Listing 16.2.7.1.2.2
Serious Adverse Events (SAEs)
Safety Set

Patient ID: [redacted]-[redacted] (Treatment Group: Placebo/Female/4[redacted] years/Not Reported/16[redacted] cm/7[redacted] kg)

| System Organ Class/ Preferred Term/ Verbatim Term | Duration (Days) | Phase(RXday)/ Start Day/ End Day | Serious Criteria | Toxicity | Relationship/ Action Taken/ Outcome | Other Action Taken |
|---|---|---|---|---|---|---|
| 神経系障害<br>重症筋無力症<br>WORSENING OF MYASTHENIA GRAVIS | 4 | RCP (182)/<br>182/<br>185 | HOS | GRADE 3 | NR/<br>NC/<br>REC | MED |

System organ classes and preferred terms were coded using 'MedDRA 24.0'
PRE=prior to first study drug infusion; RCP=randomized-controlled period; OLE=Open-label extension period; RXday: AE onset day in reference to first study drug infusion; start day and end day are in reference to phase specific first dose. OLE begins at the start of Day 183 (Week 26) dosing. Starting with Week 26, placebo patients will begin receiving ravulizumab.
Relationship: NR=Not Related; REL= Related.
Action Taken with Study Treatment: NC=Dose Not Changed; INT=Drug Interrupted; WTHD=Drug Withdrawn; NA=Not Applicable; UNK=Unknown. Other Action Taken: N=None; MED=Medication; NONP=Non-Pharmacologic Therapy/Procedure; OTH=Other.
Outcome: NORC=Not Recovered/Not Resolved; RCSQ=Recovered/Resolved with Sequelae; RCNG=Recovering/Resolving; REC=Recovered/Resolved; FATL=Fatal; UNK=Unknown.
Seriousness Criteria: ANOM=Congenital Anomaly or Birth Defect; INCP=Persistent or Significant Disability/Incapacity; DTH=Results in Death; HOS=Requires or Prolongs Hospitalization; THRT=Is Life Threatening; OTH=Other Medically Important Serious Event.

## 2.7.5　参考文献

### 1　2.7.1 生物薬剤学及び関連する分析法の概要で引用した参考文献

該当なし

### 2　2.7.2 臨床薬理の概要で引用した参考文献

【M2.7.2-6 項】を参照

### 3　2.7.3 臨床的有効性の概要で引用した参考文献

【M2.7.3-6 項】を参照

### 4　2.7.4 臨床的安全性の概要で引用した参考文献

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# 1　第 3 相試験【ALXN1210-MG-306】（国際共同）

## 1.1　試験の概要

本邦からも参加した国際共同第 3 相試験【治験実施計画書番号：ALXN1210-MG-306】の概要を Table 1 に示す。

Table 1:　第 3 相試験【治験実施計画書番号：ALXN1210-MG-306】

| | |
|---|---|
| **試験の標題：**補体阻害剤の治療未経験の成人全身型重症筋無力症患者を対象にラブリズマブの有効性及び安全性を評価する第 3 相、ランダム化、二重盲検、プラセボ対照、多施設共同試験 | |
| **治験実施計画書番号：**ALXN1210-MG-306 | |
| **治験実施施設：**<br>13 ヵ国（カナダ、チェコ、デンマーク、フランス、ドイツ、イスラエル、イタリア、日本、オランダ、韓国、スペイン、スイス、米国）の 85 施設で患者が登録された。 | |
| **試験期間：**<br>最初の患者のランダム化：2019 年 3 月 26 日<br>ランダム化比較期の最終来院日：2021 年 5 月 11 日 | **開発段階：**第 3 相 |
| **目的：**<br>本試験の主要目的は、Myasthenia Gravis-Activities of Daily Living（MG-ADL）の改善に基づいて、全身型重症筋無力症（gMG）治療でのラブリズマブの有効性をプラセボと比較評価することであった。 | |
| **方法：**<br>本試験は第 3 相、ランダム化、二重盲検、並行群間比較、プラセボ対照、多施設共同試験（進行中）であり、gMG 患者に対するラブリズマブの安全性及び有効性を評価した。本試験は、最長 4 週間のスクリーニング期、26 週間の二重盲検ランダム化比較期、最長 2 年間の非盲検延長期から構成された。<br>ランダム化比較期に、患者をラブリズマブ群又はプラセボ群のいずれかに 1：1 でランダム割り付けした。ランダム化の際には地域（北米、欧州、アジア太平洋、日本）を層別因子とした。ランダム化比較期中、ラブリズマブ群又はプラセボ群の患者には Day 1 に導入用量、Day 15 及びそれ以降は 8 週間ごとに維持用量をそれぞれ盲検下で投与した。ラブリズマブ及びプラセボはいずれも点滴静注した。<br>ランダム化比較期終了時である Day 183（Week 26）の評価の後、プラセボ群の患者には導入用量のラブリズマブを、ラブリズマブ群の患者にはラブリズマブ 900 mg をいずれも盲検下で投与した。Week 28 以降、全ての患者に 8 週間ごとに維持用量のラブリズマブを非盲検下で投与した。<br>スクリーニング来院時に免疫抑制療法（IST）を受けていた患者は、試験期間中に継続して IST を受けることができた。ただし、ランダム化比較期中には、治験担当医師が医学的に必要と判断しない限り、IST の用量を変更したり、新たな IST を追加したりすることは許容されなかった。<br>試験期間中、治験実施計画書で規定した臨床的悪化が認められた場合は、レスキュー治療（高用量コルチコステロイド、血液浄化療法［血漿交換療法及びプラスマフェレシス］、免疫グロブリン静注療法［IVIg］等）を許容した。患者に用いるレスキュー治療は、治験担当医師の判断で決定した。投与日以外に血液浄化療法又は IVIg によるレスキュー治療を受けた場合、治験薬を補充投 | |

与することとした。投与日の治験薬投与前に血液浄化療法又はIVIgが行われた場合、治験薬の補充投与は不要とした。

**患者数（計画時及び解析時）：**

計画時：約160名。投与群（ラブリズマブ又はプラセボ）あたり約80名。

解析時：175 名がランダム化され、その全員に治験薬が投与されたことから、Full Analysis Set（FAS）、安全性解析対象集団、薬物動態解析対象集団のいずれも175名であった（ラブリズマブ群86名、プラセボ群89名［日本人それぞれ6名、7名］）。また、非盲検延長期は79名を対象とした（プラセボ／ラブリズマブ群41名、ラブリズマブ／ラブリズマブ群38名［日本人各1名］）。

**診断及び組入れ基準：**

［選択基準］

以下の基準全てを満たす患者を本試験へ組入れ可能とした。

1. 同意説明文書への署名時点で年齢18歳以上の男女。
2. スクリーニング来院日の少なくとも6ヵ月（180日）前に重症筋無力症（MG）と診断されていた。
3. 適格性は以下の検査で確認した。
   a. スクリーニング時の血清学的検査で抗アセチルコリン受容体抗体が陽性であった。
   b. 以下のいずれか1つに該当した（過去の検査又はスクリーニング時）。
      - 単一線維筋電図又は反復神経刺激法に基づく神経筋伝達試験で異常所見があった。
      - 抗コリンエステラーゼ試験（塩化エドロホニウム試験など）で陽性所見があった。
      - 治療担当医の評価に基づいて、経口コリンエステラーゼ阻害剤投与でMG徴候の改善が確認された。
4. スクリーニング時のMyasthenia Gravis Foundation of America（MGFA）臨床分類がクラスII～IVであった。
5. スクリーニング時及びランダム化時（Day 1）のMG-ADL総スコアが6以上であった。
6. 以下のいずれかの治療を受けていた患者の場合、スクリーニング来院前の以下の指定された期間にわたり治療を受け、用量に変更がなかった。
      - アザチオプリン：投与期間が6ヵ月（180日）以上で、2ヵ月（60日）以上用量に変更がなかった。
      - IST［ミコフェノール酸モフェチル、メトトレキサート、シクロスポリン、タクロリムス又はシクロホスファミド］：投与期間が3ヵ月（90日）以上で、1ヵ月（30日）以上用量に変更がなかった。
      - 経口コルチコステロイド：4週間（28日）以上用量に変更がなかった。
      - コリンエステラーゼ阻害剤： 2週間（14日）以上用量に変更がなかった。
7. 髄膜炎菌感染のリスクを低下させるため、治験薬投与前3年以内又は投与開始時点で全ての患者が髄膜炎菌ワクチンを接種した。髄膜炎菌ワクチン接種後2週間未満で治験薬投与を開始する場合には、ワクチン接種2週間後まで、適切な抗生物質を予防的に投与した。
8. スクリーニング時点で体重が40 kg以上であった。
9. 妊娠の可能性がある女性患者及び妊娠の可能性のあるパートナーがいた患者は、投与期間中及び治験薬の最終投与後8ヵ月間、妊娠を避けるために治験実施計画書で規定されている避妊ガイダンスを遵守した。

10. 同意説明文書及び本治験実施計画書に記載されている要件及び制限の遵守を含めて、治験実施計画書で規定するように、同意説明文書に署名した。

［除外基準］

以下のいずれかの基準に該当する患者は本試験から除外した。

1. 活動性若しくは未治療の胸腺腫に罹患、又は胸腺癌若しくは胸腺悪性腫瘍の既往歴があった。
   注：胸腺癌以外の臨床病期 1 期及び 2 期に相当する胸腺腫の既往歴がある患者が治療を受け、最新の画像検査結果（ランダム化の 6 ヵ月以内に実施した静脈造影 CT 検査又は MRI 検査）が陰性であったことから再発の所見がないと判断された場合は適格とした。
2. スクリーニング前 12 ヵ月以内に胸腺摘出術、胸腺腫摘出術又は何らかの胸腺手術を受けた。
3. マウスタンパク質に対する過敏症を含めて、治験薬に含まれるいずれかの成分に対する過敏症の既往歴があった。
4. 髄膜炎菌の感染歴があった。
5. ヒト免疫不全ウイルス（HIV）に感染していた（HIV-1 又は HIV-2 抗体価により確認）。
6. 患者の試験参加の妨げになる、患者にとって追加のリスクとなるほか、患者又は試験結果の評価に交絡を生じさせる可能性があると治験担当医師が判断する既知の内科的疾患、精神的疾患又は危険因子を有していた。
7. スクリーニング前 4 週間（28 日間）以内に 24 時間以上の入院歴があった（理由は問わない）。
8. スクリーニング来院時又はランダム化前の任意の時点で、治験担当医師が MG クリーゼ／増悪又は臨床的悪化と判断する臨床的特徴が認められた。
9. 妊娠を希望していた、又は妊娠中若しくは授乳中の女性患者。
10. スクリーニング時又は Day 1 の妊娠検査結果が陽性の女性患者。
11. 以下で指定する時間枠内に以下の治療薬を使用した。
    - ランダム化（Day 1）前 4 週間（28 日間）以内の IVIg
    - ランダム化（Day 1）前 4 週間（28 日間）以内の血漿交換療法
    - スクリーニング前 6 ヵ月（180 日）以内のリツキシマブ
12. 過去に補体阻害剤（例：エクリズマブ）による治療経験があった。
13. 本試験の治験薬投与開始前 30 日以内、又は他の治験薬の当該消失半減期の 5 倍以内のいずれか長い方の期間に、別の介入的治療試験に参加したか、何らかの試験的治療を受けた。
14. 原因不明の感染症の既往歴があった。
15. 治験薬投与前 14 日以内に活動性の細菌、ウイルス又は真菌感染症に罹患していた。
16. 治験薬投与前 7 日以内に 38°C 以上の発熱があった。

**治験薬、用法・用量：**

被験薬は保存料を含まない 10 mg/mL 無菌溶液で単回使用のバイアルとして供給されるラブリズマブであり、対照薬はプラセボであった。いずれも点滴静注した。

【ラブリズマブ群】

ランダム化比較期：Day 1 に導入用量（2400～3000 mg）のラブリズマブを、Day 15、71、127 に維持用量（3000～3600 mg）のラブリズマブを体重に基づいて盲検下で投与。

非盲検延長期：Day 183（Week 26）にラブリズマブ 900 mg を盲検下で投与。Day 197（Week 28）以降には、8 週間ごとに維持用量（3000～3600 mg）のラブリズマブを体重に基づいて非盲検下で投与。

【プラセボ群】

ランダム化比較期：Day 1、15、71、127 にプラセボを盲検下で投与。

非盲検延長期：Day 183（Week 26）に導入用量（2400～3000 mg）のラブリズマブを体重に基づいて盲検下で投与。Day 197（Week 28）以降には、8 週間ごとに維持用量（3000～3600 mg）のラブリズマブを体重に基づいて非盲検下で投与。

**治療期間：**

本試験のランダム化比較期は 26 週間、非盲検延長期は最長 2 年間である（継続中）。

**評価項目：**

**有効性：**

［主要］

- MG-ADL 総スコアのベースラインから Week 26 までの変化量

［副次］

- Quantitative Myasthenia Gravis（QMG）総スコアのベースラインから Week 26 までの変化量
- Revised 15 Component Myasthenia Gravis Quality of Life（MG-QOL15r）スコアのベースラインから Week 26 までの変化量
- Neurological Quality of Life（Neuro-QOL）Fatigue スコアのベースラインから Week 26 までの変化量
- ベースラインから Week 26 までの MG-ADL 総スコアでの 3 ポイント以上の改善
- ベースラインから Week 26 までの QMG 総スコアでの 5 ポイント以上の改善

［探索的］

- ベースラインから Week 26 までの Myasthenia Gravis Composite（MGC）スコアの変化量
- Week 26 での MGFA Post-Intervention Status (PIS)
- ベースラインから Week 26 までの European Quality of Life Health 5-item questionnaire dimensions 5 level（EQ-5D-5L）の変化量
- ベースラインから Week 26 までの MG-ADL のサブコンポーネントスコア（球症状、四肢筋、呼吸筋、眼筋）の変化量
- ベースラインから Week 26 までの QMG のサブコンポーネントスコア（球症状、四肢筋、呼吸筋、眼筋）の変化量
- 入院／MG 関連の入院の発生割合
- 臨床的悪化／MG クリーゼの発生割合

**薬物動態／薬力学／免疫原性：**

- 血清中ラブリズマブ濃度の経時推移
- 血清中遊離 C5 濃度の経時推移
- 治験薬投与中の抗薬物抗体発現割合の経時推移

**安全性：**

- 有害事象及び重篤な有害事象の発現割合
- バイタルサイン及び臨床検査値のベースラインからの変化

**統計手法：**

本一変申請では、ランダム化比較期を最後の患者が完了した 2021 年 5 月 11 日時点でデータをカットオフし、解析を実施した。なお、非盲検延長期のデータには、非盲検延長期にラブリズマブを 1 回以上投与された患者のうち、データカットオフまでに Week 52 に到達する予定であった患者（Week 52 に到達した、又は Week 52 に到達する予定であったが中止した患者）のデータを用いた。

1. 有効性

MG-306 試験での有効性の主解析対象集団は、FAS とした。

主要評価項目である「MG-ADL 総スコアのベースラインから Week 26 までの変化量」では、反復測定混合効果モデル（MMRM）を使用した。主解析では欠測データの補完は行わなかった。モデルには、指定された各時点での MG-ADL 総スコアのベースラインからの変化量を反応変数として組み込み、治療群、試験来院日及び治療群 × 試験来院日の交互作用、地域を固定カテゴリカル効果として組み込むほか、ベースラインでの MG-ADL 総スコアを固定共変量として組み込んだ。各患者内の反復測定値間の相関関係のモデル化には、無構造分散共分散行列を用いた。分母の自由度の推定には、Kenward-Rogers 法を使用した。

ベースラインからの変化量に関連するすべての副次評価項目は、主要評価項目と同様に MMRM により解析した。MG-ADL の 3 ポイント及び QMG の 5 ポイント以上の改善の評価には、一般化線形混合効果モデル（GLMM）を用いて解析した。

また、多重性調整のため、閉検定手順を用いて、主要及び副次評価項目の解析での第 I 種の過誤を制御した。主要評価項目が統計学的に有意であった場合、以下の順序で副次評価項目を評価した。

1. QMG 総スコアのベースラインから Week 26 までの変化量
2. ベースラインから Week 26 までの QMG 総スコアでの 5 ポイント以上の改善
3. MG-QOL15r スコアのベースラインから Week 26 までの変化量
4. Neuro-QOL Fatigue スコアのベースラインから Week 26 までの変化量
5. ベースラインから Week 26 までの MG-ADL 総スコアでの 3 ポイント以上の改善

仮説検定を 1 から 5 の順序で行い、統計学的に有意でない評価項目（$p > 0.05$）があった場合、残りの評価項目では統計学的に有意な差なしとした。

2. 安全性

安全性は、以下の 2 つの解析対象集団を対象に評価した。

1. 安全性解析対象集団（26 週間のランダム化比較期での安全性を評価）：治験薬（ラブリズマブ又はプラセボ）が 1 回以上投与された全ての患者。
2. ラブリズマブ投与集団（ラブリズマブ投与期間での安全性を評価）：ランダム化比較期又は非盲検延長期にラブリズマブが 1 回以上投与された患者とし、以下の患者のデータを用い

た。

- ✓ プラセボ群：非盲検延長期にラブリズマブが 1 回以上投与された患者のうち、データカットオフまでに Week 52 に到達する予定であった患者
- ✓ ラブリズマブ群：ランダム化比較期にラブリズマブが 1 回以上投与された患者

また、ラブリズマブ投与期間は、ランダム化比較期及び非盲検延長期にラブリズマブが投与された期間とし、具体的には以下の期間とした。

a. データカットオフまでに Week 52 に到達する予定であったプラセボ群及びラブリズマブ群の患者：ラブリズマブの投与開始からデータカットオフまで
b. ラブリズマブ群で a に該当しない患者：ランダム化比較期

MG-306 試験では、安全性の評価項目として、有害事象、身体所見、バイタルサイン、血液学的検査、血液生化学的検査、免疫原性、自殺リスクモニタリングなどを評価した。
有害事象の評価では、治験薬の投与開始以降に発現した又は悪化した事象を有害事象として扱うこととした。有害事象の解析には、すべての有害事象、治験薬との関連性が否定できない有害事象、重症度別の有害事象、死亡、重篤な有害事象、治験薬の投与中止に至った有害事象などのカテゴリーを設けた。また、有害事象の発現時期別解析も実施した。
有害事象名は医薬品規制調和国際会議（ICH）国際医薬用語集（MedDRA）version 24.0 を用いてコーディングした。また、有害事象の発現状況は器官別大分類（SOC）及び基本語（PT）別に要約し、同一事象が同一患者に複数回発現した場合は 1 件として取り扱った。有害事象の重症度（グレード）は米国国立がん研究所（NCI）の有害事象共通用語規準（CTCAE）version 5.0 を用い、軽度をグレード 1、中等度をグレード 2、重度をグレード 3、生命を脅かす程度をグレード 4、死亡をグレード 5 と判定し、その集計には同一患者で発現した最も高いグレードを用いた。有害事象と治験薬との関連性は関連あり、関連なしの 2 分類で判定し、関連ありと判定された事象を治験薬との関連性が否定できない有害事象として集計した。
その他に、ラブリズマブの作用機序及び既知の安全性プロファイルを考慮し、注目すべき有害事象として「髄膜炎菌感染」を設定・評価した。

**結果の要約：**

**患者の内訳**

計 175 名（日本人 13 名）がランダム化され、プラセボ群に 89 名（日本人 7 名）、ラブリズマブ群に 86 名（日本人 6 名）が割り付けられた。また、ランダム化比較期を中止した患者はプラセボ群 6/89 名（6.7%）、ラブリズマブ群 7/86 名（8.1%）であり、主な中止理由はプラセボ群で治験責任医師の判断、有害事象（各 2 名［2.2%］）、ラブリズマブ群で死亡、同意撤回（各 2 名［2.3%］）であった。
ランダム化比較期を完了後、患者は非盲検延長期に移行し、プラセボ群の患者にもラブリズマブが投与された。非盲検延長期に移行した患者は、プラセボ群 81 名、ラブリズマブ群 77 名であった。このうち、ラブリズマブが投与され、データカットオフまでに Week 52 に到達する予定であった患者、プラセボ群 41 名（日本人 1 名）、ラブリズマブ群 38 名（日本人 1 名）の合計 79 名を非盲検延長期の解析対象とした。非盲検延長期を Week 52 まで完了した患者は 75 名であり、非盲検延長期を中止した患者は 4 名であった。その内訳はプラセボ／ラブリズマブ群で 1/41 名（2.4%）、ラブリズマブ／ラブリズマブ群で 3/38 名（7.9%）であり、中止理由は死亡（各群 1 名

［プラセボ／ラブリズマブ群 2.4%、ラブリズマブ／ラブリズマブ群 2.6%］）、同意撤回（ラブリズマブ／ラブリズマブ群 2/38 名［5.3%］）であった。

**解析対象集団**

ランダム化比較期にランダム化されたプラセボ群 89 名（日本人 7 名）、ラブリズマブ群 86 名（日本人 6 名）の全員に治験薬が投与されたことから、これら全患者を FAS 及び安全性解析対象集団とした。また、非盲検延長期に移行し、ラブリズマブが投与されたプラセボ群 41 名（日本人 1 名）、ラブリズマブ群 38 名（日本人 1 名）を非盲検延長集団とし、非盲検延長期の有効性を評価した。この他、ランダム化比較期又は非盲検延長期にラブリズマブが 1 回以上投与されたプラセボ群 41 名（日本人 1 名）、ラブリズマブ群 86 名（日本人 6 名）の合計 127 名をラブリズマブ投与集団とし、ラブリズマブ投与期間での長期安全性を評価した。

