On 20 Aug 2014 (Day 14), the study drug was interrupted due to this event. On 26 Aug 2014 (Day 20), severity of palmar-plantar erythrodysesthesia syndrome improved to Grade 2. On the same day (Day 20), the study drug was resumed at a reduced dose of 600 mg/day due to the event. On 30 Aug 2014 (Day 24), severity of palmar-plantar erythrodysesthesia syndrome worsened to Grade 3. On 03 Sep 2014 (Day 28), the study drug was interrupted due to the event. On 06 Sep 2014 (Day 31), severity of palmar-plantar erythrodysesthesia syndrome improved to Grade 2. On 06 Sep 2014 (Day 31), the study drug resumed at a reduced dose of 400 mg/day due to the event. On 16 Sep 2014 (Day 41), the subject recovered from palmar-plantar erythrodysesthesia syndrome. The Investigator considered palmar-plantar erythrodysesthesia syndrome nonserious and possibly related to the study drug.

On 20 Oct 2015 (Day 440), the subject was diagnosed with chronic obstructive lung disease (Grade 1). Treatment included bromhexine, codena-s, and tiotropium. On 10 Dec 2015 (Day 491), the subject was hospitalized for malignant lung neoplasm (Grade 3) and lung abscess (Grade 3). Chest CT scan showed left lower lobe soft tissue lesion, left interlobar consolidation, left lung abscess, right lower lobe consolidation, and underlying emphysema. The subject's oxygen saturation was at 97%. The subject underwent left chest tube insertion and was also treated with oxygen, diclofenac, paracetamol, primaxin, codena-s, bromhexine, ambroxol,

ipratropium, salbutamol, pethidine, tramadol, theobromine, propacetamol, and methylephedrine. Blood culture was positive for pseudomonas. The subject was treated with piperacillin/tazobactam, levofloxacin, and meropenem. On 19 Jan 2016 (Day 531), the study drug was interrupted due to lack of study drug at the hospital. On the same day (Day 531), the chest tube was removed. On 20 Jan 2016 (Day 532), repeat chest CT scan showed primary lung cancer mass at left lower lobe, lung abscess, right pleural effusion, and emphysema of both lungs. On 23 Jan 2016 (Day 535), chest x-ray showed right hydropneumothorax (Grade 1) and oxygen saturation was 87%. The subject was treated with right chest tube insertion and levofloxacin. On 25 Jan 2016 (Day 537), laboratory tests showed WBC 16.9 x10^9/L (NR: 3.7 – 11), absolute neutrophil count 12.4 x10^9/L (NR: 1.7 – 7.9). On 26 Jan 2016 (Day 538), lung biopsy confirmed squamous cell carcinoma stage N1 by bronchoscopy and not a hepatocellular carcinoma metastasis. On the same day (Day 538), the subject underwent left percutaneous catheter drainage insertion for lung abscess. On 02 Feb 2016 (Day 545), the subject was withdrawn from study due to malignant lung neoplasm and received the last dose of study drug on 18 Jan 2016 (Day 530). On 05 Feb 2016 (Day 548), the subject received first radiotherapy treatment. On 02 Mar 2016 (Day 574) the severity of lung abscess decreased to Grade 1. The subject was recovering from lung abscess and did not recover from chronic obstructive lung disease, malignant lung neoplasm, and hydropneumothorax. The Investigator considered lung abscess and malignant lung neoplasm serious and not related to study drug; hydropneumothorax and chronic obstructive lung disease nonserious and not related to the study drug.

Subject Number	30071018
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2015-005678
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Febrile neutropenia

A 61-year-old Asian male was diagnosed with hepatocellular carcinoma on 17 Dec 2014. Significant medical history included erosive gastritis (chronic superficial & erosive gastritis), hepatic cirrhosis, urethral operation, urethral stenosis, and hepatitis B. The subject did not receive any previous anticancer therapies. Prior and concomitant medications included augmentin, chlorhexidine, ciprofloxacin, filgrastim, hydrocortisone, lactulose, lithium, loperamide, piperacillin/tazobactam, silybum marianum, tenofovir, tramadol, and ursodeoxycholic acid. At Screening, tumor response assessments of target/non-target lesions via CT scan showed lesions at right liver lobe, right infiltrative HCC, and right tumor thrombus. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 6.