**人口統計学的特性及びベースライン特性：**

FAS 全体で、女性が 50.9%、白人が 73.1%であり、初回投与時の平均年齢は 55.6 歳であった。69.1%の患者は初回投与時に 18 歳～65 歳であり、約半数（53.7%）はベースライン時の体重が 60 kg 以上 100 kg 未満であった。

治験実施計画書に従い、全ての患者が同意取得の 6 ヵ月以上前に MG と診断されており、MG-ADL 総スコアは 6 以上であった。患者の大部分は MGFA 分類 II 又は III であった。

FAS 全体で 82/175 名（47%）（プラセボ群：39/89 名［44%］、ラブリズマブ群：43/86 名［50%］）がスクリーニング前 2 年以内に入院の経験があり、入院の平均回数は両投与群ともに 2.3 回であった。これらの患者の大部分は MG に関連した入院の経験があり（プラセボ群：32/39 名、ラブリズマブ群：32/43 名）、MG に関連した入院の平均回数は両投与群ともに 2.0 回であった。

**曝露：**

ラブリズマブ群の全て患者には、体重に基づく導入用量のラブリズマブを Day 1 に点滴静注した。治験実施計画書に基づき、ランダム化比較期中にレスキュー治療として血液浄化療法又は IVIg を実施したプラセボ群 12/89 名（13.5%）及びラブリズマブ群 7/86 名（8.1%）に治験薬を補充投与した。

データカットオフ日時点で、本試験でのラブリズマブへの曝露は 81.5 人年であり、プラセボ／ラブリズマブ群では 20.7 人年ラブリズマブ／ラブリズマブ群では 60.8 人年であった。

**有効性の結果：**

Week 26 での有効性の結果を Table 2 に示す。

主要評価項目である MG-ADL 総スコアのベースラインから Week 26 までの変化量は、プラセボ群と比較してラブリズマブ群で統計学的に有意な低下（改善）が認められた。ラブリズマブの治療効果は Week 1 という早い段階で認められ、Week 26 まで持続した（Figure 1）。また、日本人集団（プラセボ群 7 名、ラブリズマブ群 6 名）でも、FAS 全体と一貫し、ラブリズマブ群で良好な改善が認められた。

副次評価項目を事前に規定した検定順序に従い評価したところ、5 つのうち 1「QMG 総スコアのベースラインから Week 26 までの変化量」、及び 2「ベースラインから Week 26 までの QMG 総スコアでの 5 ポイント以上の改善」で、プラセボ群と比較してラブリズマブ群で統計学的な有意差

が認められた。3 番目の「MG-QOL15r スコアのベースラインから Week 26 までの変化量」では、統計学的に有意な差は認められなかったものの（p = 0.0636）、プラセボ群と比較してラブリズマブ群で良好な結果が認められ、残りの評価項目（「Neuro-QOL Fatigue スコアのベースラインから Week 26 までの変化量」及び「MG-ADL 総スコアの 3 ポイント以上の改善」）でもプラセボ群と比較してラブリズマブ群で良好な結果が認められた。
Week 26 から Week 52 までの非盲検延長期の結果、MG-ADL 総スコア及び QMG 総スコアでは、プラセボ／ラブリズマブ群での迅速かつ持続的な低下（改善）が認められ、ラブリズマブ／ラブリズマブ群ではランダム化比較期に認められた改善が Week 52 まで持続した。

**安全性の結果：**
ランダム化比較期での有害事象の発現割合は、プラセボ群（89 名）とラブリズマブ群（86 名）でいずれも約 90%と同程度であった。主な有害事象は、「頭痛」（ラブリズマブ群：18.6%、プラセボ群：25.8%）であった。重篤な有害事象の発現割合は、プラセボ群 15.7%、ラブリズマブ群 23.3%であった。治験薬と関連が否定できない重篤な有害事象の発現割合は、プラセボ群 4.5%（4 名）（「蜂巣炎」2 名、「帯状疱疹」、「注入に伴う反応」各 1 名）、ラブリズマブ群 2.3%（2 名）（「嚥下障害」、「腱炎」各 1 名）であった。治験薬の投与中止に至った有害事象の発現割合は、プラセボ群 3.4%、ラブリズマブ群 2.3%であった。治験薬の投与中止に至った重篤な有害事象の発現割合は、プラセボ群 1.1%（1 名）（「注入に伴う反応」治験薬と関連あり）、ラブリズマブ群 2.3%（2 名）（「感染性皮膚潰瘍」、「COVID-19 肺炎」各 1 名、いずれも治験薬と関連なし）であった。治験薬の投与中止に至った重篤でない有害事象の発現割合は、プラセボ群 2.2%（2 名）であり（「注入に伴う反応」1 名、治験薬と関連あり、「背部痛」1 名、治験薬と関連なし）、ラブリズマブ群では認められなかった。
データカットオフまでのラブリズマブ投与期間での安全性は、ラブリズマブ投与集団（127 名）を対象に評価した。主な有害事象は、「頭痛」（18.1%）、「下痢」（12.6%）及び「悪心」（10.2%）であった。重篤な有害事象の発現割合は、21.3%であった。ラブリズマブ投与期間で治験薬の投与中止に至った有害事象は、上述したランダム化比較期のラブリズマブ群に発現した以外は認められなかった（1.6%、2 名）。
データカットオフまでのラブリズマブ投与期間で、4 名が死亡した。ランダム化比較期中に 2 名（ラブリズマブ群）が死亡し（「脳出血」、「COVID-19 肺炎」各 1 名）、非盲検延長期に 2 名が「COVID-19」により死亡した。いずれの死亡も治験薬と関連なしと判断された。
また、本試験で、髄膜炎菌感染は認められなかった。
日本人集団でも、日本人特有の安全性の問題は認められなかった。

**薬物動態の結果：**
26 週間のランダム化比較期中、gMG 患者に体重に基づく用量でラブリズマブを投与したときの血清中トラフ濃度は目標の閾値より高い状態で維持された。

**薬力学的作用の結果：**
補体阻害剤による治療歴のない gMG 患者を対象とした本試験のデータから、臨床状態の悪化が認められた患者を含めた全患者の評価時点全てで、ラブリズマブ投与により急速かつ完全な終末補体阻害（血清遊離 C5 濃度＜0.5 μg/mL と定義）が全治療期間をとおして持続することが示され

た。

**免疫原性：**

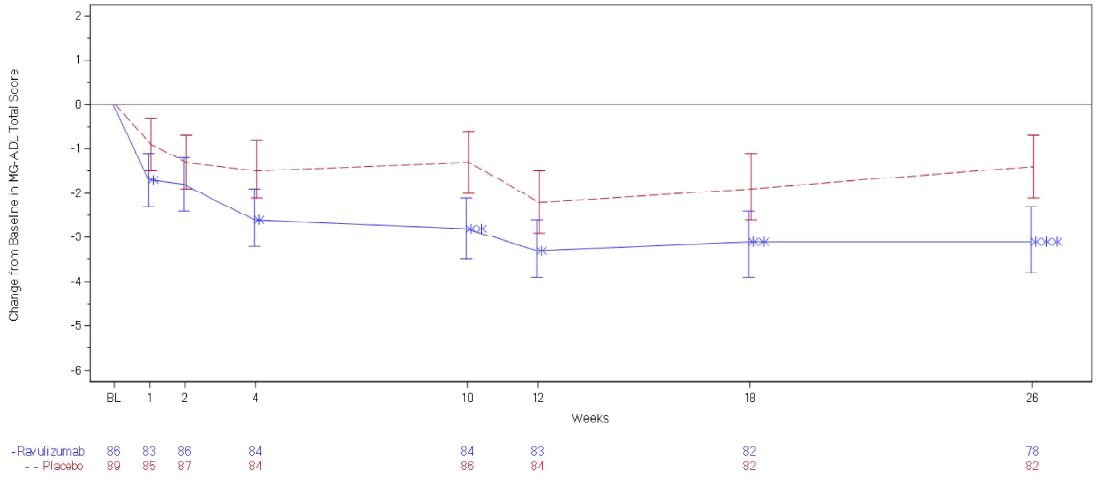
本試験では、26 週間のランダム化比較期で、ラブリズマブ群に免疫原性は認められなかった。

**結論：**

- ラブリズマブは、日本人を含む gMG 患者の治療に有効であり、プラセボより優れていた。
- 主要評価項目である MG-ADL 総スコアのベースラインから Week 26 までの変化量は、プラセボ群と比較してラブリズマブ群で統計学的に有意な低下（改善）が認められた。ラブリズマブの治療効果は Week 1 という早い段階で認められ、Week 26 まで持続した。
- 非盲検延長期の結果、MG-ADL 総スコア及び QMG 総スコアでは、プラセボ／ラブリズマブ群での迅速かつ持続的な低下（改善）が認められ、ラブリズマブ／ラブリズマブ群ではランダム化比較期に認められた改善が Week 52 まで持続した。
- ラブリズマブの安全性は良好であり、髄膜炎菌感染又は免疫原性が認められた患者はいなかった。
- ラブリズマブは、26 週間のランダム化比較期をとおして、補体阻害剤の治療未経験の gMG 患者に対して（臨床状態の悪化が認められた患者を含む）、終末補体（血清遊離 C5）を速やかに、完全かつ持続的に阻害した。

**報告書作成日：**20[redacted]年 [redacted]月[redacted]日

Figure 1:　**ランダム化比較期での MG-ADL 総スコアのベースラインからの変化量の推移（最小二乗平均、95%信頼区間）（Full Analysis Set）[ALXN1210-MG-306 試験]**




注：ベースライン値は、治験薬の初回投与前に得られた最後の評価値とした。推定値は、治療群、層別因子である地域、ベースライン時、来院時の MG-ADL 総スコア、治療群 × 試験来院日の交互作用を組み込んだ MMRM に基づいて算出した。p 値はベースラインからの変化量を投与群間で比較した。無構造分散共分散行列を用いた。
* = $p < 0.05$, ** = $p < 0.01$, and *** = $p < 0.001$：両側の名目上（nominal）p 値を示す。
略語： BL = ベースライン；MG-ADL = Myasthenia Gravis Activities of Daily Living；MMRM = 反復測定混合効果モデル
Source: 5.3.5.1 項 ALXN1210-MG-306 CSR Figure 14.2.1.1.1.1

Table 2:　Week 26 での有効性の結果（Full Analysis Set）[ALXN1210-MG-306 試験]

| **Week 26 Efficacy Endpoints** | **Ravulizumab (n =86) LS Mean (SEM)*** | **Placebo (n = 89) LS Mean (SEM)*** | **Statistic for Comparison** | **Treatment Effect (95% CI)** | **p-value (using mixed effect repeated measures)** |
|---|---|---|---|---|---|
| Primary Efficacy Endpoint | | | | | |
| MG-ADL Total Score | -3.1 (0.38) | -1.4 (0.37) | Difference in Change from Baseline | -1.6 (-2.6 , -0.7) | 0.0009 |
| Secondary Efficacy Endpoints | | | | | |
| 1. QMG Total Score | -2.8 (0.46) | -0.8 (0.45) | Difference in Change from Baseline | -2.0 (-3.2, -0.8) | 0.0009 |
| 2. QMG Total Score ≥5-point improvement* | 30.0% | 11.3% | Odds ratio | 3.350 (1.443, 7.777) | 0.0052 |
| 3. MG-QOL15r | -3.3 (0.71) | -1.6 (0.70) | Difference in Change from Baseline | -1.7 (-3.4, 0.1) | 0.0636 |
| 4. Neuro-QOL-fatigue | -7.0 (1.92) | -4.8 (1.87) | Difference in Change from Baseline | -2.2 (-6.9, 2.6) | 0.3734** |
| 5. MG-ADL Total Score ≥3-point improvement* | 56.7% | 34.1% | Odds ratio | 2.526 (1.330, 4.799) | 0.0049** |

*Adjusted percentages within each treatment are displayed.
** Nominal p-values
Note: Secondary efficacy endpoints were tested in a hierarchical approach (numbers included for testing order).
Abbreviations: CI= Confidence Interval; LS = Least Squares; MG-ADL= Myasthenia Gravis-Activities of Daily Living; MG-QOL15r= Revised 15-Component Myasthenia Gravis Quality of Life; Neuro-QOL-fatigue = Neurological Quality of Life Fatigue; QMG = Quantitative Myasthenia Gravis; SEM = Standard Error of Mean.
Source: 5.3.5.1 項 ALXN1210-MG-306 CSR Table 14.2.1.1.1.1, 14.2.2.1.1.1.1, 14.2.2.2.1.1.1, 14.2.2.3.1.1.1, 14.2.2.4.1.1.1, 14.2.2.5.1.1.1.

## 1.2　付録

### ● 有害事象

MG-306 試験で認められた有害事象の状況を以下に示す。

| 種類 | 時期 | 全体 | 日本人集団 |
|---|---|---|---|
| 全て | ランダム化比較期 | Table 14.3.1.3.2.2.2 | Table 14.3.1.3.10.1.2（日本人集団を抽出） |
| | ラブリズマブ投与期間 | Table 14.3.3.1.2.4 | Table 14.3.3.1.2.4.J |
| 因果関係あり | ランダム化比較期 | Table 14.3.1.3.4.2 | Table 14.3.1.3.4.2.J |
| | ラブリズマブ投与期間 | Table 14.3.3.1.4.4 | Table 14.3.3.1.4.4.J |
| 重篤 | ランダム化比較期 | Table 14.3.1.3.5.2 | Table 14.3.1.3.5.2.J |
| | ラブリズマブ投与期間 | Table 14.3.3.1.3.4 | - |
| 投与中止 | ランダム化比較期 | Table 14.3.1.3.8.2 | - |
| | ラブリズマブ投与期間 | - | - |

### ● 個別症例の詳細

MG-306 試験で死亡に至った有害事象、及びその他の重篤な有害事象の詳細を以下に示す。

1. 死亡に至った有害事象の詳細
2. その他の重篤な有害事象の詳細

## 1.3　長期データの要約（60 週までのデータ）

国際共同第 3 相試験【治験実施計画書番号：ALXN1210-MG-306】の長期データの要約を Table 3 に示す。

Table 3:　第 3 相試験【治験実施計画書番号：ALXN1210-MG-306】（長期データ）

**結果の要約：**

ラブリズマブの gMG 患者に対する長期投与時の有効性及び安全性を評価するため、非盲検延長期に移行した全患者の Week 52 の評価終了後にデータカットオフを実施した（20[redacted]年[redacted]月[redacted]日）。なお、データカットオフ時点で患者が Week 60 の評価を終了している場合、有効性及び安全性の結果には Week 60 までのデータを含めた。

また、本試験では、非盲検延長期間中、日本を含む一部の国でラブリズマブ 10 mg/mL 製剤から 100 mg/mL 製剤への切替えを実施しており、そのデータを含む。

**患者の内訳**

計 175 名（日本人 13 名）がランダム化され、プラセボ群に 89 名（日本人 7 名）、ラブリズマブ群に 86 名（日本人 6 名）が割り付けられた。

26 週間のランダム化比較期を完了後、患者は非盲検延長期に移行し、プラセボ群の患者にもラブリズマブが投与された。非盲検延長期に移行した患者は、プラセボ群 83 名（日本人 5 名）、ラブリズマブ群 78 名（日本人 5 名）の合計 161 名（日本人 10 名）であった。全ての患者にラブリズマブが投与され、当該 161 名を非盲検延長期の解析対象とした。非盲検延長期を中止した患者は 11 名（日本人 0 名）であり、その内訳はプラセボ／ラブリズマブ群で 4/83 名（4.8%）、ラブリズマブ／ラブリズマブ群で 7/78 名（9.0%）であった。中止理由は同意撤回（プラセボ／ラブリズマブ群 2 名［2.4%］、ラブリズマブ／ラブリズマブ群 3 名［3.8%］）、医師判断（プラセボ／ラブリズマブ群 1 名［1.2%］、ラブリズマブ／ラブリズマブ群 3 名［3.8%］）、死亡（各群 1 名［プラセボ／ラブリズマブ群 1.2%、ラブリズマブ／ラブリズマブ群 1.3%］）であった。

**解析対象集団**

非盲検延長期に移行し、ラブリズマブが 1 回以上投与されたプラセボ群 83 名（日本人 5 名）、ラブリズマブ群 78 名（日本人 5 名）を非盲検延長集団とし、非盲検延長期の有効性を評価した。この他、ランダム化比較期又は非盲検延長期にラブリズマブが 1 回以上投与されたプラセボ群 83 名（日本人 5 名）、ラブリズマブ群 86 名（日本人 6 名）の合計 169 名（日本人 11 名）をラブリズマブ投与集団とし、ラブリズマブ投与期間での長期安全性を評価した。

**人口統計学的特性及びベースライン特性：**

非盲検延長集団全体で、女性が 50.9%、白人が 73.3%であり、ランダム化比較期の治験薬（プラセボ又はラブリズマブ）の初回投与時の平均年齢は 55.9 歳であった。68.3%の患者は初回投与時に 18 歳～65 歳であり、約半数（55.3%）はベースライン時の体重が 60 kg 以上 100 kg 未満であった。日本人集団では、女性が 70.0%であり、初回投与時の平均年齢は 51.7 歳であった。全ての患者が初回投与時に 18 歳～65 歳であり、半数がベースライン時の体重が 60 kg 以上 100 kg 未満であった。

**曝露：**
ラブリズマブを投与した期間は「ラブリズマブの初回投与日からデータカットオフ日又は中止日までの期間」と定義した。ラブリズマブ投与集団全体でのラブリズマブへの曝露は 141.6 人年であり、プラセボ／ラブリズマブ群では 51.3 人年、ラブリズマブ／ラブリズマブ群では 90.4 人年であった。日本人集団でのラブリズマブの曝露量は 9.2 人年であり、プラセボ／ラブリズマブ群で 3.2 人年、ラブリズマブ／ラブリズマブ群で 6.1 人年であった。

**有効性の結果：**
非盲検延長期の結果、MG-ADL 総スコア、QMG 総スコア、MG-QOL15r スコア及び Neuro-QOL Fatigue スコアのいずれでもプラセボ／ラブリズマブ群では迅速かつ持続的な低下（改善）が認められ、Week 60 まで持続した。ラブリズマブ／ラブリズマブ群ではランダム化比較期に認められた改善が Week 60 まで持続した。MG-ADL 総スコア及び QMG 総スコアのベースラインからの変化量の推移を Figure 2 及び Figure 3 に示す。日本人集団でも全体と同様の推移を示した（Figure 4 及び Figure 5）。

**安全性の結果：**
ラブリズマブ投与期間での有害事象の発現割合は 88.8%（150/169 名）であり（Table 4）、投与開始後 6 ヵ月以内の発現割合が最も高かった（84.6%、7～12 ヵ月は 56.3%、13～18 ヵ月は 30.7%）。主な有害事象（発現割合 10%以上）は、「頭痛」（16.6%、28 名）及び「下痢」（13.6%、23 名）であった。治験薬との関連性が否定できない有害事象の発現割合は 34.3%（58 名）であった。また、重篤な有害事象の発現割合は 24.3%（41 名）であり、治験薬との関連性が否定できない重篤な有害事象の発現割合は 3.0%（5 名）であった。治験薬の投与中止に至った有害事象の発現割合は 1.8%（3 名）であり、いずれも重篤と判断された。
データカットオフまでのラブリズマブ投与期間での死亡の割合は 2.4%（4 名）であった。ランダム化比較期中に 2 名（ラブリズマブ群）が死亡し（「脳出血」、「COVID-19 肺炎」各 1 名）、非盲検延長期に 2 名が「COVID-19」により死亡した。いずれの死亡も治験薬と関連なしと判断された。なお、この他に 3 名の死亡が報告された（「COVID-19」、「各種物質毒性」、原因不明の死亡、各 1 名）。いずれも治験薬と関連なしと判断された。
本試験で、髄膜炎菌感染は認められなかった。infusion reaction の発現割合は 34.9%（59 名）であり、最も多くみられた有害事象は「頭痛」（11.2%、19 名）であった（infusion reaction の定義は M2.7.4-2.1.8.2 項を参照）。
日本人集団（11 名）では、日本人特有の安全性の問題は認められなかった。日本人集団での有害事象の発現割合は 100%（11 名）であり（Table 5）、主な有害事象（発現患者数 2 名以上）は、「上咽頭炎」（27.3%、3 名）及び「下痢」（18.2%、2 名）であった。重篤な有害事象の発現割合は 45.5%（5 名）であり、「コントロール不良の糖尿病」、「ステロイド糖尿病」、「結節性変形性関節症」、「腱炎」、「脳出血」（各 1 名、9.1%）であった。また、治験薬との関連性が否定できない有害事象の発現割合は 36.4%（4 名）であり、治験薬の投与中止に至った有害事象は認められなかった。

**薬力学的作用の結果：**
非盲検延長期の結果、プラセボ／ラブリズマブ群ではラブリズマブの投与開始後、急速かつ完全な終末補体（血清遊離 C5）阻害が認められ、Week 52 まで持続した。ラブリズマブ／ラブリズマ

ブ群ではランダム化比較期に認められた完全な終末補体阻害が Week 52 まで持続した。補体阻害剤による治療歴のない gMG 患者を対象とした本試験のデータから、ラブリズマブを投与した全ての患者（臨床状態の悪化が認められた患者を含む）で、ラブリズマブ投与により急速かつ完全な終末補体阻害がランダム化比較期及び非盲検延長期をとおして持続することが示された。

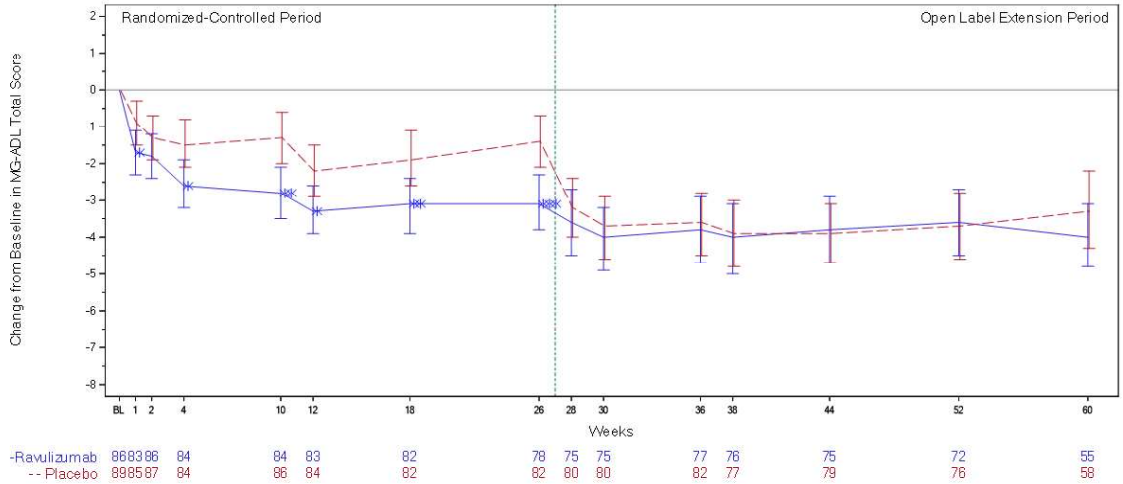
**免疫原性：**

非盲検延長期での免疫原性の評価は Week 36 及び 44 に実施し、抗薬物抗体陽性は認められなかった。本試験では、ランダム化比較期及び非盲検延長期をとおして、免疫原性は認められなかった。

**結論：**

- 非盲検延長期の結果、MG-ADL 総スコア及び QMG 総スコアでは、プラセボ／ラブリズマブ群での迅速かつ持続的な低下（改善）が認められ、Week 60 まで持続した。また、ラブリズマブ／ラブリズマブ群ではランダム化比較期に認められた改善が Week 60 まで持続した。日本人集団でも全体と同様の推移を示した。
- 60 週間をとおして、ラブリズマブは gMG 患者に対して良好な安全性プロファイルを示し、発現した有害事象はラブリズマブの既知の安全性プロファイルと同様であり、新たな安全性上の問題は認められなかった。また、髄膜炎菌感染もみられなかった。日本人集団では、日本人特有の安全性の問題は認められなかった。
- ラブリズマブは、ランダム化比較期及び非盲検延長期をとおして、終末補体（血清遊離 C5）を急速、完全かつ持続的に阻害した。
- 本試験では、ランダム化比較期及び非盲検延長期をとおして、免疫原性は認められなかった。
- 日本人を含む gMG 患者に対して長期投与した際にも、ラブリズマブは良好なベネフィット・リスクプロファイルを示した。

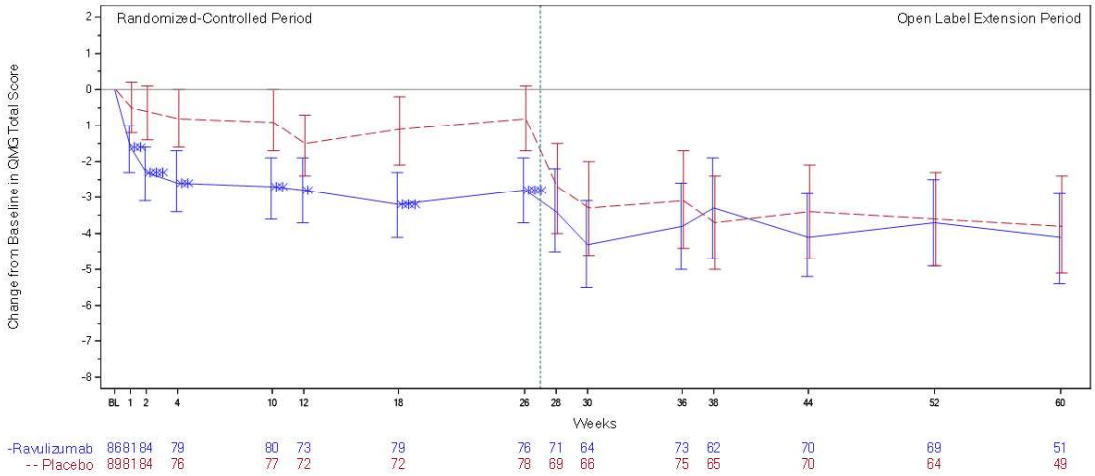
Figure 2:　MG-ADL 総スコアのベースラインから Week 60 までの変化量の推移（最小二乗平均、95%信頼区間）（Full Analysis Set）［ALXN1210-MG-306 試験］




注：ベースライン値は、治験薬の初回投与前に得られた最後の評価値とした。プラセボ／ラブリズマブ群には非盲検延長期（Week 26 以降）にラブリズマブを投与した。ランダム化比較期の推定値は、治療群、層別因子である

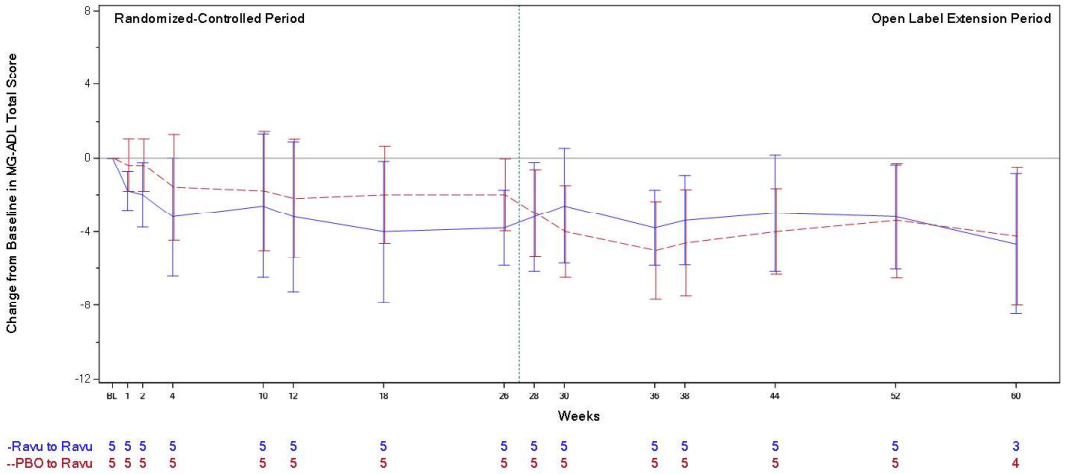
地域、ベースライン時、来院時の MG-ADL 総スコア、治療群 × 試験来院日の交互作用を組み込んだ MMRM に基づいて算出した。p 値はベースラインからの変化量を投与群間で比較した。無構造分散共分散行列を用いた。非盲検延長期の推定値は、層別因子である地域、ベースライン時、来院時の MG-ADL 総スコアを組み込んだ MMRM に基づいて算出した。非盲検延長期では、プラセボ／ラブリズマブ群とラブリズマブ／ラブリズマブ群に別々のモデルをあてはめた。
* = p < 0.05, ** = p < 0.01, and *** = p < 0.001：両側の名目上（nominal）p 値を示す。
略語： BL = ベースライン；MG-ADL = Myasthenia Gravis Activities of Daily Living；MMRM = 反復測定混合効果モデル
Source: 5.3.5.2 項 ALXN1210-MG-306 CSR Figure 14.2.1.2.3.5

Figure 3: QMG 総スコアのベースラインから Week 60 までの変化量の推移（最小二乗平均、95%信頼区間）（Full Analysis Set）［ALXN1210-MG-306 試験］



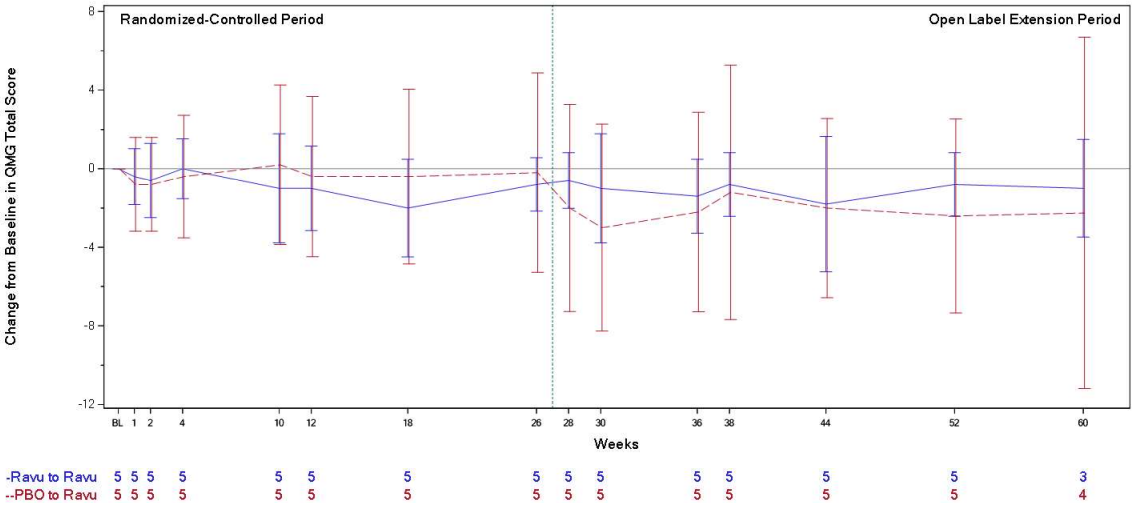

注：ベースライン値は、治験薬の初回投与前に得られた最後の評価値とした。なお、QMG 総スコアの評価の実施前 10 時間以内にコリンエステラーゼ阻害剤を投与していた場合は、スクリーニング来院時の評価をベースラインとして使用した。プラセボ／ラブリズマブ群には非盲検延長期（Week 26 以降）にラブリズマブを投与した。ランダム化比較期の推定値は、治療群、層別因子である地域、ベースライン時、来院時の QMG 総スコア、治療群 × 試験来院日の交互作用を組み込んだ MMRM に基づいて算出した。p 値はベースラインからの変化量を投与群間で比較した。無構造分散共分散行列を用いた。非盲検延長期の推定値は、層別因子である地域、ベースライン時、来院時の QMG 総スコアを組み込んだ MMRM に基づいて算出した。非盲検延長期では、プラセボ／ラブリズマブ群とラブリズマブ／ラブリズマブ群に別々のモデルをあてはめた。
* = p < 0.05, ** = p < 0.01, and *** = p < 0.001：両側の名目上（nominal）p 値を示す。
略語： BL = ベースライン；MMRM = 反復測定混合効果モデル；QMG = Quantitative Myasthenia Gravis
Source: 5.3.5.2 項 ALXN1210-MG-306 CSR Figure14.2.2.1.2.3.5

Figure 4:　MG-ADL 総スコアのベースラインから Week 60 までの変化量の推移（最小二乗平均、95%信頼区間）（非盲検延長集団の日本人集団）[ALXN1210-MG-306 試験]




注：ベースライン値は、治験薬の初回投与前に得られた最後の評価値とした。非盲検延長集団は、非盲検延長期にラブリズマブを 1 回以上投与した患者とした。プラセボ／ラブリズマブ群には非盲検延長期（Week 26 以降）にラブリズマブを投与した。
略語： BL = ベースライン；MG-ADL = Myasthenia Gravis Activities of Daily Living；PBO = プラセボ群；Ravu = ラブリズマブ群
Source: 5.3.5.2 項 ALXN1210-MG-306 CSR Figure 14.2.1.2.1.5.J

Figure 5:　QMG 総スコアのベースラインから Week 60 までの変化量の推移（最小二乗平均、95%信頼区間）（非盲検延長集団の日本人集団）[ALXN1210-MG-306 試験]




注：ベースライン値は、治験薬の初回投与前に得られた最後の評価値とした。なお、QMG 総スコアの評価の実施前 10 時間以内にコリンエステラーゼ阻害剤を投与していた場合は、スクリーニング来院時の評価をベースラインとして使用した。非盲検延長集団は、非盲検延長期にラブリズマブを 1 回以上投与した患者とした。プラセボ／ラブリズマブ群には非盲検延長期（Week 26 以降）にラブリズマブを投与した。
略語： BL = ベースライン；PBO = プラセボ群；QMG = Quantitative Myasthenia Gravis；Ravu = ラブリズマブ群
Source: 5.3.5.2 項 ALXN1210-MG-306 CSR Figure14.2.2.1.2.1.5.J

Table 4:　ラブリズマブ投与期間での有害事象の発現状況の概要（ラブリズマブ投与集団）［ALXN1210-MG-306 試験］

| | 0～6 ヵ月 (N = 169) n (%) | 7～12 ヵ月 (N = 160) n (%) | 13～18 ヵ月 (N = 75) n (%) | 全期間 (N = 169) n (%) |
|---|---|---|---|---|
| 有害事象 | 143 (84.6) | 90 (56.3) | 23 (30.7) | 150 (88.8) |
| 重篤な有害事象 | 30 (17.8) | 18 (11.3) | 2 (2.7) | 41 (24.3) |
| 死亡 | 2 (1.2) | 2 (1.3) | 0 | 4 (2.4) |
| 治験薬の投与中止に至った有害事象 | 2 (1.2) | 1 (0.6) | 0 | 3 (1.8) |
| 治験薬の投与中止に至った重篤な有害事象 | 2 (1.2) | 1 (0.6) | 0 | 3 (1.8) |
| 治験薬との関連性が否定できない有害事象 | 50 (29.6) | 19 (11.9) | 7 (9.3) | 58 (34.3) |
| 治験薬との関連性が否定できない重篤な有害事象 | 4 (2.4) | 1 (0.6) | 0 | 5 (3.0) |

注：ラブリズマブ投与期間は、ランダム化比較期及び非盲検延長期でラブリズマブが投与された期間とした。ラブリズマブ投与集団は、ランダム化比較期又は非盲検延長期にラブリズマブが 1 回以上投与された患者とした。データカットオフ時の Week 60 までのデータを含む。
Source: 5.3.5.2 項 ALXN1210-MG-306 CSR Table 14.3.3.1.1.4

Table 5:　ラブリズマブ投与期間での有害事象の発現状況の概要（ラブリズマブ投与集団の日本人集団）［ALXN1210-MG-306 試験］

| | 0～6 ヵ月 (N = 11) n (%) | 7～12 ヵ月 (N = 10) n (%) | 13～18 ヵ月 (N = 5) n (%) | 全期間 (N = 11) n (%) |
|---|---|---|---|---|
| 有害事象 | 10 (90.9) | 4 (40.0) | 0 | 11 (100.0) |
| 重篤な有害事象 | 4 (36.4) | 1 (10.0) | 0 | 5 (45.5) |
| 死亡 | 1 (9.1) | 0 | 0 | 1 (9.1) |
| 治験薬の投与中止に至った有害事象 | 0 | 0 | 0 | 0 |
| 治験薬の投与中止に至った重篤な有害事象 | 0 | 0 | 0 | 0 |
| 治験薬との関連性が否定できない有害事象 | 4 (36.4) | 0 | 0 | 4 (36.4) |
| 治験薬との関連性が否定できない重篤な有害事象 | 1 (9.1) | 0 | 0 | 1 (9.1) |

注：ラブリズマブ投与期間は、ランダム化比較期及び非盲検延長期でラブリズマブが投与された期間とした。ラブリズマブ投与集団は、ランダム化比較期又は非盲検延長期にラブリズマブが 1 回以上投与された患者とした。データカットオフ時の Week 60 までのデータを含む。
Source: 5.3.5.2 項 ALXN1210-MG-306 CSR Table 14.3.3.1.1.4.J

## 1.4　付録 2

- **長期データでの有害事象**

有害事象の状況を以下に示す。

| 種類 | 時期 | 全体 | 日本人集団 |
|---|---|---|---|
| 全て | ラブリズマブ投与期間 | Table 14.3.3.1.2.4 | Table 14.3.3.1.2.4.J |
| 因果関係あり | ラブリズマブ投与期間 | Table 14.3.3.1.4.4 | Table 14.3.3.1.4.4.J |
| 重篤 | ラブリズマブ投与期間 | Table 14.3.3.1.3.4 | Table 14.3.3.1.3.4.J |
| 投与中止 | ラブリズマブ投与期間 | Table 14.3.3.1.6.4 | - |

- **個別症例の詳細**

MG-306 試験で死亡に至った有害事象、及びその他の重篤な有害事象の詳細は、5.3.5.2 項 ALXN1210-MG-306 CSR Narratives に示す（Narratives のリストは、5.3.5.2 項 ALXN1210-MG-306 CSR 14.3.3 項を参照）。

- **重篤な有害事象の一覧表**

MG-306 試験で死亡に至った有害事象、及び重篤な有害事象の一覧表は、5.3.5.2 項 ALXN1210-MG-306 CSR Listing 16.2.7.1.3.2 及び 16.2.7.1.2.2 に示す。

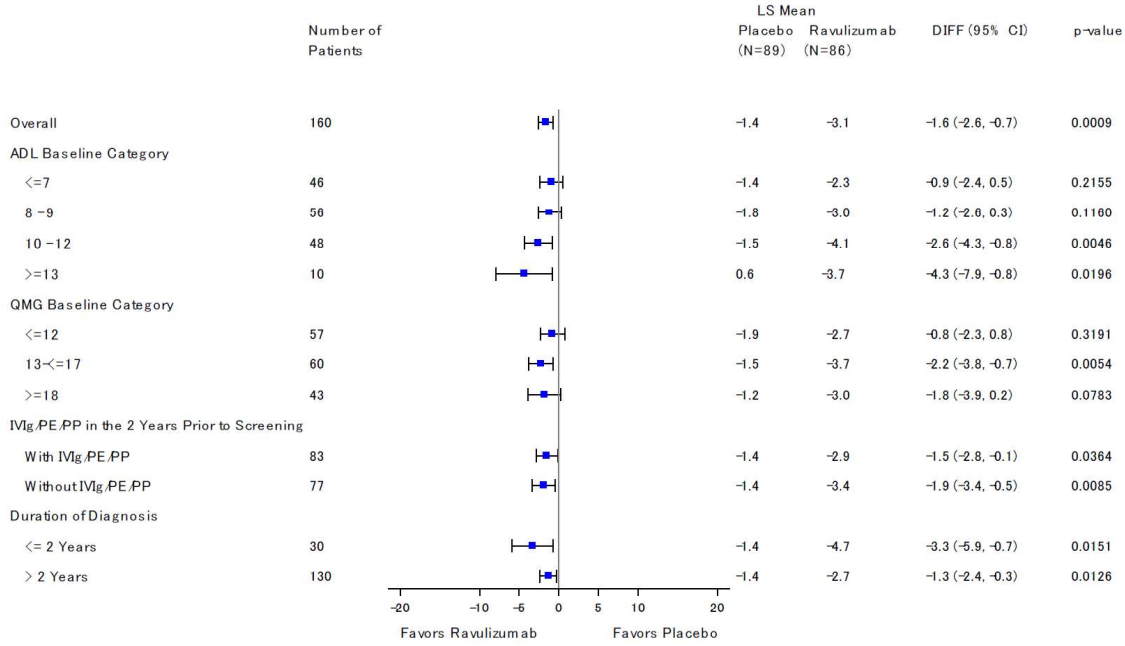
## 1.5　有効性のサブグループ解析

事後解析として、疾患特性（MG-ADL 総スコア、QMG 総スコアのベースラインでのスコア、診断からの期間［2 年］、スクリーニング前 2 年間での IVIg 及び血液浄化療法の有無）によるサブグループ解析を行ったところ、ラブリズマブの治療効果はいずれのサブグループでも認められた（Figure 6、Figure 7）。