On 08 Jan 2015 (Day 1), treatment with study drug was initiated.

On 15 Jan 2015 (Day 8), the subject experienced palmar-plantar erythrodysesthesia syndrome (Grade 3). Treatment included hydrocortisone and lithium. On 22 Jan 2015 (Day 15), the study drug was interrupted due to this event. On 26 Jan 2015 (Day 19), palmar-plantar erythrodysesthesia syndrome improved to Grade 2 and the study drug was resumed at a reduced dose of 600 mg/day due to palmar-plantar erythrodysesthesia syndrome. On 26 Mar 2015 (Day 78), the subject recovered from palmar-plantar erythrodysesthesia syndrome. The Investigator considered palmar-plantar erythrodysesthesia syndrome nonserious and possibly related to study drug.

On 04 Mar 2015 (Day 56), tumor response assessment showed disease progression. On 05 Mar 2015 (Day 57), the subject was withdrawn from the study due to disease progression and received the last dose of the study drug on 04 Mar 2015 (Day 56).

On 16 Mar 2015 (Day 68), the subject was hospitalized for febrile neutropenia (Grade 3) with body temperature of 40.2 ℃, absolute neutrophil count 0.041 x10^9/L (NR: 1.5 – 7.5) and blood culture analysis showed no WBC and no aerobic/anaerobic bacteria. Treatment included filgrastim, piperacillin/tazobactam, tramadol, augmentin, and ciprofloxacin. On 20 Mar 2015 (Day 72), the subject recovered from febrile neutropenia with absolute neutrophil count 4.762 x10^9/L and body temperature of 36.3 ℃, and the subject was discharged from the hospital. The Investigator considered febrile neutropenia serious and not related to study drug.

On 27 Aug 2015 (Day 232, 176 days after the last dose), the subject died due to unknown cause.

Subject Number	30081002
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	E7080-01428-CLI-KR
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Cholangitis

A 38-year-old Asian male was diagnosed with hepatocellular carcinoma on 13 Dec 2013. Significant medical history included decreased appetite, dyspepsia, hepatitis B, hepatic cirrhosis, pulmonary tumor embolism, and splenomegaly. The subject did not receive any previous anticancer therapies. Prior and concomitant medications included chlorphenamine, ciprofloxacin, entecavir, glucose, itopride, metronidazole, morphine, silybum marianum, simeticone, sodium phosphate, ursodeoxycholic acid, and vitaneurin. At Screening, tumor assessments of target/non-target lesions via CT scan showed lesion in right lobe of liver, masses in bilateral lungs and right portal vein, para-caval, aortacaval and hepatoduodenal lymphadenopathies. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 02 Jan 2014 (Day 1), treatment with study drug was initiated.

On 02 Jan 2014 (Day 1), the subject experienced abdominal pain (Grade 2). Treatment included morphine. On 05 Jan 2014 (Day 4), the subject experienced pyrexia (Grade 1) and chills (Grade 1). On 07 Jan 2014 (Day 6), the subject was hospitalized for cholangitis (Grade 3) and also experienced increased blood bilirubin (Grade 2) and increased aspartate aminotransferase (Grade 3). Laboratory tests showed total bilirubin 56.43 umol/L (NR: 3.42 – 25.65) and AST 229 U/L (NR: 0 – 40). CT scan of liver showed cholangitis. Treatment included metronidazole and ciprofloxacin. The subject recovered from chills on the same day. On 08 Jan 2014 (Day 7), severity of increased blood bilirubin improved to Grade 1 and the subject experienced hypophosphatemia (Grade 2). The subject was treated with sodium phosphate. On 09 Jan 2014 (Day 8), the subject recovered from pyrexia, increased aspartate aminotransferase with repeat AST 173 U/L and severity of increased blood bilirubin worsened to Grade 2 with total bilirubin 68.4 umol/L. On 11 Jan 2014 (Day 10), the subject recovered from hypophosphatemia. On 13 Jan 2014 (Day 12), the subject recovered from abdominal pain and severity of increased blood bilirubin improved to Grade 1. On 14 Jan 2014 (Day 13), the subject recovered from cholangitis and was discharged from the hospital. On 15 Jan 2014 (Day 14), severity of increased blood bilirubin worsened to Grade 2. The subject did not recover from increased blood bilirubin. The study drug dose did not change due to these events. The Investigator considered cholangitis serious and not related to study drug; abdominal pain, pyrexia, chills, increased blood bilirubin, increased aspartate aminotransferase, and hypophosphatemia nonserious and not related to study drug.