特に、スクリーニング前 2 年間での IVIg 及び血液浄化療法の有無別の解析では、施行の有無にかかわらず、全体集団と同様に有効性が確認された。26 週の評価を完了した患者 160 名中、施行した患者は 83 名（52%）、未施行の患者は 77 名（48%）であり（日本人 10 名では施行した患者 4 名［40%］、未施行の患者 6 名［60%］）、投与 26 週後の MG-ADL 総スコアの変化量（平均値±標準偏差）は、施行した患者のプラセボ群（45 名）で-1.4 ± 3.16、ラブリズマブ群（38 名）で-3.1 ± 3.11、未施行の患者のプラセボ群（37 名）で-1.7 ± 3.07、ラブリズマブ群（40 名）で-3.5 ± 3.29 であった（ALXN1210-MG-306 Adhoc Analysis Table 211209 Table 14.2.1.1.34.1、5.3.5.1 項 ALXN1210-MG-306 CSR Listing 16.2.4.1.2、16.2.4.8.1.1.2、16.2.4.8.2.1.2、16.2.1.3.5.9）。

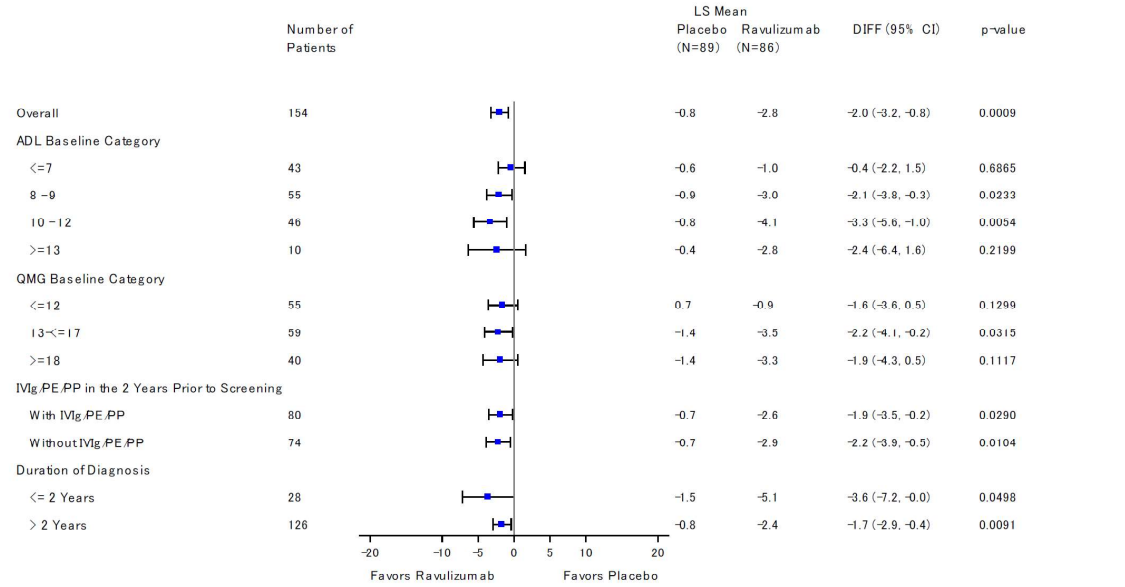
また、診断からの期間別の解析でも、診断からの期間が 2 年以内、2 年超のいずれでもラブリズマブの良好な有効性が確認された。

Figure 6:　MG-ADL 総スコアのベースラインから Week 26 までの変化量に対するサブグループの事後解析（Full Analysis Set）［ALXN1210-MG-306 試験］




Note: 群間差は、ラブリズマブ群の結果-プラセボ群の結果として算出した。
略語 : CI＝ 信頼区間 ; DIFF＝ 差 ; IVIg＝ 免疫グロブリン静注療法 ; LS＝ 最小二乗 ; MG-ADL or ADL＝Myasthenia Gravis Activities of Daily Living ; PE/PP = 血液浄化療法 ; QMG = Quantitative Myasthenia Gravis (score for disease severity）
Source: ALXN1210-MG-306 Adhoc Analysis Figure 211209 Figure 14.2.1.1.5.1

Figure 7:　QMG 総スコアのベースラインから Week 26 までの変化量に対するサブグループの事後解析（Full Analysis Set）［ALXN1210-MG-306 試験］




Note: 群間差は、ラブリズマブ群の結果-プラセボ群の結果として算出した。
略語 : CI＝ 信頼区間 ; DIFF＝ 差 ; IVIg＝ 免疫グロブリン静注療法 ; LS＝ 最小二乗 ; MG-ADL or ADL＝Myasthenia Gravis Activities of Daily Living ; PE/PP = 血液浄化療法 ; QMG = Quantitative Myasthenia Gravis (score for disease severity）
Source: ALXN1210-MG-306 Adhoc Analysis Figure 211209 Figure 14.2.2.1.5.1

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0<br>n (%) | <br>E (rate) | Ravulizumab (N=86) PY = 42.3<br>n (%) | <br>E (rate) | Total (N=175) PY = 85.3<br>n (%) | <br>E (rate) |
|---|---|---|---|---|---|---|
| Any Adverse Event (AE) | 77 ( 86.5) | 341 (793.1) | 78 ( 90.7) | 350 (827.5) | 155 ( 88.6) | 691 (810.2) |
| 感染症および寄生虫症 | 28 ( 31.5) | 40 ( 93.0) | 38 ( 44.2) | 63 (149.0) | 66 ( 37.7) | 103 (120.8) |
| ＣＯＶＩＤ－１９ | 3 ( 3.4) | 4 ( 9.3) | 5 ( 5.8) | 5 ( 11.8) | 8 ( 4.6) | 9 ( 10.6) |
| 尿路感染 | 4 ( 4.5) | 5 ( 11.6) | 5 ( 5.8) | 7 ( 16.6) | 9 ( 5.1) | 12 ( 14.1) |
| 咽頭炎 | 0 | 0 | 4 ( 4.7) | 4 ( 9.5) | 4 ( 2.3) | 4 ( 4.7) |
| 上咽頭炎 | 5 ( 5.6) | 7 ( 16.3) | 3 ( 3.5) | 3 ( 7.1) | 8 ( 4.6) | 10 ( 11.7) |
| 副鼻腔炎 | 0 | 0 | 3 ( 3.5) | 3 ( 7.1) | 3 ( 1.7) | 3 ( 3.5) |
| 上気道感染 | 2 ( 2.2) | 2 ( 4.7) | 3 ( 3.5) | 3 ( 7.1) | 5 ( 2.9) | 5 ( 5.9) |
| ＣＯＶＩＤ－１９肺炎 | 0 | 0 | 2 ( 2.3) | 3 ( 7.1) | 2 ( 1.1) | 3 ( 3.5) |
| 皮膚真菌感染 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 胃腸炎 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| ウイルス性胃腸炎 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 帯状疱疹 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| インフルエンザ | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 肺炎 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 足部白癬 | 2 ( 2.2) | 2 ( 4.7) | 2 ( 2.3) | 2 ( 4.7) | 4 ( 2.3) | 4 ( 4.7) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | |
| 細菌性関節炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 無症候性ＣＯＶＩＤ－１９ | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 気管支炎 | 4 ( 4.5) | 4 ( 9.3) | 1 ( 1.2) | 1 ( 2.4) | 5 ( 2.9) | 5 ( 5.9) |
| 蜂巣炎 | 2 ( 2.2) | 3 ( 7.0) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 4 ( 4.7) |
| 結腸膿瘍 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 爪の皮膚糸状菌症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 憩室炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 耳感染 | 1 ( 1.1) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 3 ( 3.5) |
| 壊疽 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 消化管感染 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ウイルス性消化管感染 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 膿痂疹 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |
| 感染性皮膚潰瘍 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |
| 腎感染 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 中耳炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 病原体耐性 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
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Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
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| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | |
| ＲＳウイルス肺炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ブドウ球菌性敗血症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腟感染 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 四肢膿瘍 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 膀胱炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 毛包炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 食道カンジダ症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 術後創感染 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| ストーマ部感染 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 歯感染 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 水痘帯状疱疹ウイルス感染 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 神経系障害 | 32 ( 36.0) | 47 (109.3) | 30 ( 34.9) | 44 (104.0) | 62 ( 35.4) | 91 (106.7) |
| 頭痛 | 23 ( 25.8) | 27 ( 62.8) | 16 ( 18.6) | 19 ( 44.9) | 39 ( 22.3) | 46 ( 53.9) |
| 浮動性めまい | 3 ( 3.4) | 3 ( 7.0) | 8 ( 9.3) | 9 ( 21.3) | 11 ( 6.3) | 12 ( 14.1) |
| 失神 | 0 | 0 | 2 ( 2.3) | 3 ( 7.1) | 2 ( 1.1) | 3 ( 3.5) |
| 一過性脳虚血発作 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

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|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害（続き） | | | | | | |
| 平衡障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 脳出血 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |
| 認知障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 不全片麻痺 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 重症筋無力症 | 4 ( 4.5) | 4 ( 9.3) | 1 ( 1.2) | 3 ( 7.1) | 5 ( 2.9) | 7 ( 8.2) |
| 重症筋無力症クリーゼ | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ヘルペス後神経痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 振戦 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |
| 手根管症候群 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 顔面不全麻痺 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 味覚減退 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 腰髄神経根障害 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 後頭神経痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 錯感覚 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 下肢静止不能症候群 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 網膜性片頭痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
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|---|---|---|---|---|---|---|
| 神経系障害（続き） | | | | | | |
| 坐骨神経痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 痙攣発作 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 三叉神経痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 胃腸障害 | 29 ( 32.6) | 57 (132.6) | 29 ( 33.7) | 52 (122.9) | 58 ( 33.1) | 109 (127.8) |
| 下痢 | 11 ( 12.4) | 15 ( 34.9) | 13 ( 15.1) | 14 ( 33.1) | 24 ( 13.7) | 29 ( 34.0) |
| 悪心 | 9 ( 10.1) | 10 ( 23.3) | 9 ( 10.5) | 13 ( 30.7) | 18 ( 10.3) | 23 ( 27.0) |
| 腹痛 | 0 | 0 | 5 ( 5.8) | 6 ( 14.2) | 5 ( 2.9) | 6 ( 7.0) |
| 腹部不快感 | 2 ( 2.2) | 2 ( 4.7) | 2 ( 2.3) | 3 ( 7.1) | 4 ( 2.3) | 5 ( 5.9) |
| 齲歯 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 胃炎 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 嘔吐 | 3 ( 3.4) | 3 ( 7.0) | 2 ( 2.3) | 4 ( 9.5) | 5 ( 2.9) | 7 ( 8.2) |
| 口角口唇炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 便秘 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |
| 血性下痢 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 嚥下障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 軟便 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
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|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 胃腸障害（続き） | | | | | | |
| 排便回数増加 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 胃食道逆流性疾患 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 嚥下痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腹部膨満 | 2 ( 2.2) | 3 ( 7.0) | 0 | 0 | 2 ( 1.1) | 3 ( 3.5) |
| 上腹部痛 | 3 ( 3.4) | 4 ( 9.3) | 0 | 0 | 3 ( 1.7) | 4 ( 4.7) |
| 腹部硬直 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 口内乾燥 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 消化不良 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 小腸炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 機能性胃腸障害 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 胃腸障害 | 1 ( 1.1) | 2 ( 4.7) | 0 | 0 | 1 ( 0.6) | 2 ( 2.3) |
| 腹腔内血腫 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 口唇びらん | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 歯周病 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 口内炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 歯痛 | 1 ( 1.1) | 2 ( 4.7) | 0 | 0 | 1 ( 0.6) | 2 ( 2.3) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害 | 23 ( 25.8) | 30 ( 69.8) | 23 ( 26.7) | 39 ( 92.2) | 46 ( 26.3) | 69 ( 80.9) |
| 背部痛 | 5 ( 5.6) | 5 ( 11.6) | 7 ( 8.1) | 7 ( 16.6) | 12 ( 6.9) | 12 ( 14.1) |
| 関節痛 | 7 ( 7.9) | 8 ( 18.6) | 6 ( 7.0) | 8 ( 18.9) | 13 ( 7.4) | 16 ( 18.8) |
| 四肢痛 | 3 ( 3.4) | 4 ( 9.3) | 3 ( 3.5) | 4 ( 9.5) | 6 ( 3.4) | 8 ( 9.4) |
| 筋痙縮 | 3 ( 3.4) | 4 ( 9.3) | 2 ( 2.3) | 4 ( 9.5) | 5 ( 2.9) | 8 ( 9.4) |
| 筋肉痛 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 頚部痛 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 尾骨痛 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |
| 単径部痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 出血性関節症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 椎間板突出 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 筋攣縮 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 筋力低下 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 筋骨格系胸痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 結節性変形性関節症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 変形性関節症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害（続き） | | | | | | |
| 肩回旋筋腱板症候群 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腱炎 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 顎関節クリッキング | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 筋骨格痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 脊椎痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 脊柱管狭窄症 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 一般・全身障害および投与部位の状態 | 21 ( 23.6) | 26 ( 60.5) | 22 ( 25.6) | 31 ( 73.3) | 43 ( 24.6) | 57 ( 66.8) |
| 疲労 | 6 ( 6.7) | 6 ( 14.0) | 6 ( 7.0) | 7 ( 16.6) | 12 ( 6.9) | 13 ( 15.2) |
| 非心臓性胸痛 | 1 ( 1.1) | 1 ( 2.3) | 3 ( 3.5) | 3 ( 7.1) | 4 ( 2.3) | 4 ( 4.7) |
| 末梢性浮腫 | 2 ( 2.2) | 2 ( 4.7) | 3 ( 3.5) | 4 ( 9.5) | 5 ( 2.9) | 6 ( 7.0) |
| インフルエンザ様疾患 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 無力症 | 2 ( 2.2) | 3 ( 7.0) | 1 ( 1.2) | 2 ( 4.7) | 3 ( 1.7) | 5 ( 5.9) |
| 胸痛 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |
| 悪寒 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 全身健康状態悪化 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 注入部位血管外漏出 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | |
| 注入部位血腫 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 注入部位疼痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 注射部位反応 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 倦怠感 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 疼痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 発熱 | 5 ( 5.6) | 6 ( 14.0) | 1 ( 1.2) | 1 ( 2.4) | 6 ( 3.4) | 7 ( 8.2) |
| ワクチン接種部位刺激感 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ワクチン接種部位反応 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| カテーテル留置部位紅斑 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 胸部不快感 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 不快感 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 薬物不耐性 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 高体温症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 注射部位内出血 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 代謝および栄養障害 | 5 ( 5.6) | 5 ( 11.6) | 15 ( 17.4) | 18 ( 42.6) | 20 ( 11.4) | 23 ( 27.0) |
| 糖尿病 | 1 ( 1.1) | 1 ( 2.3) | 4 ( 4.7) | 4 ( 9.5) | 5 ( 2.9) | 5 ( 5.9) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0<br>n (%) | <br>E (rate) | Ravulizumab (N=86) PY = 42.3<br>n (%) | <br>E (rate) | Total (N=175) PY = 85.3<br>n (%) | <br>E (rate) |
|---|---|---|---|---|---|---|
| 代謝および栄養障害（続き） | | | | | | |
| 食欲減退 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 高血糖 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 低カリウム血症 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 脱水 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 痛風 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 低血糖 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 食欲亢進 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 鉄欠乏 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ステロイド糖尿病 | 0 | 0 | 1 ( 1.2) | 3 ( 7.1) | 1 ( 0.6) | 3 ( 3.5) |
| 糖尿病性ケトアシドーシス | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 呼吸器、胸郭および縦隔障害 | 13 ( 14.6) | 22 ( 51.2) | 13 ( 15.1) | 22 ( 52.0) | 26 ( 14.9) | 44 ( 51.6) |
| 呼吸困難 | 3 ( 3.4) | 3 ( 7.0) | 4 ( 4.7) | 5 ( 11.8) | 7 ( 4.0) | 8 ( 9.4) |
| 咳嗽 | 4 ( 4.5) | 5 ( 11.6) | 3 ( 3.5) | 3 ( 7.1) | 7 ( 4.0) | 8 ( 9.4) |
| 息詰まり | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 労作性呼吸困難 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 肺浸潤 | 0 | 0 | 1 ( 1.2) | 4 ( 9.5) | 1 ( 0.6) | 4 ( 4.7) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
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Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
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| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 呼吸器、胸郭および縦隔障害（続き） | | | | | | |
| 口腔咽頭痛 | 1 ( 1.1) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 3 ( 3.5) |
| 胸水 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 誤嚥性肺炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 湿性咳嗽 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 気道うっ血 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 鼻漏 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 副鼻腔うっ血 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 慢性閉塞性肺疾患 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 鼻出血 | 1 ( 1.1) | 3 ( 7.0) | 0 | 0 | 1 ( 0.6) | 3 ( 3.5) |
| 過換気 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 鼻閉 | 3 ( 3.4) | 3 ( 7.0) | 0 | 0 | 3 ( 1.7) | 3 ( 3.5) |
| 呼吸器症状 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| アレルギー性鼻炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 臨床検査 | 11 ( 12.4) | 12 ( 27.9) | 11 ( 12.8) | 20 ( 47.3) | 22 ( 12.6) | 32 ( 37.5) |
| アラニンアミノトランスフェラーゼ増加 | 0 | 0 | 3 ( 3.5) | 3 ( 7.1) | 3 ( 1.7) | 3 ( 3.5) |
| γ－グルタミルトランスフェラーゼ増加 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
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Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | |
| アスパラギン酸アミノトランスフェラーゼ増加 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 血中葉酸減少 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 血圧上昇 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 体温上昇 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |
| Ｃ－反応性蛋白増加 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 心電図ＰＲ延長 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 尿中ブドウ糖陽性 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| リンパ球数減少 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |
| 尿中蛋白陽性 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 赤血球数減少 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 網状赤血球数増加 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 尿中白血球エステラーゼ陽性 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 白血球数減少 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 白血球数増加 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 活性化部分トロンボプラスチン時間延長 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 血中クレアチニン増加 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

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Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
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Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | |
| 血中乳酸脱水素酵素増加 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 血中副甲状腺ホルモン増加 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 尿中血陽性 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 肝酵素上昇 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 皮膚および皮下組織障害 | 13 ( 14.6) | 19 ( 44.2) | 7 ( 8.1) | 7 ( 16.6) | 20 ( 11.4) | 26 ( 30.5) |
| 発疹 | 2 ( 2.2) | 2 ( 4.7) | 2 ( 2.3) | 2 ( 4.7) | 4 ( 2.3) | 4 ( 4.7) |
| 脱毛症 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 斑状出血 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 皮膚疼痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| そう痒症 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |
| 皮膚病変 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |
| 水疱 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 湿疹 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 紅斑 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 皮膚肉芽腫 | 1 ( 1.1) | 2 ( 4.7) | 0 | 0 | 1 ( 0.6) | 2 ( 2.3) |
| 毛髪成長異常 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 皮膚および皮下組織障害（続き） | | | | | | |
| 多汗症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 寝汗 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 点状出血 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 皮膚潰瘍 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 蕁麻疹 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 眼障害 | 8 ( 9.0) | 12 ( 27.9) | 6 ( 7.0) | 6 ( 14.2) | 14 ( 8.0) | 18 ( 21.1) |
| 白内障 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 複視 | 1 ( 1.1) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 3 ( 3.5) |
| 緑内障 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 網膜静脈閉塞 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 眼瞼腫脹 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 視力障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 眼瞼紅斑 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 眼出血 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 眼運動障害 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 眼部腫脹 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0<br>n (%) | <br>E (rate) | Ravulizumab (N=86) PY = 42.3<br>n (%) | <br>E (rate) | Total (N=175) PY = 85.3<br>n (%) | <br>E (rate) |
|---|---|---|---|---|---|---|
| 眼障害（続き） | | | | | | |
| 羞明 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 網膜変性 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 網膜剥離 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 霧視 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 傷害、中毒および処置合併症 | 17 ( 19.1) | 28 ( 65.1) | 6 ( 7.0) | 8 ( 18.9) | 23 ( 13.1) | 36 ( 42.2) |
| ワクチン接種合併症 | 2 ( 2.2) | 2 ( 4.7) | 2 ( 2.3) | 3 ( 7.1) | 4 ( 2.3) | 5 ( 5.9) |
| 転倒 | 3 ( 3.4) | 6 ( 14.0) | 1 ( 1.2) | 1 ( 2.4) | 4 ( 2.3) | 7 ( 8.2) |
| 靱帯断裂 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 多発骨折 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 肋骨骨折 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 交通事故 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 事故 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 骨の分断化 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 挫傷 | 3 ( 3.4) | 4 ( 9.3) | 0 | 0 | 3 ( 1.7) | 4 ( 4.7) |
| 注入に伴う反応 | 5 ( 5.6) | 5 ( 11.6) | 0 | 0 | 5 ( 2.9) | 5 ( 5.9) |
| 注射に伴う反応 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0<br>n (%) | <br>E (rate) | Ravulizumab (N=86) PY = 42.3<br>n (%) | <br>E (rate) | Total (N=175) PY = 85.3<br>n (%) | <br>E (rate) |
|---|---|---|---|---|---|---|
| 傷害、中毒および処置合併症（続き） | | | | | | |
| 靱帯捻挫 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 処置後合併症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 処置後発熱 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 術後創合併症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 引っかき傷 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 創傷血腫 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 心臓障害 | 2 ( 2.2) | 2 ( 4.7) | 5 ( 5.8) | 6 ( 14.2) | 7 ( 4.0) | 8 ( 9.4) |
| 心房細動 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| うっ血性心筋症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 期外収縮 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 動悸 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 頻脈 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 左脚ブロック | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 精神障害 | 6 ( 6.7) | 6 ( 14.0) | 5 ( 5.8) | 5 ( 11.8) | 11 ( 6.3) | 11 ( 12.9) |
| 抑うつ気分を伴う適応障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| うつ病 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 精神障害（続き） | | | | | | |
| 不眠症 | 2 ( 2.2) | 2 ( 4.7) | 1 ( 1.2) | 1 ( 2.4) | 3 ( 1.7) | 3 ( 3.5) |
| 気分動揺 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 自殺企図 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 不安 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 錯乱状態 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 血管障害 | 10 ( 11.2) | 10 ( 23.3) | 5 ( 5.8) | 8 ( 18.9) | 15 ( 8.6) | 18 ( 21.1) |
| 高血圧 | 4 ( 4.5) | 4 ( 9.3) | 3 ( 3.5) | 6 ( 14.2) | 7 ( 4.0) | 10 ( 11.7) |
| 血管痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 白衣性高血圧 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 血腫 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 出血 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| ほてり | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 低血圧 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 静脈炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 2 ( 2.2) | 2 ( 4.7) | 4 ( 4.7) | 6 ( 14.2) | 6 ( 3.4) | 8 ( 9.4) |
| 皮膚乳頭腫 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
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Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む）（続き） | | | | | | |
| 皮膚有棘細胞癌 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 尿管新生物 | 0 | 0 | 1 ( 1.2) | 3 ( 7.1) | 1 ( 0.6) | 3 ( 3.5) |
| 脂肪腫 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 脂漏性角化症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 耳および迷路障害 | 0 | 0 | 3 ( 3.5) | 6 ( 14.2) | 3 ( 1.7) | 6 ( 7.0) |
| 難聴 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 片耳難聴 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 耳不快感 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 耳痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 耳鳴 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 回転性めまい | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腎および尿路障害 | 9 ( 10.1) | 13 ( 30.2) | 3 ( 3.5) | 3 ( 7.1) | 12 ( 6.9) | 16 ( 18.8) |
| 急性腎障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腹圧性尿失禁 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 尿閉 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 排尿困難 | 1 ( 1.1) | 2 ( 4.7) | 0 | 0 | 1 ( 0.6) | 2 ( 2.3) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 腎および尿路障害（続き） | | | | | | |
| 血尿 | 3 ( 3.4) | 3 ( 7.0) | 0 | 0 | 3 ( 1.7) | 3 ( 3.5) |
| ネフローゼ症候群 | 1 ( 1.1) | 3 ( 7.0) | 0 | 0 | 1 ( 0.6) | 3 ( 3.5) |
| 頻尿 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 蛋白尿 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 腎嚢胞 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 腎不全 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 尿失禁 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 生殖系および乳房障害 | 3 ( 3.4) | 3 ( 7.0) | 3 ( 3.5) | 3 ( 7.1) | 6 ( 3.4) | 6 ( 7.0) |
| 乳房腫瘤 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 閉経期障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 陰嚢障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 良性前立腺肥大症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 月経困難症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 性器出血 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 先天性、家族性および遺伝性障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 陰嚢水瘤 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.2.2.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 内分泌障害 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 甲状腺機能亢進症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 甲状腺腫瘤 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 免疫系障害 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 薬物過敏症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 季節性アレルギー | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 血液およびリンパ系障害 | 2 ( 2.2) | 4 ( 9.3) | 0 | 0 | 2 ( 1.1) | 4 ( 4.7) |
| 凝血異常 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 白血球増加症 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 赤血球増加症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 肝胆道系障害 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 胆石症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100; E=total number of events; PY=patient years; rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.10.1.2

Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, and by Randomization Stratification Factor Region Term

Safety Set

Randomization Stratification Factor Region: Japan

| System Organ Class<br>Preferred term | Placebo (N=7) PY=2.9 | | Ravulizumab (N=6) PY=2.9 | | Total (N=13) PY=5.8 | |
|---|---|---|---|---|---|---|
| | n (%) | E (Rate) | n (%) | E (Rate) | n (%) | E (Rate) |
| Any Adverse Event (AE) | 6 ( 85.7) | 19 ( 657.2) | 5 ( 83.3) | 23 ( 791.0) | 11 ( 84.6) | 42 ( 724.3) |
| 胃腸障害 | 3 ( 42.9) | 3 ( 103.8) | 3 ( 50.0) | 5 ( 172.0) | 6 ( 46.2) | 8 ( 138.0) |
| 下痢 | 0 | 0 | 2 ( 33.3) | 3 ( 103.2) | 2 ( 15.4) | 3 ( 51.7) |
| 口角口唇炎 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 齲歯 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 腹部膨満 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 小腸炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 口内炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 感染症および寄生虫症 | 3 ( 42.9) | 7 ( 242.1) | 2 ( 33.3) | 3 ( 103.2) | 5 ( 38.5) | 10 ( 172.5) |
| 爪の皮膚糸状菌症 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 咽頭炎 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 足部白癬 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 気管支炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 蜂巣炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 膀胱炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 毛包炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.10.1.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, and by Randomization Stratification Factor Region Term
Safety Set

Randomization Stratification Factor Region: Japan

| System Organ Class<br>Preferred term | Placebo (N=7) PY=2.9 | | Ravulizumab (N=6) PY=2.9 | | Total (N=13) PY=5.8 | |
|---|---|---|---|---|---|---|
| | n (%) | E (Rate) | n (%) | E (Rate) | n (%) | E (Rate) |
| 感染症および寄生虫症（続き） | | | | | | |
| 上咽頭炎 | 1 ( 14.3) | 2 ( 69.2) | 0 | 0 | 1 ( 7.7) | 2 ( 34.5) |
| 水痘帯状疱疹ウイルス感染 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 代謝および栄養障害 | 0 | 0 | 2 ( 33.3) | 5 ( 172.0) | 2 ( 15.4) | 5 ( 86.2) |
| 脱水 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 低血糖 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| ステロイド糖尿病 | 0 | 0 | 1 ( 16.7) | 3 ( 103.2) | 1 ( 7.7) | 3 ( 51.7) |
| 筋骨格系および結合組織障害 | 0 | 0 | 2 ( 33.3) | 2 ( 68.8) | 2 ( 15.4) | 2 ( 34.5) |
| 結節性変形性関節症 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 腱炎 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 神経系障害 | 2 ( 28.6) | 2 ( 69.2) | 2 ( 33.3) | 3 ( 103.2) | 4 ( 30.8) | 5 ( 86.2) |
| 脳出血 | 0 | 0 | 1 ( 16.7) | 2 ( 68.8) | 1 ( 7.7) | 2 ( 34.5) |
| 浮動性めまい | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 頭痛 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 後頭神経痛 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 眼障害 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 網膜静脈閉塞 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.10.1.2

Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, and by Randomization Stratification Factor Region Term

Safety Set

Randomization Stratification Factor Region: Japan

| System Organ Class<br>Preferred term | Placebo (N=7) PY=2.9 | | Ravulizumab (N=6) PY=2.9 | | Total (N=13) PY=5.8 | |
|---|---|---|---|---|---|---|
| | n (%) | E (Rate) | n (%) | E (Rate) | n (%) | E (Rate) |
| 一般・全身障害および投与部位の状態 | 1 ( 14.3) | 1 ( 34.6) | 1 ( 16.7) | 1 ( 34.4) | 2 ( 15.4) | 2 ( 34.5) |
| ワクチン接種部位反応 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 発熱 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 臨床検査 | 0 | 0 | 1 ( 16.7) | 3 ( 103.2) | 1 ( 7.7) | 3 ( 51.7) |
| アラニンアミノトランスフェラーゼ増加 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| γ－グルタミルトランスフェラーゼ増加 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 生殖系および乳房障害 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 性器出血 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 呼吸器、胸郭および縦隔障害 | 2 ( 28.6) | 2 ( 69.2) | 0 | 0 | 2 ( 15.4) | 2 ( 34.5) |
| 過換気 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| アレルギー性鼻炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 皮膚および皮下組織障害 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 湿疹 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 血管障害 | 2 ( 28.6) | 2 ( 69.2) | 0 | 0 | 2 ( 15.4) | 2 ( 34.5) |
| ほてり | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.10.1.2

Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, and by Randomization Stratification Factor Region Term

Safety Set

Randomization Stratification Factor Region: Japan

| System Organ Class<br>Preferred term | Placebo (N=7) PY=2.9 | | Ravulizumab (N=6) PY=2.9 | | Total (N=13) PY=5.8 | |
|---|---|---|---|---|---|---|
| | n (%) | E (Rate) | n (%) | E (Rate) | n (%) | E (Rate) |
| 血管障害（続き） | | | | | | |
| 高血圧 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 78 ( 90.7) | 348 (829.8) | 28 ( 40.0) | 82 ( 439.3) | 2 ( 15.4) | 3 (1514.3) | 79 ( 91.9) | 433 (712.1) |
| 感染症および寄生虫症 | 38 ( 44.2) | 63 (150.2) | 11 ( 15.7) | 16 ( 85.7) | 1 ( 7.7) | 1 ( 504.8) | 44 ( 51.2) | 80 (131.6) |
| 尿路感染 | 5 ( 5.8) | 7 ( 16.7) | 1 ( 1.4) | 1 ( 5.4) | 1 ( 7.7) | 1 ( 504.8) | 7 ( 8.1) | 9 ( 14.8) |
| ＣＯＶＩＤ－１９ | 5 ( 5.8) | 5 ( 11.9) | 1 ( 1.4) | 3 ( 16.1) | 0 | 0 | 6 ( 7.0) | 8 ( 13.2) |
| 皮膚真菌感染 | 2 ( 2.3) | 2 ( 4.8) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 4 ( 4.7) | 4 ( 6.6) |
| 咽頭炎 | 4 ( 4.7) | 4 ( 9.5) | 0 | 0 | 0 | 0 | 4 ( 4.7) | 4 ( 6.6) |
| 副鼻腔炎 | 3 ( 3.5) | 3 ( 7.2) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 4 ( 4.7) | 4 ( 6.6) |
| 上気道感染 | 3 ( 3.5) | 3 ( 7.2) | 1 ( 1.4) | 2 ( 10.7) | 0 | 0 | 4 ( 4.7) | 5 ( 8.2) |
| 帯状疱疹 | 2 ( 2.3) | 2 ( 4.8) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 上咽頭炎 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| ＣＯＶＩＤ－１９肺炎 | 2 ( 2.3) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 3 ( 4.9) |
| 胃腸炎 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| ウイルス性胃腸炎 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| ウイルス性消化管感染 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| インフルエンザ | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 肺炎 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 足部白癬 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 細菌性関節炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 無症候性ＣＯＶＩＤ－１９ | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 気管支炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 蜂巣炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| クロストリジウム・ディフィシレ感染 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 結腸膿瘍 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| 結膜炎 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 爪の皮膚糸状菌症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 憩室炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 耳感染 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 壊疽 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 消化管感染 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 膿痂疹 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 感染性皮膚潰瘍 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 腎感染 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 中耳炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 病原体耐性 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ＲＳウイルス肺炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| ウイルス性肺炎 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 術後創感染 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 慢性腎盂腎炎 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ブドウ球菌性敗血症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腟感染 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 神経系障害 | 30 ( 34.9) | 45 (107.3) | 7 ( 10.0) | 10 ( 53.6) | 0 | 0 | 34 ( 39.5) | 55 ( 90.5) |
| 頭痛 | 17 ( 19.8) | 20 ( 47.7) | 3 ( 4.3) | 6 ( 32.1) | 0 | 0 | 19 ( 22.1) | 26 ( 42.8) |
| 浮動性めまい | 8 ( 9.3) | 9 ( 21.5) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 9 ( 10.5) | 11 ( 18.1) |
| 失神 | 2 ( 2.3) | 3 ( 7.2) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 3 ( 3.5) | 4 ( 6.6) |
| 一過性脳虚血発作 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 平衡障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 脳出血 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害（続き） | | | | | | | | |
| 認知障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 不全片麻痺 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腰仙部神経根障害 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 重症筋無力症 | 1 ( 1.2) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 3 ( 4.9) |
| 重症筋無力症クリーゼ | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ヘルペス後神経痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 振戦 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 胃腸障害 | 28 ( 32.6) | 50 (119.2) | 5 ( 7.1) | 7 ( 37.5) | 0 | 0 | 31 ( 36.0) | 57 ( 93.7) |
| 下痢 | 12 ( 14.0) | 13 ( 31.0) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 14 ( 16.3) | 15 ( 24.7) |
| 悪心 | 9 ( 10.5) | 13 ( 31.0) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 10 ( 11.6) | 15 ( 24.7) |
| 腹痛 | 5 ( 5.8) | 6 ( 14.3) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 6 ( 7.0) | 7 ( 11.5) |
| 腹部不快感 | 2 ( 2.3) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 3 ( 4.9) |
| 齲歯 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 胃腸障害（続き） | | | | | | | | |
| 胃炎 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 嘔吐 | 1 ( 1.2) | 3 ( 7.2) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 4 ( 6.6) |
| 口角口唇炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 便秘 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 血性下痢 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 口内乾燥 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 嚥下障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 軟便 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 排便回数増加 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 胃食道逆流性疾患 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 嚥下痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害 | 23 ( 26.7) | 39 ( 93.0) | 6 ( 8.6) | 6 ( 32.1) | 0 | 0 | 26 ( 30.2) | 45 ( 74.0) |
| 関節痛 | 6 ( 7.0) | 8 ( 19.1) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 7 ( 8.1) | 9 ( 14.8) |
| 背部痛 | 7 ( 8.1) | 7 ( 16.7) | 0 | 0 | 0 | 0 | 7 ( 8.1) | 7 ( 11.5) |
| 四肢痛 | 3 ( 3.5) | 4 ( 9.5) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 5 ( 5.8) | 6 ( 9.9) |
| 筋痙縮 | 2 ( 2.3) | 4 ( 9.5) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 3 ( 3.5) | 5 ( 8.2) |
| 筋力低下 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 筋肉痛 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 頚部痛 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 尾骨痛 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 鼠径部痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 出血性関節症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 椎間板突出 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害（続き） | | | | | | | | |
| 筋攣縮 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 筋骨格系胸痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 筋骨格硬直 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 結節性変形性関節症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 変形性関節症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 肩回旋筋腱板症候群 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腱炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 一般・全身障害および投与部位の状態 | 22 ( 25.6) | 31 ( 73.9) | 10 ( 14.3) | 10 ( 53.6) | 0 | 0 | 25 ( 29.1) | 41 ( 67.4) |
| 疲労 | 6 ( 7.0) | 7 ( 16.7) | 3 ( 4.3) | 3 ( 16.1) | 0 | 0 | 8 ( 9.3) | 10 ( 16.4) |
| 末梢性浮腫 | 3 ( 3.5) | 4 ( 9.5) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 5 ( 5.8) | 6 ( 9.9) |
| 非心臓性胸痛 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 胸痛 | 1 ( 1.2) | 2 ( 4.8) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 3 ( 4.9) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | | | |
| インフルエンザ様疾患 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 無力症 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 胸部不快感 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 悪寒 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 異形成 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 全身健康状態悪化 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 注入部位血管外漏出 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 注入部位血腫 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 注入部位疼痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 注射部位反応 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 倦怠感 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 疼痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months<br>(N=86)<br>PY = 41.9 | | >6 to 12 months<br>(N=70)<br>PY = 18.7 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=86)<br>PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | | | |
| 発熱 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ワクチン接種部位刺激感 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ワクチン接種部位反応 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 代謝および栄養障害 | 15 ( 17.4) | 18 ( 42.9) | 0 | 0 | 0 | 0 | 15 ( 17.4) | 18 ( 29.6) |
| 糖尿病 | 4 ( 4.7) | 4 ( 9.5) | 0 | 0 | 0 | 0 | 4 ( 4.7) | 4 ( 6.6) |
| 食欲減退 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 高血糖 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 低カリウム血症 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 脱水 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 痛風 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 低血糖 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 食欲亢進 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 代謝および栄養障害（続き） | | | | | | | | |
| 鉄欠乏 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ステロイド糖尿病 | 1 ( 1.2) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 3 ( 4.9) |
| 臨床検査 | 10 ( 11.6) | 19 ( 45.3) | 4 ( 5.7) | 4 ( 21.4) | 0 | 0 | 14 ( 16.3) | 23 ( 37.8) |
| アラニンアミノトランスフェラーゼ増加 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| γ－グルタミルトランスフェラーゼ増加 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 血中葉酸減少 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 血中ブドウ糖増加 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 血圧上昇 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 体温上昇 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | | | |
| Ｃ－反応性蛋白増加 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 心電図ＰＲ延長 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 尿中ブドウ糖陽性 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| グリコヘモグロビン増加 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| リンパ球数減少 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 尿中蛋白陽性 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 赤血球数減少 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 網状赤血球数増加 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 尿中白血球エステラーゼ陽性 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | | | |
| 尿中ウロビリノーゲン | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 白血球数減少 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 白血球数増加 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 呼吸器、胸郭および縦隔障害 | 13 ( 15.1) | 22 ( 52.5) | 4 ( 5.7) | 6 ( 32.1) | 0 | 0 | 14 ( 16.3) | 28 ( 46.1) |
| 呼吸困難 | 4 ( 4.7) | 5 ( 11.9) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 5 ( 5.8) | 6 ( 9.9) |
| 咳嗽 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 息詰まり | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 労作性呼吸困難 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 湿性咳嗽 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 肺浸潤 | 1 ( 1.2) | 4 ( 9.5) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 4 ( 6.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 呼吸器、胸郭および縦隔障害（続き） | | | | | | | | |
| 口腔咽頭痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 胸水 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 誤嚥性肺炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 気道うっ血 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 鼻漏 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 副鼻腔うっ血 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 咽喉絞扼感 | 0 | 0 | 1 ( 1.4) | 3 ( 16.1) | 0 | 0 | 1 ( 1.2) | 3 ( 4.9) |
| 皮膚および皮下組織障害 | 7 ( 8.1) | 7 ( 16.7) | 5 ( 7.1) | 6 ( 32.1) | 0 | 0 | 11 ( 12.8) | 13 ( 21.4) |
| そう痒症 | 1 ( 1.2) | 1 ( 2.4) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 脱毛症 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 発疹 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| ざ瘡様皮膚炎 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 皮膚および皮下組織障害（続き） | | | | | | | | |
| 斑状出血 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 過角化 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 皮膚疼痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 皮膚病変 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 蕁麻疹 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 傷害、中毒および処置合併症 | 6 ( 7.0) | 8 ( 19.1) | 5 ( 7.1) | 5 ( 26.8) | 0 | 0 | 10 ( 11.6) | 13 ( 21.4) |
| ワクチン接種合併症 | 2 ( 2.3) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 3 ( 4.9) |
| 歯科修復不成功 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 転倒 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 靱帯断裂 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腰椎骨折 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 多発骨折 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 傷害、中毒および処置合併症（続き） | | | | | | | | |
| 肋骨骨折 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 交通事故 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 脊椎圧迫骨折 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 歯牙破折 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 創傷 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 眼障害 | 6 ( 7.0) | 6 ( 14.3) | 2 ( 2.9) | 3 ( 16.1) | 0 | 0 | 7 ( 8.1) | 9 ( 14.8) |
| 眼瞼痙攣 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 白内障 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 2 ( 10.7) | 0 | 0 | 1 ( 1.2) | 3 ( 4.9) |
| 複視 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 緑内障 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 網膜静脈閉塞 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 眼瞼腫脹 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 視力障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 血管障害 | 5 ( 5.8) | 8 ( 19.1) | 2 ( 2.9) | 2 ( 10.7) | 0 | 0 | 7 ( 8.1) | 10 ( 16.4) |
| 高血圧 | 3 ( 3.5) | 6 ( 14.3) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 4 ( 4.7) | 7 ( 11.5) |
| 血腫 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 血管痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 白衣性高血圧 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 心臓障害 | 5 ( 5.8) | 6 ( 14.3) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 6 ( 7.0) | 7 ( 11.5) |
| 心房細動 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 狭心症 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| うっ血性心筋症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 期外収縮 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 動悸 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 頻脈 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 精神障害 | 5 ( 5.8) | 5 ( 11.9) | 0 | 0 | 0 | 0 | 5 ( 5.8) | 5 ( 8.2) |
| 抑うつ気分を伴う適応障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| うつ病 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 不眠症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 気分動揺 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 自殺企図 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 耳および迷路障害 | 3 ( 3.5) | 6 ( 14.3) | 1 ( 1.4) | 2 ( 10.7) | 0 | 0 | 4 ( 4.7) | 8 ( 13.2) |
| 耳痛 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 2 ( 10.7) | 0 | 0 | 2 ( 2.3) | 3 ( 4.9) |
| 難聴 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 片耳難聴 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 耳不快感 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 耳鳴 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 回転性めまい | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=86)<br>PY = 41.9 | | >6 to 12 months<br>(N=70)<br>PY = 18.7 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=86)<br>PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 4 ( 4.7) | 6 ( 14.3) | 0 | 0 | 0 | 0 | 4 ( 4.7) | 6 ( 9.9) |
| 皮膚乳頭腫 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 皮膚有棘細胞癌 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 尿管新生物 | 1 ( 1.2) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 3 ( 4.9) |
| 腎および尿路障害 | 3 ( 3.5) | 3 ( 7.2) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 4 ( 4.7) | 4 ( 6.6) |
| 急性腎障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腎結石症 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腹圧性尿失禁 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 尿閉 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