On 06 Feb 2014 (Day 36), the subject experienced abdominal pain (Grade 2) and chills (Grade 1). On 13 Feb 2014 (Day 43), the subject experienced recurrence of cholangitis (Grade 3) and increased blood bilirubin (Grade 3) with total bilirubin 76.8 umol/L (NR: 1.7 – 18.8). Treatment included metronidazole and ciprofloxacin. On 24 Feb 2014 (Day 54), tumor

response assessment showed disease progression and severity of increased blood bilirubin improved to Grade 2. On 25 Feb 2014 (Day 55), the subject was withdrawn from the study due to disease progression and received the last dose of study drug on 24 Feb 2014 (Day 54). On 17 Mar 2014 (Day 75), severity of increased blood bilirubin worsened to Grade 4 with total bilirubin 274.8 umol/L (NR: 1.7 – 18.8). The subject did not recover from these events. The Investigator considered cholangitis, abdominal pain, chills, and increased blood bilirubin nonserious and not related to study drug.

On 13 May 2014 (Day 132, 78 days after the last dose), the subject died due to unknown cause.

Subject Number	30081005
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2014-001541
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Oesophageal varices haemorrhage

A 50-year-old Asian male was diagnosed with hepatocellular carcinoma on 24 Jan 2013. Significant medical history included osteonecrosis (right hip), dilatation atrial (both atrial enlargement), chronic gastritis, diastolic dysfunction (grade 2), esophageal varices, benign gastric neoplasm, hepatic cirrhosis, sinus bradycardia, and splenomegaly. Previous anticancer therapies included radiotherapy to right anterior and posterior portal vein thrombosis, hepatectomy, and transcatheter arterial chemoembolization. Prior and concomitant medications included furosemide, levosulpiride, loperamide, silybum marianum, spironolactone, urea, ursodeoxycholic acid, and vitaneurin. At Screening, tumor assessments of target/non-target lesions via CT scan showed mass at left lower lobe of lung and bilateral lungs, lesions at intra inferior vena cava, suprahepatic inferior vena cava, and right and left liver lobes. The BCLC Stage was C, ECOG performance was 0, and Child Pugh score was 5.

On 04 Apr 2014 (Day 1), treatment with study drug was initiated.

On 08 Nov 2014 (Day 219), the subject was hospitalized for esophageal varices hemorrhage (Grade 3) with symptoms of hematemesis. On the same day (Day 219), the subject also experienced decreased platelet count (Grade 1), anemia (Grade 3). Laboratory tests showed RBC 1.94 x10^12/L (NR: 4.23 – 5.59), Hgb 66 g/L (NR: 136 – 174), and platelet count 90 x10^9/L (NR: 141 – 316). Esophagogastroduodenoscopy showed esophageal bleeding and the subject underwent esophageal variceal ligation. The subject was transfused with packed RBC and fresh frozen plasma. On 09 Nov 2014 (Day 220), the study drug was interrupted due to esophageal varices hemorrhage and the severity of decreased platelet count worsened to Grade 3 with platelet count 41 x10^9/L. On 10 Nov 2014 (Day 221), anemia improved to Grade 2 with RBC 2.4 x10^12/L, and Hgb 81 g/L. On 11 Nov 2014 (Day 222), decreased platelet count improved to Grade 2 with platelet count 52 x10^9/L. On 12 Nov 2014 (Day 223), the severity of decreased platelet count and anemia worsened to Grade 3 with platelet count 41 x10^9/L and Hgb 77 g/L respectively. The subject was transfused with packed RBC. On 13 Nov 2014 (Day 224), anemia improved to Grade 2 with Hgb 94 g/L (NR: 125 – 170), and the subject recovered from esophageal varices hemorrhage and was discharged from the hospital. On 20 Nov 2014 (Day 231), the subject recovered from decreased platelet count with platelet count 95 x10^9/L (NR: 125 – 375). The subject did not recover from anemia. The Investigator considered esophageal varices hemorrhage serious and not related to study drug; anemia nonserious and possibly related to study drug and decreased platelet count nonserious and not related to study drug.