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Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 血液およびリンパ系障害 | 0 | 0 | 2 ( 2.9) | 2 ( 10.7) | 1 ( 7.7) | 2 (1009.5) | 3 ( 3.5) | 4 ( 6.6) |
| 白血球減少症 | 0 | 0 | 0 | 0 | 1 ( 7.7) | 1 ( 504.8) | 1 ( 1.2) | 1 ( 1.6) |
| リンパ節症 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| リンパ球減少症 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 好中球減少症 | 0 | 0 | 0 | 0 | 1 ( 7.7) | 1 ( 504.8) | 1 ( 1.2) | 1 ( 1.6) |
| 生殖系および乳房障害 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 乳房腫瘤 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 閉経期障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 陰嚢障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 先天性、家族性および遺伝性障害 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 陰嚢水瘤 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 内分泌障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 甲状腺機能亢進症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 免疫系障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 薬物過敏症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 31 ( 75.6) | 100 (492.6) | 6 ( 22.2) | 7 (1971.0) | 0 | 0 | 31 ( 75.6) | 107 (518.0) |
| 感染症および寄生虫症 | 13 ( 31.7) | 17 ( 83.7) | 2 ( 7.4) | 2 ( 563.1) | 0 | 0 | 13 ( 31.7) | 19 ( 92.0) |
| 上気道感染 | 4 ( 9.8) | 4 ( 19.7) | 0 | 0 | 0 | 0 | 4 ( 9.8) | 4 ( 19.4) |
| 上咽頭炎 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 咽頭炎 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 尿路感染 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 気管支炎 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| ＣＯＶＩＤ－１９ | 1 ( 2.4) | 1 ( 4.9) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 1 ( 2.4) | 2 ( 9.7) |
| カンジダ感染 | 0 | 0 | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 真菌感染 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 脂腺感染 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 皮膚感染 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| ＣＯＶＩＤ－１９の疑い | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| ウイルス性発疹 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 胃腸障害 | 10 ( 24.4) | 15 ( 73.9) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 10 ( 24.4) | 16 ( 77.5) |
| 悪心 | 3 ( 7.3) | 4 ( 19.7) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 3 ( 7.3) | 5 ( 24.2) |
| 腹痛 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 便秘 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 下痢 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 上腹部痛 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 胃腸障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 口唇そう痒症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 口唇潰瘍 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 口蓋障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害 | 8 ( 19.5) | 12 ( 59.1) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 8 ( 19.5) | 13 ( 62.9) |
| 頭痛 | 4 ( 9.8) | 4 ( 19.7) | 0 | 0 | 0 | 0 | 4 ( 9.8) | 4 ( 19.4) |
| 浮動性めまい | 2 ( 4.9) | 4 ( 19.7) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 2 ( 4.9) | 5 ( 24.2) |
| 頭部不快感 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 感覚鈍麻 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 重症筋無力症 | 1 ( 2.4) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 2 ( 9.7) |
| 皮膚および皮下組織障害 | 8 ( 19.5) | 8 ( 39.4) | 0 | 0 | 0 | 0 | 8 ( 19.5) | 8 ( 38.7) |
| 多汗症 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 皮膚病変 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 接触皮膚炎 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 湿疹 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 点状出血 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 皮膚潰瘍 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 傷害、中毒および処置合併症 | 7 ( 17.1) | 7 ( 34.5) | 0 | 0 | 0 | 0 | 7 ( 17.1) | 7 ( 33.9) |
| 転倒 | 3 ( 7.3) | 3 ( 14.8) | 0 | 0 | 0 | 0 | 3 ( 7.3) | 3 ( 14.5) |
| 節足動物咬傷 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 靱帯捻挫 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 膝蓋骨骨折 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| ワクチン接種合併症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 臨床検査 | 6 ( 14.6) | 6 ( 29.6) | 0 | 0 | 0 | 0 | 6 ( 14.6) | 6 ( 29.0) |
| Ｃ－反応性蛋白増加 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 活性化部分トロンボプラスチン時間延長 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| グリコヘモグロビン増加 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | | | |
| トランスアミナーゼ上昇 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 体重増加 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 筋骨格系および結合組織障害 | 4 ( 9.8) | 7 ( 34.5) | 2 ( 7.4) | 2 ( 563.1) | 0 | 0 | 6 ( 14.6) | 9 ( 43.6) |
| 関節痛 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 背部痛 | 0 | 0 | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 筋骨格痛 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 頚部痛 | 0 | 0 | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 四肢痛 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 乾癬性関節症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 脊椎痛 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 腱炎 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 呼吸器、胸郭および縦隔障害 | 5 ( 12.2) | 8 ( 39.4) | 0 | 0 | 0 | 0 | 5 ( 12.2) | 8 ( 38.7) |
| 咳嗽 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 喀血 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 鼻そう痒症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 口腔咽頭痛 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 呼吸不全 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 気道うっ血 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 鼻漏 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 副鼻腔うっ血 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 一般・全身障害および投与部位の状態 | 4 ( 9.8) | 5 ( 24.6) | 0 | 0 | 0 | 0 | 4 ( 9.8) | 5 ( 24.2) |
| 無力症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 胸部不快感 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | | | |
| 非心臓性胸痛 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 末梢性浮腫 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 発熱 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 血管障害 | 2 ( 4.9) | 2 ( 9.9) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 3 ( 7.3) | 3 ( 14.5) |
| 大動脈拡張 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 潮紅 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 高血圧 | 0 | 0 | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 眼障害 | 2 ( 4.9) | 3 ( 14.8) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 3 ( 14.5) |
| 白内障 | 1 ( 2.4) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 2 ( 9.7) |
| 眼瞼下垂 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 代謝および栄養障害 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 食欲減退 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 代謝および栄養障害（続き） | | | | | | | | |
| 食欲亢進 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 腎および尿路障害 | 2 ( 4.9) | 2 ( 9.9) | 0 | 0 | 0 | 0 | 2 ( 4.9) | 2 ( 9.7) |
| 微少病変糸球体腎炎 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 頻尿 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 血液およびリンパ系障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 胸腺腫大 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 心臓障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 心房細動 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 内分泌障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 甲状腺腫瘤 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=41) PY = 20.3 | | >6 to 12 months (N=27) PY = 0.4 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=41) PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 皮膚の新生物 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 精神障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 不安 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 生殖系および乳房障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 子宮内膜肥厚 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 109 ( 85.8) | 448 (719.8) | 34 ( 35.1) | 89 ( 467.9) | 2 ( 15.4) | 3 (1514.3) | 110 ( 86.6) | 540 (662.9) |
| 感染症および寄生虫症 | 51 ( 40.2) | 80 (128.5) | 13 ( 13.4) | 18 ( 94.6) | 1 ( 7.7) | 1 ( 504.8) | 57 ( 44.9) | 99 (121.5) |
| 尿路感染 | 7 ( 5.5) | 9 ( 14.5) | 1 ( 1.0) | 1 ( 5.3) | 1 ( 7.7) | 1 ( 504.8) | 9 ( 7.1) | 11 ( 13.5) |
| 上気道感染 | 7 ( 5.5) | 7 ( 11.2) | 1 ( 1.0) | 2 ( 10.5) | 0 | 0 | 8 ( 6.3) | 9 ( 11.0) |
| ＣＯＶＩＤ－１９ | 6 ( 4.7) | 6 ( 9.6) | 2 ( 2.1) | 4 ( 21.0) | 0 | 0 | 7 ( 5.5) | 10 ( 12.3) |
| 咽頭炎 | 6 ( 4.7) | 6 ( 9.6) | 0 | 0 | 0 | 0 | 6 ( 4.7) | 6 ( 7.4) |
| 上咽頭炎 | 5 ( 3.9) | 5 ( 8.0) | 0 | 0 | 0 | 0 | 5 ( 3.9) | 5 ( 6.1) |
| 皮膚真菌感染 | 2 ( 1.6) | 2 ( 3.2) | 2 ( 2.1) | 2 ( 10.5) | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| 副鼻腔炎 | 3 ( 2.4) | 3 ( 4.8) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| 帯状疱疹 | 2 ( 1.6) | 2 ( 3.2) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 気管支炎 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| ＣＯＶＩＤ－１９肺炎 | 2 ( 1.6) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 3 ( 3.7) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| 胃腸炎 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| ウイルス性胃腸炎 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| ウイルス性消化管感染 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| インフルエンザ | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 肺炎 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 足部白癬 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 細菌性関節炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 無症候性ＣＯＶＩＤ－１９ | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| カンジダ感染 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 蜂巣炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| クロストリジウム・ディフィシレ感染 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| 結腸膿瘍 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 結膜炎 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 爪の皮膚糸状菌症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 憩室炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 耳感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 真菌感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 壊疽 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 消化管感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 膿痂疹 | 1 ( 0.8) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 感染性皮膚潰瘍 | 1 ( 0.8) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 腎感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 中耳炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 病原体耐性 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| ＲＳウイルス肺炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ウイルス性肺炎 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 術後創感染 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 慢性腎盂腎炎 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 脂腺感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 皮膚感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ブドウ球菌性敗血症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ＣＯＶＩＤ－１９の疑い | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 膣感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ウイルス性発疹 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害 | 38 ( 29.9) | 57 ( 91.6) | 8 ( 8.2) | 11 ( 57.8) | 0 | 0 | 42 ( 33.1) | 68 ( 83.5) |
| 頭痛 | 21 ( 16.5) | 24 ( 38.6) | 3 ( 3.1) | 6 ( 31.5) | 0 | 0 | 23 ( 18.1) | 30 ( 36.8) |
| 浮動性めまい | 10 ( 7.9) | 13 ( 20.9) | 3 ( 3.1) | 3 ( 15.8) | 0 | 0 | 11 ( 8.7) | 16 ( 19.6) |
| 失神 | 2 ( 1.6) | 3 ( 4.8) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 3 ( 2.4) | 4 ( 4.9) |
| 重症筋無力症 | 2 ( 1.6) | 5 ( 8.0) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 5 ( 6.1) |
| 一過性脳虚血発作 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 平衡障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 脳出血 | 1 ( 0.8) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 認知障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 頭部不快感 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 不全片麻痺 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 感覚鈍麻 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 腰仙部神経根障害 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 重症筋無力症クリーゼ | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害（続き） | | | | | | | | |
| ヘルペス後神経痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 振戦 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 胃腸障害 | 38 ( 29.9) | 65 (104.4) | 6 ( 6.2) | 8 ( 42.1) | 0 | 0 | 41 ( 32.3) | 73 ( 89.6) |
| 下痢 | 14 ( 11.0) | 15 ( 24.1) | 2 ( 2.1) | 2 ( 10.5) | 0 | 0 | 16 ( 12.6) | 17 ( 20.9) |
| 悪心 | 12 ( 9.4) | 17 ( 27.3) | 3 ( 3.1) | 3 ( 15.8) | 0 | 0 | 13 ( 10.2) | 20 ( 24.6) |
| 腹痛 | 7 ( 5.5) | 8 ( 12.9) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 8 ( 6.3) | 9 ( 11.0) |
| 便秘 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 腹部不快感 | 2 ( 1.6) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 3 ( 3.7) |
| 齲歯 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 胃炎 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 嘔吐 | 1 ( 0.8) | 3 ( 4.8) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 4 ( 4.9) |
| 上腹部痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 口角口唇炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 胃腸障害（続き） | | | | | | | | |
| 血性下痢 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 口内乾燥 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 嚥下障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 軟便 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 排便回数増加 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 胃腸障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 胃食道逆流性疾患 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 口唇そう痒症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 口唇潰瘍 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 嚥下痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 口蓋障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害 | 27 ( 21.3) | 46 ( 73.9) | 8 ( 8.2) | 8 ( 42.1) | 0 | 0 | 32 ( 25.2) | 54 ( 66.3) |
| 関節痛 | 8 ( 6.3) | 10 ( 16.1) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 9 ( 7.1) | 11 ( 13.5) |
| 背部痛 | 7 ( 5.5) | 7 ( 11.2) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 8 ( 6.3) | 8 ( 9.8) |
| 四肢痛 | 4 ( 3.1) | 5 ( 8.0) | 2 ( 2.1) | 2 ( 10.5) | 0 | 0 | 6 ( 4.7) | 7 ( 8.6) |
| 筋痙縮 | 2 ( 1.6) | 4 ( 6.4) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 3 ( 2.4) | 5 ( 6.1) |
| 頚部痛 | 2 ( 1.6) | 2 ( 3.2) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 筋力低下 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 筋肉痛 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 腱炎 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 尾骨痛 | 1 ( 0.8) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 坐骨神経痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 出血性関節症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害（続き） | | | | | | | | |
| 椎間板突出 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 筋攣縮 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 筋骨格系胸痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 筋骨格痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 筋骨格硬直 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 結節性変形性関節症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 変形性関節症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 乾癬性関節症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 肩回旋筋腱板症候群 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 脊椎痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 一般・全身障害および投与部位の状態 | 26 ( 20.5) | 36 ( 57.8) | 10 ( 10.3) | 10 ( 52.6) | 0 | 0 | 29 ( 22.8) | 46 ( 56.5) |
| 疲労 | 6 ( 4.7) | 7 ( 11.2) | 3 ( 3.1) | 3 ( 15.8) | 0 | 0 | 8 ( 6.3) | 10 ( 12.3) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | | | |
| 末梢性浮腫 | 4 ( 3.1) | 5 ( 8.0) | 2 ( 2.1) | 2 ( 10.5) | 0 | 0 | 6 ( 4.7) | 7 ( 8.6) |
| 非心臓性胸痛 | 4 ( 3.1) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| 無力症 | 2 ( 1.6) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 3 ( 3.7) |
| 胸部不快感 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 胸痛 | 1 ( 0.8) | 2 ( 3.2) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 3 ( 3.7) |
| インフルエンザ様疾患 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 発熱 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 悪寒 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 異形成 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 全身健康状態悪化 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 注入部位血管外漏出 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 注入部位血腫 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | | | |
| 注入部位疼痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 注射部位反応 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 倦怠感 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 疼痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ワクチン接種部位刺激感 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ワクチン接種部位反応 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 臨床検査 | 16 ( 12.6) | 25 ( 40.2) | 4 ( 4.1) | 4 ( 21.0) | 0 | 0 | 20 ( 15.7) | 29 ( 35.6) |
| アラニンアミノトランスフェラーゼ増加 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| Ｃ－反応性蛋白増加 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| γ－グルタミルトランスフェラーゼ増加 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | | | |
| グリコヘモグロビン増加 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 活性化部分トロンボプラスチン時間延長 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 血中葉酸減少 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 血中ブドウ糖増加 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 血圧上昇 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 体温上昇 | 1 ( 0.8) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 心電図ＰＲ延長 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿中ブドウ糖陽性 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| リンパ球数減少 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 臨床検査（続き） | | | | | | | | |
| 尿中蛋白陽性 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 赤血球数減少 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 網状赤血球数増加 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| トランスアミナーゼ上昇 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿中白血球エステラーゼ陽性 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿中ウロビリノーゲン | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 体重増加 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 白血球数減少 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 白血球数増加 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 呼吸器、胸郭および縦隔障害 | 18 ( 14.2) | 30 ( 48.2) | 4 ( 4.1) | 6 ( 31.5) | 0 | 0 | 19 ( 15.0) | 36 ( 44.2) |
| 呼吸困難 | 4 ( 3.1) | 5 ( 8.0) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 5 ( 3.9) | 6 ( 7.4) |
| 咳嗽 | 4 ( 3.1) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| 息詰まり | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 労作性呼吸困難 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 口腔咽頭痛 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 湿性咳嗽 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 気道うっ血 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 鼻漏 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 副鼻腔うっ血 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 喀血 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 肺浸潤 | 1 ( 0.8) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 4 ( 4.9) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 呼吸器、胸郭および縦隔障害（続き） | | | | | | | | |
| 鼻そう痒症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 胸水 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 誤嚥性肺炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 呼吸不全 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 咽喉絞扼感 | 0 | 0 | 1 ( 1.0) | 3 ( 15.8) | 0 | 0 | 1 ( 0.8) | 3 ( 3.7) |
| 皮膚および皮下組織障害 | 15 ( 11.8) | 15 ( 24.1) | 5 ( 5.2) | 6 ( 31.5) | 0 | 0 | 19 ( 15.0) | 21 ( 25.8) |
| そう痒症 | 1 ( 0.8) | 1 ( 1.6) | 2 ( 2.1) | 2 ( 10.5) | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 皮膚病変 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 脱毛症 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 多汗症 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 発疹 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| ざ瘡様皮膚炎 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 皮膚および皮下組織障害（続き） | | | | | | | | |
| 接触皮膚炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 斑状出血 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 湿疹 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 過角化 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 皮膚疼痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 点状出血 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 皮膚潰瘍 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 蕁麻疹 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 傷害、中毒および処置合併症 | 13 ( 10.2) | 15 ( 24.1) | 5 ( 5.2) | 5 ( 26.3) | 0 | 0 | 17 ( 13.4) | 20 ( 24.6) |
| 転倒 | 4 ( 3.1) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| ワクチン接種合併症 | 3 ( 2.4) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 4 ( 4.9) |
| 節足動物咬傷 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 傷害、中毒および処置合併症（続き） | | | | | | | | |
| 歯科修復不成功 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 靱帯断裂 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 靱帯捻挫 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 腰椎骨折 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 多発骨折 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 膝蓋骨骨折 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 肋骨骨折 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 交通事故 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 脊椎圧迫骨折 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 歯牙破折 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 創傷 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 代謝および栄養障害 | 17 ( 13.4) | 20 ( 32.1) | 0 | 0 | 0 | 0 | 17 ( 13.4) | 20 ( 24.6) |
| 糖尿病 | 4 ( 3.1) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| 食欲減退 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 高血糖 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 低カリウム血症 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 食欲亢進 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 脱水 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 痛風 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 低血糖 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 鉄欠乏 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ステロイド糖尿病 | 1 ( 0.8) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 3 ( 3.7) |
| 血管障害 | 7 ( 5.5) | 10 ( 16.1) | 3 ( 3.1) | 3 ( 15.8) | 0 | 0 | 10 ( 7.9) | 13 ( 16.0) |
| 高血圧 | 3 ( 2.4) | 6 ( 9.6) | 2 ( 2.1) | 2 ( 10.5) | 0 | 0 | 5 ( 3.9) | 8 ( 9.8) |
| 大動脈拡張 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 血管障害（続き） | | | | | | | | |
| 潮紅 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 血腫 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 血管痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 白衣性高血圧 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 眼障害 | 8 ( 6.3) | 9 ( 14.5) | 2 ( 2.1) | 3 ( 15.8) | 0 | 0 | 9 ( 7.1) | 12 ( 14.7) |
| 白内障 | 2 ( 1.6) | 3 ( 4.8) | 1 ( 1.0) | 2 ( 10.5) | 0 | 0 | 2 ( 1.6) | 5 ( 6.1) |
| 眼瞼痙攣 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 複視 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 眼瞼下垂 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 緑内障 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 網膜静脈閉塞 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 眼瞼腫脹 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 視力障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 心臓障害 | 6 ( 4.7) | 7 ( 11.2) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 7 ( 5.5) | 8 ( 9.8) |
| 心房細動 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 狭心症 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| うっ血性心筋症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 期外収縮 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 動悸 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 頻脈 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 精神障害 | 6 ( 4.7) | 6 ( 9.6) | 0 | 0 | 0 | 0 | 6 ( 4.7) | 6 ( 7.4) |
| 抑うつ気分を伴う適応障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 不安 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| うつ病 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 不眠症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 – 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 精神障害（続き） | | | | | | | | |
| 気分動揺 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 自殺企図 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 腎および尿路障害 | 5 ( 3.9) | 5 ( 8.0) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 6 ( 4.7) | 6 ( 7.4) |
| 急性腎障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 微少病変糸球体腎炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 腎結石症 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 頻尿 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 腹圧性尿失禁 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿閉 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 良性、悪性および詳細不明の新生物 (嚢胞およびポリープを含む) | 5 ( 3.9) | 7 ( 11.2) | 0 | 0 | 0 | 0 | 5 ( 3.9) | 7 ( 8.6) |
| 皮膚乳頭腫 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 皮膚の新生物 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 皮膚有棘細胞癌 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿管新生物 | 1 ( 0.8) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 3 ( 3.7) |
| 血液およびリンパ系障害 | 1 ( 0.8) | 1 ( 1.6) | 2 ( 2.1) | 2 ( 10.5) | 1 ( 7.7) | 2 (1009.5) | 4 ( 3.1) | 5 ( 6.1) |
| 白血球減少症 | 0 | 0 | 0 | 0 | 1 ( 7.7) | 1 ( 504.8) | 1 ( 0.8) | 1 ( 1.2) |
| リンパ節症 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| リンパ球減少症 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 好中球減少症 | 0 | 0 | 0 | 0 | 1 ( 7.7) | 1 ( 504.8) | 1 ( 0.8) | 1 ( 1.2) |
| 胸腺腫大 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 耳および迷路障害 | 3 ( 2.4) | 6 ( 9.6) | 1 ( 1.0) | 2 ( 10.5) | 0 | 0 | 4 ( 3.1) | 8 ( 9.8) |
| 耳痛 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 2 ( 10.5) | 0 | 0 | 2 ( 1.6) | 3 ( 3.7) |
| 難聴 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 片耳難聴 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 耳不快感 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 耳鳴 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 回転性めまい | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 生殖系および乳房障害 | 4 ( 3.1) | 4 ( 6.4) | 0 | 0 | 0 | 0 | 4 ( 3.1) | 4 ( 4.9) |
| 乳房腫瘤 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 子宮内膜肥厚 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 閉経期障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 陰嚢障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 内分泌障害 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 甲状腺機能亢進症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 甲状腺腫瘤 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 先天性、家族性および遺伝性障害 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 陰嚢水瘤 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 免疫系障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 薬物過敏症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.2.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=6)<br>PY = 2.9 | | >6 to 12 months<br>(N=5)<br>PY = 0.5 | | >12 to 18 months<br>(N=0)<br>PY = 0.0 | | 0 to cutoff<br>(N=6)<br>PY = 3.4 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 5 ( 83.3) | 23 (793.9) | 1 ( 20.0) | 1 ( 196.6) | 0 | 0 | 6 (100.0) | 24 (704.7) |
| 胃腸障害 | 3 ( 50.0) | 5 (172.6) | 0 | 0 | 0 | 0 | 3 ( 50.0) | 5 (146.8) |
| 下痢 | 2 ( 33.3) | 3 (103.5) | 0 | 0 | 0 | 0 | 2 ( 33.3) | 3 ( 88.1) |
| 口角口唇炎 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 齲歯 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 筋骨格系および結合組織障害 | 2 ( 33.3) | 2 ( 69.0) | 1 ( 20.0) | 1 ( 196.6) | 0 | 0 | 3 ( 50.0) | 3 ( 88.1) |
| 結節性変形性関節症 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 四肢痛 | 0 | 0 | 1 ( 20.0) | 1 ( 196.6) | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 腱炎 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 感染症および寄生虫症 | 2 ( 33.3) | 3 (103.5) | 0 | 0 | 0 | 0 | 2 ( 33.3) | 3 ( 88.1) |
| 爪の皮膚糸状菌症 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 咽頭炎 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)
Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=6) PY = 2.9 | | >6 to 12 months (N=5) PY = 0.5 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=6) PY = 3.4 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| 足部白癬 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 代謝および栄養障害 | 2 ( 33.3) | 5 (172.6) | 0 | 0 | 0 | 0 | 2 ( 33.3) | 5 (146.8) |
| 脱水 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 低血糖 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| ステロイド糖尿病 | 1 ( 16.7) | 3 (103.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 3 ( 88.1) |
| 神経系障害 | 2 ( 33.3) | 3 (103.5) | 0 | 0 | 0 | 0 | 2 ( 33.3) | 3 ( 88.1) |
| 脳出血 | 1 ( 16.7) | 2 ( 69.0) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 2 ( 58.7) |
| 浮動性めまい | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 眼障害 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 網膜静脈閉塞 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J
Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)
Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=6) PY = 2.9 | | >6 to 12 months (N=5) PY = 0.5 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=6) PY = 3.4 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| ワクチン接種部位反応 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| 臨床検査 | 1 ( 16.7) | 3 (103.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 3 ( 88.1) |
| アラニンアミノトランスフェラーゼ増加 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |
| γ－グルタミルトランスフェラーゼ増加 | 1 ( 16.7) | 1 ( 34.5) | 0 | 0 | 0 | 0 | 1 ( 16.7) | 1 ( 29.4) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months (N=1) PY = 0.5 | | >6 to 12 months (N=0) PY = 0.0 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=1) PY = 0.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 1 (100.0) | 3 (605.4) | 0 | 0 | 0 | 0 | 1 (100.0) | 3 (605.4) |
| 良性、悪性および詳細不明の新生物 (嚢胞およびポリープを含む) | 1 (100.0) | 1 (201.8) | 0 | 0 | 0 | 0 | 1 (100.0) | 1 (201.8) |
| 皮膚の新生物 | 1 (100.0) | 1 (201.8) | 0 | 0 | 0 | 0 | 1 (100.0) | 1 (201.8) |
| 神経系障害 | 1 (100.0) | 1 (201.8) | 0 | 0 | 0 | 0 | 1 (100.0) | 1 (201.8) |
| 頭部不快感 | 1 (100.0) | 1 (201.8) | 0 | 0 | 0 | 0 | 1 (100.0) | 1 (201.8) |
| 皮膚および皮下組織障害 | 1 (100.0) | 1 (201.8) | 0 | 0 | 0 | 0 | 1 (100.0) | 1 (201.8) |
| 接触皮膚炎 | 1 (100.0) | 1 (201.8) | 0 | 0 | 0 | 0 | 1 (100.0) | 1 (201.8) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=7) PY = 3.4 | | >6 to 12 months (N=5) PY = 0.5 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=7) PY = 3.9 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 6 ( 85.7) | 26 (766.3) | 1 ( 20.0) | 1 ( 196.6) | 0 | 0 | 7 (100.0) | 27 (692.1) |
| 胃腸障害 | 3 ( 42.9) | 5 (147.4) | 0 | 0 | 0 | 0 | 3 ( 42.9) | 5 (128.2) |
| 下痢 | 2 ( 28.6) | 3 ( 88.4) | 0 | 0 | 0 | 0 | 2 ( 28.6) | 3 ( 76.9) |
| 口角口唇炎 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 齲歯 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 筋骨格系および結合組織障害 | 2 ( 28.6) | 2 ( 58.9) | 1 ( 20.0) | 1 ( 196.6) | 0 | 0 | 3 ( 42.9) | 3 ( 76.9) |
| 結節性変形性関節症 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 四肢痛 | 0 | 0 | 1 ( 20.0) | 1 ( 196.6) | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 腱炎 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 神経系障害 | 3 ( 42.9) | 4 (117.9) | 0 | 0 | 0 | 0 | 3 ( 42.9) | 4 (102.5) |
| 脳出血 | 1 ( 14.3) | 2 ( 58.9) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 2 ( 51.3) |
| 浮動性めまい | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=7) PY = 3.4 | | >6 to 12 months (N=5) PY = 0.5 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=7) PY = 3.9 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害（続き） | | | | | | | | |
| 頭部不快感 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 感染症および寄生虫症 | 2 ( 28.6) | 3 ( 88.4) | 0 | 0 | 0 | 0 | 2 ( 28.6) | 3 ( 76.9) |
| 爪の皮膚糸状菌症 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 咽頭炎 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 足部白癬 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 代謝および栄養障害 | 2 ( 28.6) | 5 (147.4) | 0 | 0 | 0 | 0 | 2 ( 28.6) | 5 (128.2) |
| 脱水 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 低血糖 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| ステロイド糖尿病 | 1 ( 14.3) | 3 ( 88.4) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 3 ( 76.9) |
| 眼障害 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 網膜静脈閉塞 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=7) PY = 3.4 | | >6 to 12 months (N=5) PY = 0.5 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=7) PY = 3.9 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| ワクチン接種部位反応 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 臨床検査 | 1 ( 14.3) | 3 ( 88.4) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 3 ( 76.9) |
| アラニンアミノトランスフェラーゼ増加 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| γ－グルタミルトランスフェラーゼ増加 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 皮膚の新生物 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.3.1.2.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date (Japanese)