On 12 Nov 2014 (Day 223), tumor response assessment showed disease progression. The subject received the last dose of the study drug on 08 Nov 2014 (Day 219).

On 13 Nov 2014 (Day 224), the subject was withdrawn from the study due to disease progression.

On 12 Apr 2015 (Day 374, 155 days after the last dose), the subject died due to unknown cause.

Subject Number	30081006
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	E7080-01489-CLI-KR
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Pathological fracture, Febrile neutropenia

A 52-year-old Asian male was diagnosed with hepatocellular carcinoma on 07 Jul 2009. Significant medical history included esophageal varices, gastric varices, hepatitis B, and hepatic cirrhosis. Previous anticancer therapies included hepatectomy, radiofrequency ablation, and transcatheter arterial chemoembolization. Prior and concomitant medications included adefovir, cefepime, chlorhexidine, ciprofloxacin, fentanyl, granulocyte colony stimulating factor, hepatamine, hydromorphone, lacticare, lactulose, lamivudine, levan h, magnesium oxide, megestrol, metoclopramide, metronidazole, morphine, piperacillin/tazobactam, potassium, propranolol, vitamins, and vitaneurin. At Screening, tumor assessments of target/non-target lesions via CT scan showed left iliac lesion, para aortic lymphadenopathy, and masses at right lower lobe of lung, lumbar vertebral, left shoulder girdle, and omental. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 18 Apr 2014 (Day 1), treatment with study drug was initiated.

On 21 Apr 2014 (Day 4), the subject experienced back pain (Grade 3). On 23 Apr 2014 (Day 6), the subject experienced pathological fracture (Grade 3). The MRI of spine showed compression fracture with bone metastasis in L3. On 25 Apr 2014 (Day 8), the subject was hospitalized for pathological fracture and experienced musculoskeletal pain (left shoulder pain; Grade 1). Treatment included hydromorphone, fentanyl, and morphine. On 28 Apr 2014 (Day 11), the severity of left shoulder pain worsened to Grade 3. On 28 Apr 2014 (Day 11), the subject received palliative radiotherapy to L1, sacrum, and left ilium, on 30 Apr 2014 (Day 13), the subject received palliative radiotherapy to left shoulder and on 15 May 2014 (Day 28), the subject received palliative radiotherapy to C7, T5, left ischium, and left femur. On 21 May 2014 (Day 34), the severity of pathological fracture improved to Grade 2 and the subject was discharged from the hospital. The subject did not recover from pathological fracture, musculoskeletal pain, and back pain. The study drug dose did not change. The Investigator considered pathological fracture serious and not related to study drug; musculoskeletal pain and back pain nonserious and not related to study drug.

On 26 May 2014 (Day 39), the subject experienced febrile neutropenia (Grade 3) with body temperature of 38 °C. On 28 May 2014 (Day 41), the subject was hospitalized for febrile neutropenia. On the same day (Day 41), the subject experienced decreased neutrophil count (Grade 4), decreased white blood cell count (Grade 4), and hypokalemia (Grade 2). Laboratory tests showed WBC 0.59 x10^9/L (NR: 3.8 – 10.58), absolute neutrophil count 0.22 x10^9/L (NR: 1.57 – 8.3), and potassium 3.3 mmol/L (NR: 3.5 – 5.1). Treatment included granulocyte colony stimulating factor, piperacillin/tazobactam, ciprofloxacin, cefepime, potassium, and metronidazole. On 28 May 2014 (Day 41), the study drug was interrupted from the afternoon due to febrile neutropenia. On 29 May 2014 (Day 42), tumor response assessment showed

disease progression. On 30 May 2014 (Day 43), the subject was withdrawn due to disease progression and received the last dose of study drug on 28 May 2014 (Day 41). Blood culture results were normal. On 05 Jun 2014 (Day 49), the subject recovered from hypokalemia. Laboratory tests showed potassium 3.6 mmol/L. On 09 Jun 2014 (Day 53), the subject recovered from febrile neutropenia and decreased white blood cell count. Laboratory tests showed WBC 3.2 x10^9/L (NR: 3.7 – 11), absolute neutrophil count 2.5 x10^9/L (NR: 1.7 – 7.9), and potassium 4.1 mmol/L (NR: 3.5 – 5). The subject did not recover from decreased neutrophil count. The Investigator considered febrile neutropenia serious and not related to study drug; decreased white blood cell count, hypokalemia, and decreased neutrophil count nonserious and not related to study drug.

On 25 Sep 2014 (Day 161, 120 days after the last dose), the subject died due to disease progression.

Subject Number	30091004
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	E7080-01527-CLI-KR
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Pneumonitis

A 59-year-old Asian male was diagnosed with hepatocellular carcinoma on 04 Aug 2011. Significant medical history included diabetes mellitus, hepatitis B, and hepatic cirrhosis. Previous anticancer therapies included high frequency ablation and transcatheter arterial chemoembolization. Prior and concomitant medications included acetylsalicylic acid, amlodipine, azithromycin, cebetabs, cefotaxime, ceftriaxone, diflucortolone, entecavir, famotidine, gabexate, levofloxacin, mupirocin, natures way primadophilus original, other emollients and protectives (easy dew), paracetamol, propacetamol, silybum marianum, sodium bicarbonate, and tramadol. At Screening, tumor assessments of target/non-target lesions via CT scan showed masses at right upper lung lobe and right paratracheal lymphadenopathy. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 06 Nov 2013 (Day 1), treatment with study drug was initiated.

On 18 Nov 2013 (Day 13), the subject experienced worsened palmar-plantar erythrodysesthesia syndrome (Grade 3) which started as Grade 1 on 10 Nov 2013 (Day 5). On the same day (Day 13), the study drug was interrupted due to this event. On 25 Nov 2013 (Day 20), the palmar-plantar erythrodysesthesia syndrome improved to Grade 1 and the study drug was resumed at a reduced dose of 400 mg/day due to palmar-plantar erythrodysesthesia syndrome. The palmar-plantar erythrodysesthesia syndrome was ongoing throughout the study with varying changes in severity. The subject was treated with paracetamol, mupirocin, other emollients and protectives (easy dew), and diflucortolone. On 30 Nov 2013 (Day 25), the study drug was resumed at original dose of 800 mg/day per Investigator's judgment. On 16 Jul 2014 (Day 253), the subject recovered from palmar-plantar erythrodysesthesia syndrome. The Investigator considered palmar-plantar erythrodysesthesia syndrome nonserious and probably related to the study drug.

On 13 Jun 2014 (Day 220), the subject experienced pyrexia (Grade 2) and the study drug was reduced to the dose of 400 mg/day due to this event. Later that day (Day 220), the severity of pyrexia improved to Grade 1. On 14 Jun 2014 (Day 221), the subject was hospitalized for pneumonitis (Grade 3). The CT scan of chest showed pneumonitis. Vital signs were taken and showed blood pressure of 115/82 mmHg, heart rate of 100 beats/minute, respiratory rate of 20 breaths/min, and body temperature of 38.3 °C. Laboratory test showed CRP 166.9 mg/L (NR: 0 – 6). The study drug was interrupted due to pneumonitis. The subject was treated with cefotaxime, gabexate, propacetamol, azithromycin, ceftriaxone, natures way primadophilus original, and levofloxacin. On the same day (Day 221), tumor response assessment showed disease progression. On 17 Jun 2014 (Day 224), the subject recovered from pyrexia and was discharged from the hospital. On 20 Jun 2014 (Day 227), chest x-ray showed improvement of pneumonitis. On 21 Jun 2014 (Day 228), the study drug was resumed at original dose of

800 mg/day per Investigator's judgment. On 24 Jun 2014 (Day 231), the subject was withdrawn from the study due to disease progression and received the last dose of study drug on the same day. On 25 Jun 2014 (Day 232), the subject recovered from pneumonitis as confirmed by chest x-ray. The Investigator considered pneumonitis serious and not related to the study drug; pyrexia nonserious and not related to the study drug.

On 21 May 2016 (Day 928, 697 days after the last dose), the subject died due to disease progression.

Subject Number	30101005
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	EC-2014-001003
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Abdominal pain

A 53-year-old Asian male was diagnosed with hepatocellular carcinoma on 13 Oct 2011. Significant medical history included increased alpha 1 fetoprotein, decreased appetite, chronic gastritis, chronic hepatitis B, large intestine polyp, depression, duodenal ulcer, esophageal varices, increased gamma-glutamyltransferase, erosive gastritis, gastric ulcer, hypertension, hepatic cirrhosis, and portal hypertensive gastropathy. Previous anticancer therapies included radiofrequency ablation, transcatheter arterial chemoembolization, and radiotherapy to right lobe of liver. Prior and concomitant medications included ambroxol acefyllinate, amlodipine, desmopressin, entecavir, indapamide, irbesartan, levofloxacin, megestrol, nebivolol, pancreatin, solifenacin, and ultracet. At Screening, tumor assessments of target/non-target lesions via CT scan showed lesion at right lobe of liver and tumor thrombosis of right anterior portal vein. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 08 Aug 2014 (Day 1), treatment with study drug was initiated.

On 06 Oct 2014 (Day 60), the tumor response assessment showed disease progression. On 06 Oct 2014 (Day 60), the subject was withdrawn from the study due to disease progression and received the last dose on 05 Oct 2014 (Day 59).

On 14 Oct 2014 (Day 68), the subject was hospitalized for transcatheter arterial chemoembolization. On the same day (Day 68), the subject experienced abdominal pain (Grade 2). The hospitalization was prolonged due to abdominal pain. Treatment included morphine, tramadol, and targin. On 20 Oct 2014 (Day 74), the subject was discharged from the hospital. The subject did not recover from abdominal pain. The Investigator considered abdominal pain serious and not related to study drug.

On 20 Dec 2014 (Day 135, 76 days after the last dose), the subject died due to disease progression. Autopsy was not performed.

Subject Number	30131002
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	E7080-01464-CLI-KR
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Abdominal pain, Hepatic failure

A 56-year-old Asian male was diagnosed with hepatocellular carcinoma on 16 Feb 2011. Significant medical history included increased alpha 1 fetoprotein, benign prostatic hyperplasia, chronic hepatitis B, colon polyp, gastric polypectomy, hypothyroidism, hepatic cirrhosis, lung biopsy, nausea, colon polypectomy, pulmonary tuberculosis, and right abdomen pain. Previous anticancer therapies included radiofrequency ablation and transcatheter arterial chemoembolization. Prior and concomitant medications included adefovir, almagate, amlodipine, erdosteine, glucose, lactulose, lansoprazole, levothyroxine, loperamide, magnesium hydroxide, megestrol, ornithine, oxycodone, piprinhydrinate, smoflipid, targin, telbivudine, tranexamic acid, and vitamins. At Screening, tumor assessments of target/non-target lesions via CT scan showed lesions at left and right lobe of the liver, lung mass at right lower lobe of lung, and multiple right lung nodules. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 20 Feb 2014 (Day 1), treatment with study drug was initiated.

On 24 Feb 2014 (Day 5), the subject was hospitalized for abdominal pain (Grade 2). On 06 Mar 2014 (Day 15), the subject experienced constipation (Grade 1). The subject was treated with targin, lansoprazole, almagate, lactulose, and magnesium hydroxide. On 11 Mar 2014 (Day 20), the severity of abdominal pain improved to Grade 1. On 22 Mar 2014 (Day 31), the subject recovered from constipation. The subject did not recover from abdominal pain. The study drug dose did not change. The Investigator considered abdominal pain serious and not related to the study drug; constipation nonserious and not related to the study drug.

On 14 Apr 2014 (Day 54), tumor response assessment showed disease progression. On 16 Apr 2014 (Day 56), the subject was withdrawn from the study due to disease progression and received the last dose of the study drug on 15 Apr 2014 (Day 55).

On 24 Apr 2014 (Day 64), subject was hospitalized for hepatic failure (Grade 3). Laboratory tests showed ALP 779 U/L (NR: 43 – 115), ALT 358 U/L (NR: 10 – 40), AST 463 U/L (NR: 10 – 43), total bilirubin 347.5 umol/L (NR: 1.7 – 18.8), GGT 1639 U/L (NR: 10 – 49), and CRP 77.4 mg/L (NR: 0 – 5). On 30 Apr 2014 (Day 70), Child Pugh score was 9. On 22 May 2014 (Day 92), the severity of hepatic failure worsened to Grade 4. On 22 May 2014 (Day 92, 37 days after the last dose), the subject died due to disease progression. Autopsy was not performed. At the time of death, the subject had not recovered from hepatic failure. The Investigator considered hepatic failure serious and not related to the study drug but related to disease progression.

Subject Number	30151001
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	E7080-01397-CLI-KR
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Palmar-plantar erythrodysaesthesia syndrome, Pyrexia

A 59-year-old Asian male was diagnosed with hepatocellular carcinoma on 07 Feb 2013. Significant medical history included cardiomegaly, chronic hepatitis B, gastritis, and glaucoma. Previous anticancer therapies included radiotherapy to right lobe of liver and transcatheter arterial chemoembolization. Prior and concomitant medications included alginic acid, ascorbic acid, betalin complex, cefditoren, desonide, entecavir, famotidine, fexofenadine, hydroxyzine, lactulose, metoclopramide, mosapride, mupirocin, ornithine, oxycodone, pantoprazole, pethidine, potassium, ranitidine, simeticone, sodium chloride, sulperazon, tramadol, and ursodeoxycholic acid. At Screening, tumor assessments of target/non-target lesions via CT scan showed lesion at right liver lobe and mass at left upper lobe of lung. The BCLC Stage was C, ECOG performance score was 1, and Child Pugh score was 5.

On 29 Oct 2013 (Day 1), treatment with study drug was initiated.

On 06 Nov 2013 (Day 9), the subject experienced palmar-plantar erythrodysesthesia syndrome (Grade 2) and alopecia (Grade 1). On 11 Nov 2013 (Day 14), the subject experienced pyrexia (Grade 1). On 12 Nov 2013 (Day 15), the study drug was interrupted due to pyrexia. On the same day (Day 15), the subject's body temperature was 37.6 ºC. On 15 Nov 2013 (Day 18), the subject was hospitalized for pyrexia with body temperature of 38.2 ºC and palmar-plantar erythrodysesthesia syndrome. Treatment included cefditoren, mupirocin, tramadol, pethidine, sulperazon, and oxycodone. On the same day (Day 18), the subject recovered from pyrexia. On 16 Nov 2013 (Day 19), the subject experienced rash (facial skin rash; Grade 1). Treatment included hydroxyzine, desonide, and fexofenadine. On 18 Nov 2013 (Day 21), the study drug was resumed at reduced dose of 200 mg/day due to pyrexia. On 21 Nov 2013 (Day 24), the subject was discharged from the hospital. On 16 Dec 2013 (Day 49), the subject recovered from rash. The subject did not recover from alopecia and palmar-plantar erythrodysesthesia syndrome. The Investigator considered palmar-plantar erythrodysesthesia syndrome and pyrexia serious and possibly related to study drug; alopecia and rash nonserious and possibly related to study drug.

On 24 Dec 2013 (Day 57), tumor response assessment showed disease progression. On 30 Dec 2013 (Day 63), the subject was withdrawn from the study due to disease progression. The subject continued to take the study drug until 07 Jan 2014 (Day 71) despite the Investigators instruction.

On 16 Aug 2014 (Day 292, 221 days after the last dose), the subject died due to disease progression.

Subject Number	30161002
Study Name	E7080-G000-304
Eisai Manufacturer's Control Number	E7080-01487-CLI-KR
Assigned Treatment	Sorafenib 800 mg/day
Non-Fatal SAE(s)	Pneumonia, Thrombotic cerebral infarction
AE(s) Leading to Discontinuation	Thrombotic cerebral infarction

A 63-year-old Asian male was diagnosed with hepatocellular carcinoma on 01 Jun 2011. Significant medical history included contrast media allergy, diabetes mellitus, esophageal varices, gastroesophageal reflux disease, and hepatic cirrhosis. Previous anticancer therapies included transcatheter arterial chemoembolization, hepatectomy, and radiotherapy to left adrenal mass. Prior and concomitant medications included acetylsalicylic acid, alanyl glutamine, albis, amorolfine, ascorbic acid, atorvastatin, butylscopolamine, cefepime, ceftriaxone, chlorhexidine, chlorphenamine, choline alfoscerate, cimetropium, clindamycin, clopidogrel, cough and cold preparations, dexamethasone, diapride forte, epinephrine, famotidine, fentanyl, flumazenil, folic acid, furosemide, glimepiride, glycopyrronium, hemocoagulase, heparin, hetastarch, human albumin, human insulin, hydrocortisone, insulin glargine, insulin glulisine, isoconazole, lidocaine, loperamide, mannitol, megestrol, metoclopramide, midazolam, mupirocin, nicardipine, nutriflex lipid peri, paracetamol, phytomenadione, potassium phosphate monobasic, propofol, pyridostigmine, remifentanil, ristfor, rocuronium, roxithromycin, simeticone, sitagliptin, smofkabiven perifer, terbinafine, tetraspan, tranexamic acid, trimebutine, ulinastatin, ultracet, ursodeoxycholic acid, valproic acid, and vitamin B complex. At Screening, tumor assessments of target/non-target lesions via MRI scan showed left adrenal mass. The BCLC Stage was C, ECOG performance score was 0, and Child Pugh score was 5.

On 19 Nov 2013 (Day 1), treatment with study drug was initiated.

On 23 Apr 2014 (Day 156), the subject was hospitalized for pneumonia (Grade 3). Chest x-ray showed pneumonia in the left lower lobe. Laboratory test showed WBC 11.36 x10^9/L (NR: 4 – 10), platelets 98 x10^9/L (NR: 150 – 450), RBC 3.69 x10^12/L (NR: 4.5 – 5.5), and Hgb 117 g/L (NR: 130 – 180). The subject was treated with cough and cold preparations, roxithromycin, ultracet, ceftriaxone, cefepime, and paracetamol. On 26 Apr 2014 (Day 159), the subject experienced thrombotic cerebral infarction (Grade 4). Computerized tomography scan and MRI of brain showed arterial thrombosis. Angiogram showed right proximal internal carotid artery total occlusion, much collateral flow to the right anterior cerebral artery territory via A-com and very minimal collateral flow to the right middle cerebral artery. The subject underwent angioplasty with mechanical thrombolysis of the occlusion. On 26 Apr 2014 (Day 159), the subject was withdrawn from the study due to thrombotic cerebral infarction. The subject received the last dose of the study drug on 25 Apr 2014 (Day 158). The subject was treated with clopidogrel, atorvastatin, choline alfoscerate, ulinastatin, mannitol, furosemide, nicardipine, and tranexamic acid. On 28 Apr 2014 (Day 161), a repeat brain angiogram showed post recanalization of right proximal internal carotid artery, marked edematous changes in the right frontal, parietal, and temporal lobe due to acute infarction. Repeat laboratory tests showed INR 1.41 (NR: 0.85 – 1.13), PT 15.5 sec (NR: 10.1 – 14.0), WBC 21.39 x10^9/L (NR: 4 – 10),

and Hgb 10.0 g/dL (NR: 13.0 – 18.0). On the same day (Day 161), the subject underwent a decompressive craniectomy and was transfused with packed RBC. On 30 Apr 2014 (Day 163), the subject underwent a tracheostomy. On 01 May 2014 (Day 164), the subject was again transfused with packed RBC. The subject did not recover from thrombotic cerebral infarction and pneumonia. The Investigator considered thrombotic cerebral infarction serious (life threatening) and possibly related to the study drug; pneumonia serious and not related to the study drug.

On 11 Mar 2015 (Day 478, 320 days after the last dose), the subject died of unknown reason.