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months (N=7) PY = 3.4 | | >6 to 12 months (N=5) PY = 0.5 | | >12 to 18 months (N=0) PY = 0.0 | | 0 to cutoff (N=7) PY = 3.9 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 皮膚および皮下組織障害 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |
| 接触皮膚炎 | 1 ( 14.3) | 1 ( 29.5) | 0 | 0 | 0 | 0 | 1 ( 14.3) | 1 ( 25.6) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using MedDRA 'MedDRA 24.0'
The data cut-off date is 11MAY2021

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| Patients with Treatment-Emergent Adverse Events | 30 ( 33.7) | 47 ( 52.8) | 29 ( 33.7) | 49 ( 57.0) |
| 血液およびリンパ系障害 | 0 | 2 ( 2.2) | 0 | 0 |
| 凝血異常 | 0 | 1 ( 1.1) | 0 | 0 |
| 白血球増加症 | 0 | 2 ( 2.2) | 0 | 0 |
| 赤血球増加症 | 0 | 1 ( 1.1) | 0 | 0 |
| 心臓障害 | 0 | 2 ( 2.2) | 0 | 5 ( 5.8) |
| 心房細動 | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |
| 左脚ブロック | 0 | 1 ( 1.1) | 0 | 0 |
| うっ血性心筋症 | 0 | 0 | 0 | 1 ( 1.2) |
| 期外収縮 | 0 | 0 | 0 | 1 ( 1.2) |
| 動悸 | 0 | 0 | 0 | 1 ( 1.2) |
| 頻脈 | 0 | 0 | 0 | 1 ( 1.2) |
| 先天性、家族性および遺伝性障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 陰嚢水瘤 | 0 | 0 | 0 | 1 ( 1.2) |
| 耳および迷路障害 | 0 | 0 | 0 | 3 ( 3.5) |
| 難聴 | 0 | 0 | 0 | 1 ( 1.2) |
| 片耳難聴 | 0 | 0 | 0 | 1 ( 1.2) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 耳および迷路障害（続き） | | | | |
| 耳不快感 | 0 | 0 | 0 | 1 ( 1.2) |
| 耳痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 耳鳴 | 0 | 0 | 0 | 1 ( 1.2) |
| 回転性めまい | 0 | 0 | 0 | 1 ( 1.2) |
| 内分泌障害 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 甲状腺機能亢進症 | 0 | 0 | 0 | 1 ( 1.2) |
| 甲状腺腫瘤 | 0 | 1 ( 1.1) | 0 | 0 |
| 眼障害 | 0 | 8 ( 9.0) | 0 | 6 ( 7.0) |
| 白内障 | 0 | 0 | 0 | 1 ( 1.2) |
| 複視 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 眼瞼紅斑 | 0 | 1 ( 1.1) | 0 | 0 |
| 眼出血 | 0 | 1 ( 1.1) | 0 | 0 |
| 眼運動障害 | 0 | 1 ( 1.1) | 0 | 0 |
| 眼部腫脹 | 0 | 1 ( 1.1) | 0 | 0 |
| 緑内障 | 0 | 0 | 0 | 1 ( 1.2) |
| 羞明 | 0 | 2 ( 2.2) | 0 | 0 |
| 網膜変性 | 0 | 1 ( 1.1) | 0 | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 眼障害（続き） | | | | |
| 網膜剥離 | 0 | 1 ( 1.1) | 0 | 0 |
| 網膜静脈閉塞 | 0 | 0 | 0 | 1 ( 1.2) |
| 眼瞼腫脹 | 0 | 0 | 0 | 1 ( 1.2) |
| 霧視 | 0 | 2 ( 2.2) | 0 | 0 |
| 視力障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 胃腸障害 | 9 ( 10.1) | 20 ( 22.5) | 11 ( 12.8) | 18 ( 20.9) |
| 腹部不快感 | 2 ( 2.2) | 0 | 0 | 2 ( 2.3) |
| 腹部膨満 | 1 ( 1.1) | 1 ( 1.1) | 0 | 0 |
| 腹痛 | 0 | 0 | 1 ( 1.2) | 4 ( 4.7) |
| 上腹部痛 | 1 ( 1.1) | 2 ( 2.2) | 0 | 0 |
| 腹部硬直 | 1 ( 1.1) | 0 | 0 | 0 |
| 口角口唇炎 | 0 | 0 | 1 ( 1.2) | 0 |
| 便秘 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| 齲歯 | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |
| 下痢 | 4 ( 4.5) | 7 ( 7.9) | 4 ( 4.7) | 9 ( 10.5) |
| 血性下痢 | 0 | 0 | 0 | 1 ( 1.2) |
| 口内乾燥 | 0 | 1 ( 1.1) | 0 | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 胃腸障害（続き） | | | | |
| 消化不良 | 0 | 2 ( 2.2) | 0 | 0 |
| 嚥下障害 | 0 | 0 | 1 ( 1.2) | 0 |
| 小腸炎 | 0 | 1 ( 1.1) | 0 | 0 |
| 軟便 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| 排便回数増加 | 0 | 0 | 0 | 1 ( 1.2) |
| 機能性胃腸障害 | 0 | 1 ( 1.1) | 0 | 0 |
| 胃炎 | 0 | 0 | 0 | 2 ( 2.3) |
| 胃腸障害 | 1 ( 1.1) | 0 | 0 | 0 |
| 胃食道逆流性疾患 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 腹腔内血腫 | 0 | 1 ( 1.1) | 0 | 0 |
| 口唇びらん | 0 | 1 ( 1.1) | 0 | 0 |
| 悪心 | 4 ( 4.5) | 5 ( 5.6) | 6 ( 7.0) | 3 ( 3.5) |
| 嚥下痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 歯周病 | 0 | 1 ( 1.1) | 0 | 0 |
| 口内炎 | 0 | 1 ( 1.1) | 0 | 0 |
| 歯痛 | 0 | 1 ( 1.1) | 0 | 0 |
| 嘔吐 | 0 | 3 ( 3.4) | 0 | 2 ( 2.3) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 一般・全身障害および投与部位の状態 | 4 ( 4.5) | 17 ( 19.1) | 4 ( 4.7) | 18 ( 20.9) |
| 無力症 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| カテーテル留置部位紅斑 | 0 | 1 ( 1.1) | 0 | 0 |
| 胸部不快感 | 0 | 1 ( 1.1) | 0 | 0 |
| 胸痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 悪寒 | 0 | 0 | 0 | 1 ( 1.2) |
| 不快感 | 1 ( 1.1) | 1 ( 1.1) | 0 | 0 |
| 薬物不耐性 | 0 | 1 ( 1.1) | 0 | 0 |
| 疲労 | 2 ( 2.2) | 4 ( 4.5) | 2 ( 2.3) | 4 ( 4.7) |
| 全身健康状態悪化 | 0 | 0 | 0 | 1 ( 1.2) |
| 高体温症 | 1 ( 1.1) | 0 | 0 | 0 |
| インフルエンザ様疾患 | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |
| 注入部位血管外漏出 | 0 | 0 | 1 ( 1.2) | 0 |
| 注入部位血腫 | 0 | 0 | 0 | 1 ( 1.2) |
| 注入部位疼痛 | 0 | 0 | 1 ( 1.2) | 0 |
| 注射部位内出血 | 1 ( 1.1) | 0 | 0 | 0 |
| 注射部位反応 | 0 | 0 | 0 | 1 ( 1.2) |

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Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
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| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 一般・全身障害および投与部位の状態（続き） | | | | |
| 倦怠感 | 0 | 0 | 0 | 1 ( 1.2) |
| 非心臓性胸痛 | 0 | 1 ( 1.1) | 0 | 3 ( 3.5) |
| 末梢性浮腫 | 0 | 2 ( 2.2) | 0 | 3 ( 3.5) |
| 疼痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 発熱 | 0 | 5 ( 5.6) | 0 | 1 ( 1.2) |
| ワクチン接種部位刺激感 | 0 | 0 | 0 | 1 ( 1.2) |
| ワクチン接種部位反応 | 0 | 0 | 0 | 1 ( 1.2) |
| 肝胆道系障害 | 0 | 1 ( 1.1) | 0 | 0 |
| 胆石症 | 0 | 1 ( 1.1) | 0 | 0 |
| 免疫系障害 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 薬物過敏症 | 0 | 0 | 0 | 1 ( 1.2) |
| 季節性アレルギー | 0 | 1 ( 1.1) | 0 | 0 |
| 感染症および寄生虫症 | 5 ( 5.6) | 23 ( 25.8) | 6 ( 7.0) | 32 ( 37.2) |
| 四肢膿瘍 | 0 | 1 ( 1.1) | 0 | 0 |
| 細菌性関節炎 | 0 | 0 | 0 | 1 ( 1.2) |
| 無症候性ＣＯＶＩＤ－１９ | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 気管支炎 | 0 | 4 ( 4.5) | 1 ( 1.2) | 0 |

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|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | |
| ＣＯＶＩＤ－１９ | 0 | 3 ( 3.4) | 0 | 5 ( 5.8) |
| ＣＯＶＩＤ－１９肺炎 | 0 | 0 | 0 | 2 ( 2.3) |
| 蜂巣炎 | 2 ( 2.2) | 0 | 1 ( 1.2) | 0 |
| 結腸膿瘍 | 0 | 0 | 0 | 1 ( 1.2) |
| 膀胱炎 | 0 | 1 ( 1.1) | 0 | 0 |
| 爪の皮膚糸状菌症 | 0 | 0 | 0 | 1 ( 1.2) |
| 憩室炎 | 0 | 0 | 0 | 1 ( 1.2) |
| 耳感染 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 毛包炎 | 0 | 1 ( 1.1) | 0 | 0 |
| 皮膚真菌感染 | 0 | 0 | 0 | 2 ( 2.3) |
| 壊疽 | 0 | 0 | 0 | 1 ( 1.2) |
| 胃腸炎 | 0 | 0 | 0 | 2 ( 2.3) |
| ウイルス性胃腸炎 | 0 | 0 | 0 | 2 ( 2.3) |
| 消化管感染 | 0 | 0 | 0 | 1 ( 1.2) |
| ウイルス性消化管感染 | 0 | 0 | 0 | 1 ( 1.2) |
| 帯状疱疹 | 1 ( 1.1) | 0 | 0 | 2 ( 2.3) |
| 膿痂疹 | 0 | 0 | 0 | 1 ( 1.2) |

Note: % = n/N*100.
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|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | |
| 感染性皮膚潰瘍 | 0 | 0 | 0 | 1 ( 1.2) |
| インフルエンザ | 0 | 0 | 1 ( 1.2) | 1 ( 1.2) |
| 腎感染 | 0 | 0 | 0 | 1 ( 1.2) |
| 上咽頭炎 | 0 | 5 ( 5.6) | 1 ( 1.2) | 2 ( 2.3) |
| 食道カンジダ症 | 0 | 1 ( 1.1) | 0 | 0 |
| 中耳炎 | 0 | 0 | 1 ( 1.2) | 0 |
| 病原体耐性 | 0 | 0 | 0 | 1 ( 1.2) |
| 咽頭炎 | 0 | 0 | 0 | 4 ( 4.7) |
| 肺炎 | 0 | 0 | 0 | 2 ( 2.3) |
| ＲＳウイルス肺炎 | 0 | 0 | 0 | 1 ( 1.2) |
| 術後創感染 | 0 | 1 ( 1.1) | 0 | 0 |
| 副鼻腔炎 | 0 | 0 | 0 | 3 ( 3.5) |
| ブドウ球菌性敗血症 | 0 | 0 | 0 | 1 ( 1.2) |
| ストーマ部感染 | 0 | 1 ( 1.1) | 0 | 0 |
| 足部白癬 | 0 | 2 ( 2.2) | 0 | 2 ( 2.3) |
| 歯感染 | 0 | 1 ( 1.1) | 0 | 0 |
| 上気道感染 | 1 ( 1.1) | 1 ( 1.1) | 1 ( 1.2) | 2 ( 2.3) |

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|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | |
| 尿路感染 | 0 | 4 ( 4.5) | 1 ( 1.2) | 4 ( 4.7) |
| 腟感染 | 1 ( 1.1) | 0 | 0 | 1 ( 1.2) |
| 水痘帯状疱疹ウイルス感染 | 1 ( 1.1) | 0 | 0 | 0 |
| 傷害、中毒および処置合併症 | 5 ( 5.6) | 12 ( 13.5) | 1 ( 1.2) | 5 ( 5.8) |
| 事故 | 0 | 1 ( 1.1) | 0 | 0 |
| 骨の分断化 | 0 | 1 ( 1.1) | 0 | 0 |
| 挫傷 | 0 | 3 ( 3.4) | 0 | 0 |
| 転倒 | 0 | 3 ( 3.4) | 1 ( 1.2) | 0 |
| 注入に伴う反応 | 5 ( 5.6) | 0 | 0 | 0 |
| 注射に伴う反応 | 0 | 1 ( 1.1) | 0 | 0 |
| 靱帯断裂 | 0 | 0 | 0 | 1 ( 1.2) |
| 靱帯捻挫 | 0 | 2 ( 2.2) | 0 | 0 |
| 多発骨折 | 0 | 0 | 0 | 1 ( 1.2) |
| 処置後合併症 | 0 | 1 ( 1.1) | 0 | 0 |
| 処置後発熱 | 0 | 1 ( 1.1) | 0 | 0 |
| 術後創合併症 | 0 | 1 ( 1.1) | 0 | 0 |
| 肋骨骨折 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |

Note: % = n/N*100.
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|---|---|---|---|---|
| 傷害、中毒および処置合併症（続き） | | | | |
| 交通事故 | 0 | 0 | 0 | 1 ( 1.2) |
| 引っかき傷 | 0 | 1 ( 1.1) | 0 | 0 |
| ワクチン接種合併症 | 0 | 2 ( 2.2) | 0 | 2 ( 2.3) |
| 創傷血腫 | 0 | 1 ( 1.1) | 0 | 0 |
| 臨床検査 | 1 ( 1.1) | 10 ( 11.2) | 2 ( 2.3) | 9 ( 10.5) |
| 活性化部分トロンボプラスチン時間延長 | 0 | 1 ( 1.1) | 0 | 0 |
| アラニンアミノトランスフェラーゼ増加 | 0 | 0 | 1 ( 1.2) | 2 ( 2.3) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 1.2) |
| 血中クレアチニン増加 | 0 | 1 ( 1.1) | 0 | 0 |
| 血中葉酸減少 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 血中乳酸脱水素酵素増加 | 0 | 1 ( 1.1) | 0 | 0 |
| 血中副甲状腺ホルモン増加 | 0 | 1 ( 1.1) | 0 | 0 |
| 血圧上昇 | 0 | 0 | 0 | 1 ( 1.2) |
| 尿中血陽性 | 0 | 1 ( 1.1) | 0 | 0 |
| 体温上昇 | 0 | 0 | 1 ( 1.2) | 0 |
| Ｃ－反応性蛋白増加 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 心電図ＰＲ延長 | 0 | 0 | 0 | 1 ( 1.2) |

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|---|---|---|---|---|
| 臨床検査（続き） | | | | |
| γ－グルタミルトランスフェラーゼ増加 | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |
| 尿中ブドウ糖陽性 | 0 | 0 | 0 | 1 ( 1.2) |
| 肝酵素上昇 | 1 ( 1.1) | 0 | 0 | 0 |
| リンパ球数減少 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| 尿中蛋白陽性 | 0 | 0 | 0 | 1 ( 1.2) |
| 赤血球数減少 | 0 | 0 | 0 | 1 ( 1.2) |
| 網状赤血球数増加 | 0 | 0 | 0 | 1 ( 1.2) |
| 尿中白血球エステラーゼ陽性 | 0 | 0 | 0 | 1 ( 1.2) |
| 白血球数減少 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 白血球数増加 | 0 | 0 | 0 | 1 ( 1.2) |
| 代謝および栄養障害 | 0 | 5 ( 5.6) | 2 ( 2.3) | 13 ( 15.1) |
| 食欲減退 | 0 | 0 | 2 ( 2.3) | 0 |
| 脱水 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 糖尿病 | 0 | 1 ( 1.1) | 0 | 4 ( 4.7) |
| 糖尿病性ケトアシドーシス | 0 | 1 ( 1.1) | 0 | 0 |
| 痛風 | 0 | 0 | 0 | 1 ( 1.2) |
| 高血糖 | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |

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|---|---|---|---|---|
| 代謝および栄養障害（続き） | | | | |
| 低血糖 | 0 | 0 | 0 | 1 ( 1.2) |
| 低カリウム血症 | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |
| 食欲亢進 | 0 | 0 | 0 | 1 ( 1.2) |
| 鉄欠乏 | 0 | 0 | 0 | 1 ( 1.2) |
| ステロイド糖尿病 | 0 | 0 | 0 | 1 ( 1.2) |
| 筋骨格系および結合組織障害 | 3 ( 3.4) | 20 ( 22.5) | 7 ( 8.1) | 16 ( 18.6) |
| 関節痛 | 0 | 7 ( 7.9) | 2 ( 2.3) | 4 ( 4.7) |
| 背部痛 | 0 | 5 ( 5.6) | 0 | 7 ( 8.1) |
| 尾骨痛 | 0 | 0 | 1 ( 1.2) | 0 |
| 鼡径部痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 出血性関節症 | 0 | 0 | 0 | 1 ( 1.2) |
| 椎間板突出 | 0 | 0 | 0 | 1 ( 1.2) |
| 顎関節クリッキング | 0 | 1 ( 1.1) | 0 | 0 |
| 筋痙縮 | 3 ( 3.4) | 0 | 0 | 2 ( 2.3) |
| 筋攣縮 | 0 | 0 | 0 | 1 ( 1.2) |
| 筋力低下 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 筋骨格系胸痛 | 0 | 0 | 0 | 1 ( 1.2) |

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|---|---|---|---|---|
| 筋骨格系および結合組織障害（続き） | | | | |
| 筋骨格痛 | 1 ( 1.1) | 0 | 0 | 0 |
| 筋肉痛 | 0 | 1 ( 1.1) | 2 ( 2.3) | 0 |
| 頚部痛 | 0 | 1 ( 1.1) | 1 ( 1.2) | 1 ( 1.2) |
| 結節性変形性関節症 | 0 | 0 | 0 | 1 ( 1.2) |
| 変形性関節症 | 0 | 0 | 1 ( 1.2) | 0 |
| 四肢痛 | 0 | 3 ( 3.4) | 0 | 3 ( 3.5) |
| 肩回旋筋腱板症候群 | 0 | 0 | 1 ( 1.2) | 0 |
| 脊椎痛 | 0 | 1 ( 1.1) | 0 | 0 |
| 脊柱管狭窄症 | 0 | 2 ( 2.2) | 0 | 0 |
| 腱炎 | 0 | 1 ( 1.1) | 1 ( 1.2) | 0 |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 0 | 2 ( 2.2) | 1 ( 1.2) | 3 ( 3.5) |
| 脂肪腫 | 0 | 1 ( 1.1) | 0 | 0 |
| 脂漏性角化症 | 0 | 1 ( 1.1) | 0 | 0 |
| 皮膚乳頭腫 | 0 | 0 | 1 ( 1.2) | 1 ( 1.2) |
| 皮膚有棘細胞癌 | 0 | 0 | 0 | 1 ( 1.2) |
| 尿管新生物 | 0 | 0 | 0 | 1 ( 1.2) |
| 神経系障害 | 15 ( 16.9) | 17 ( 19.1) | 8 ( 9.3) | 22 ( 25.6) |

Note: % = n/N*100.
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|---|---|---|---|---|
| 神経系障害（続き） | | | | |
| 平衡障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 手根管症候群 | 0 | 1 ( 1.1) | 0 | 0 |
| 脳出血 | 0 | 0 | 0 | 1 ( 1.2) |
| 認知障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 浮動性めまい | 1 ( 1.1) | 2 ( 2.2) | 2 ( 2.3) | 6 ( 7.0) |
| 顔面不全麻痺 | 0 | 1 ( 1.1) | 0 | 0 |
| 頭痛 | 15 ( 16.9) | 8 ( 9.0) | 6 ( 7.0) | 10 ( 11.6) |
| 不全片麻痺 | 0 | 0 | 0 | 1 ( 1.2) |
| 味覚減退 | 0 | 1 ( 1.1) | 0 | 0 |
| 腰髄神経根障害 | 0 | 1 ( 1.1) | 0 | 0 |
| 重症筋無力症 | 0 | 4 ( 4.5) | 0 | 1 ( 1.2) |
| 重症筋無力症クリーゼ | 0 | 0 | 0 | 1 ( 1.2) |
| 後頭神経痛 | 0 | 1 ( 1.1) | 0 | 0 |
| 錯感覚 | 0 | 1 ( 1.1) | 0 | 0 |
| ヘルペス後神経痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 下肢静止不能症候群 | 0 | 1 ( 1.1) | 0 | 0 |
| 網膜性片頭痛 | 0 | 1 ( 1.1) | 0 | 0 |

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|---|---|---|---|---|
| 神経系障害（続き） | | | | |
| 坐骨神経痛 | 0 | 1 ( 1.1) | 0 | 0 |
| 痙攣発作 | 0 | 1 ( 1.1) | 0 | 0 |
| 失神 | 0 | 0 | 0 | 2 ( 2.3) |
| 一過性脳虚血発作 | 0 | 0 | 0 | 2 ( 2.3) |
| 振戦 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| 三叉神経痛 | 0 | 1 ( 1.1) | 0 | 0 |
| 精神障害 | 0 | 6 ( 6.7) | 0 | 5 ( 5.8) |
| 抑うつ気分を伴う適応障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 不安 | 0 | 2 ( 2.2) | 0 | 0 |
| 錯乱状態 | 0 | 1 ( 1.1) | 0 | 0 |
| うつ病 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 不眠症 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| 気分動揺 | 0 | 0 | 0 | 1 ( 1.2) |
| 自殺企図 | 0 | 0 | 0 | 1 ( 1.2) |
| 腎および尿路障害 | 0 | 9 ( 10.1) | 0 | 3 ( 3.5) |
| 急性腎障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 排尿困難 | 0 | 1 ( 1.1) | 0 | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 腎および尿路障害（続き） | | | | |
| 血尿 | 0 | 3 ( 3.4) | 0 | 0 |
| ネフローゼ症候群 | 0 | 1 ( 1.1) | 0 | 0 |
| 頻尿 | 0 | 1 ( 1.1) | 0 | 0 |
| 蛋白尿 | 0 | 1 ( 1.1) | 0 | 0 |
| 腎嚢胞 | 0 | 1 ( 1.1) | 0 | 0 |
| 腎不全 | 0 | 1 ( 1.1) | 0 | 0 |
| 腹圧性尿失禁 | 0 | 0 | 0 | 1 ( 1.2) |
| 尿失禁 | 0 | 1 ( 1.1) | 0 | 0 |
| 尿閉 | 0 | 0 | 0 | 1 ( 1.2) |
| 生殖系および乳房障害 | 0 | 3 ( 3.4) | 0 | 3 ( 3.5) |
| 良性前立腺肥大症 | 0 | 1 ( 1.1) | 0 | 0 |
| 乳房腫瘤 | 0 | 0 | 0 | 1 ( 1.2) |
| 月経困難症 | 0 | 1 ( 1.1) | 0 | 0 |
| 性器出血 | 0 | 1 ( 1.1) | 0 | 0 |
| 閉経期障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 陰嚢障害 | 0 | 0 | 0 | 1 ( 1.2) |
| 呼吸器、胸郭および縦隔障害 | 1 ( 1.1) | 12 ( 13.5) | 1 ( 1.2) | 12 ( 14.0) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 呼吸器、胸郭および縦隔障害（続き） | | | | |
| 息詰まり | 0 | 1 ( 1.1) | 0 | 2 ( 2.3) |
| 慢性閉塞性肺疾患 | 0 | 1 ( 1.1) | 0 | 0 |
| 咳嗽 | 0 | 4 ( 4.5) | 0 | 3 ( 3.5) |
| 呼吸困難 | 0 | 3 ( 3.4) | 0 | 4 ( 4.7) |
| 労作性呼吸困難 | 0 | 0 | 0 | 1 ( 1.2) |
| 鼻出血 | 0 | 1 ( 1.1) | 0 | 0 |
| 過換気 | 1 ( 1.1) | 0 | 0 | 0 |
| 肺浸潤 | 0 | 0 | 0 | 1 ( 1.2) |
| 鼻閉 | 0 | 3 ( 3.4) | 0 | 0 |
| 口腔咽頭痛 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| 胸水 | 0 | 0 | 0 | 1 ( 1.2) |
| 誤嚥性肺炎 | 0 | 0 | 0 | 1 ( 1.2) |
| 湿性咳嗽 | 0 | 0 | 0 | 1 ( 1.2) |
| 呼吸器症状 | 0 | 1 ( 1.1) | 0 | 0 |
| 気道うっ血 | 0 | 1 ( 1.1) | 0 | 1 ( 1.2) |
| アレルギー性鼻炎 | 0 | 1 ( 1.1) | 0 | 0 |
| 鼻漏 | 0 | 0 | 1 ( 1.2) | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 呼吸器、胸郭および縦隔障害（続き） | | | | |
| 副鼻腔うっ血 | 0 | 0 | 0 | 1 ( 1.2) |
| 皮膚および皮下組織障害 | 2 ( 2.2) | 11 ( 12.4) | 3 ( 3.5) | 4 ( 4.7) |
| 脱毛症 | 0 | 1 ( 1.1) | 1 ( 1.2) | 0 |
| 水疱 | 0 | 1 ( 1.1) | 0 | 0 |
| 斑状出血 | 0 | 0 | 0 | 1 ( 1.2) |
| 湿疹 | 1 ( 1.1) | 0 | 0 | 0 |
| 紅斑 | 0 | 2 ( 2.2) | 0 | 0 |
| 皮膚肉芽腫 | 0 | 1 ( 1.1) | 0 | 0 |
| 毛髪成長異常 | 0 | 1 ( 1.1) | 0 | 0 |
| 多汗症 | 0 | 1 ( 1.1) | 0 | 0 |
| 寝汗 | 1 ( 1.1) | 0 | 0 | 0 |
| 皮膚疼痛 | 0 | 0 | 0 | 1 ( 1.2) |
| 点状出血 | 0 | 1 ( 1.1) | 0 | 0 |
| そう痒症 | 0 | 2 ( 2.2) | 1 ( 1.2) | 0 |
| 発疹 | 0 | 2 ( 2.2) | 1 ( 1.2) | 1 ( 1.2) |
| 皮膚病変 | 0 | 2 ( 2.2) | 0 | 1 ( 1.2) |
| 皮膚潰瘍 | 0 | 1 ( 1.1) | 0 | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89)<br>Related<br>n (%) | Placebo (N=89)<br>Not Related<br>n (%) | Ravulizumab (N=86)<br>Related<br>n (%) | Ravulizumab (N=86)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 皮膚および皮下組織障害（続き） | | | | |
| 蕁麻疹 | 0 | 1 ( 1.1) | 0 | 0 |
| 血管障害 | 3 ( 3.4) | 7 ( 7.9) | 1 ( 1.2) | 4 ( 4.7) |
| 血腫 | 1 ( 1.1) | 1 ( 1.1) | 0 | 0 |
| 出血 | 0 | 1 ( 1.1) | 0 | 0 |
| ほてり | 1 ( 1.1) | 0 | 0 | 0 |
| 高血圧 | 0 | 4 ( 4.5) | 0 | 3 ( 3.5) |
| 低血圧 | 0 | 1 ( 1.1) | 0 | 0 |
| 静脈炎 | 1 ( 1.1) | 0 | 0 | 0 |
| 血管痛 | 0 | 0 | 1 ( 1.2) | 0 |
| 白衣性高血圧 | 0 | 0 | 0 | 1 ( 1.2) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.4.2.J
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship (Japanese)
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=7)<br>Related<br>n (%) | Placebo (N=7)<br>Not Related<br>n (%) | Ravulizumab (N=6)<br>Related<br>n (%) | Ravulizumab (N=6)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| Patients with Treatment-Emergent Adverse Events | 3 ( 42.9) | 3 ( 42.9) | 2 ( 33.3) | 3 ( 50.0) |
| 眼障害 | 0 | 0 | 0 | 1 ( 16.7) |
| 網膜静脈閉塞 | 0 | 0 | 0 | 1 ( 16.7) |
| 胃腸障害 | 0 | 3 ( 42.9) | 2 ( 33.3) | 1 ( 16.7) |
| 腹部膨満 | 0 | 1 ( 14.3) | 0 | 0 |
| 口角口唇炎 | 0 | 0 | 1 ( 16.7) | 0 |
| 齲歯 | 0 | 0 | 0 | 1 ( 16.7) |
| 下痢 | 0 | 0 | 1 ( 16.7) | 1 ( 16.7) |
| 小腸炎 | 0 | 1 ( 14.3) | 0 | 0 |
| 口内炎 | 0 | 1 ( 14.3) | 0 | 0 |
| 一般・全身障害および投与部位の状態 | 0 | 1 ( 14.3) | 0 | 1 ( 16.7) |
| 発熱 | 0 | 1 ( 14.3) | 0 | 0 |
| ワクチン接種部位反応 | 0 | 0 | 0 | 1 ( 16.7) |
| 感染症および寄生虫症 | 1 ( 14.3) | 2 ( 28.6) | 0 | 2 ( 33.3) |
| 気管支炎 | 0 | 1 ( 14.3) | 0 | 0 |
| 蜂巣炎 | 1 ( 14.3) | 0 | 0 | 0 |
| 膀胱炎 | 0 | 1 ( 14.3) | 0 | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using MedDRA 'MedDRA 24.0'

Table 14.3.1.3.4.2.J
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship (Japanese)
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=7)<br>Related<br>n (%) | Placebo (N=7)<br>Not Related<br>n (%) | Ravulizumab (N=6)<br>Related<br>n (%) | Ravulizumab (N=6)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | |
| 爪の皮膚糸状菌症 | 0 | 0 | 0 | 1 ( 16.7) |
| 毛包炎 | 0 | 1 ( 14.3) | 0 | 0 |
| 上咽頭炎 | 0 | 1 ( 14.3) | 0 | 0 |
| 咽頭炎 | 0 | 0 | 0 | 1 ( 16.7) |
| 足部白癬 | 0 | 0 | 0 | 1 ( 16.7) |
| 水痘帯状疱疹ウイルス感染 | 1 ( 14.3) | 0 | 0 | 0 |
| 臨床検査 | 0 | 0 | 0 | 1 ( 16.7) |
| アラニンアミノトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 16.7) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 16.7) |
| γ－グルタミルトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 16.7) |
| 代謝および栄養障害 | 0 | 0 | 0 | 2 ( 33.3) |
| 脱水 | 0 | 0 | 0 | 1 ( 16.7) |
| 低血糖 | 0 | 0 | 0 | 1 ( 16.7) |
| ステロイド糖尿病 | 0 | 0 | 0 | 1 ( 16.7) |
| 筋骨格系および結合組織障害 | 0 | 0 | 1 ( 16.7) | 1 ( 16.7) |
| 結節性変形性関節症 | 0 | 0 | 0 | 1 ( 16.7) |
| 腱炎 | 0 | 0 | 1 ( 16.7) | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using MedDRA 'MedDRA 24.0'

Table 14.3.1.3.4.2.J
Treatment-Emergent Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term, by Highest Relationship (Japanese)
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=7)<br>Related<br>n (%) | Placebo (N=7)<br>Not Related<br>n (%) | Ravulizumab (N=6)<br>Related<br>n (%) | Ravulizumab (N=6)<br>Not Related<br>n (%) |
|---|---|---|---|---|
| 神経系障害 | 0 | 2 ( 28.6) | 0 | 2 ( 33.3) |
| 脳出血 | 0 | 0 | 0 | 1 ( 16.7) |
| 浮動性めまい | 0 | 0 | 0 | 1 ( 16.7) |
| 頭痛 | 0 | 1 ( 14.3) | 0 | 0 |
| 後頭神経痛 | 0 | 1 ( 14.3) | 0 | 0 |
| 生殖系および乳房障害 | 0 | 1 ( 14.3) | 0 | 0 |
| 性器出血 | 0 | 1 ( 14.3) | 0 | 0 |
| 呼吸器、胸郭および縦隔障害 | 1 ( 14.3) | 1 ( 14.3) | 0 | 0 |
| 過換気 | 1 ( 14.3) | 0 | 0 | 0 |
| アレルギー性鼻炎 | 0 | 1 ( 14.3) | 0 | 0 |
| 皮膚および皮下組織障害 | 1 ( 14.3) | 0 | 0 | 0 |
| 湿疹 | 1 ( 14.3) | 0 | 0 | 0 |
| 血管障害 | 1 ( 14.3) | 1 ( 14.3) | 0 | 0 |
| ほてり | 1 ( 14.3) | 0 | 0 | 0 |
| 高血圧 | 0 | 1 ( 14.3) | 0 | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Note: AEs are coded using MedDRA 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| Patients with Treatment-Emergent Adverse Events | 10 ( 24.4) | 21 ( 51.2) | 33 ( 38.4) | 46 ( 53.5) | 43 ( 33.9) | 67 ( 52.8) |
| 血液およびリンパ系障害 | 0 | 1 ( 2.4) | 1 ( 1.2) | 2 ( 2.3) | 1 ( 0.8) | 3 ( 2.4) |
| 白血球減少症 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| リンパ節症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| リンパ球減少症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 好中球減少症 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 胸腺腫大 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 心臓障害 | 0 | 1 ( 2.4) | 0 | 6 ( 7.0) | 0 | 7 ( 5.5) |
| 狭心症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 心房細動 | 0 | 1 ( 2.4) | 0 | 2 ( 2.3) | 0 | 3 ( 2.4) |
| うっ血性心筋症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 期外収縮 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 動悸 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 頻脈 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 先天性、家族性および遺伝性障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41) | | Ravulizumab to Ravulizumab (N=86) | | Total (N=127) | |
|---|---|---|---|---|---|---|
| | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) |
| 先天性、家族性および遺伝性障害（続き） | | | | | | |
| 陰嚢水瘤 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 耳および迷路障害 | 0 | 0 | 0 | 4 ( 4.7) | 0 | 4 ( 3.1) |
| 難聴 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 片耳難聴 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 耳不快感 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 耳痛 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 耳鳴 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 回転性めまい | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 内分泌障害 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| 甲状腺機能亢進症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 甲状腺腫瘤 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 眼障害 | 0 | 2 ( 4.9) | 0 | 7 ( 8.1) | 0 | 9 ( 7.1) |
| 眼瞼痙攣 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 白内障 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| 複視 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 眼障害（続き） | | | | | | |
| 眼瞼下垂 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 緑内障 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 網膜静脈閉塞 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 眼瞼腫脹 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 視力障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 胃腸障害 | 5 ( 12.2) | 5 ( 12.2) | 12 ( 14.0) | 19 ( 22.1) | 17 ( 13.4) | 24 ( 18.9) |
| 腹部不快感 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 腹痛 | 0 | 2 ( 4.9) | 1 ( 1.2) | 5 ( 5.8) | 1 ( 0.8) | 7 ( 5.5) |
| 上腹部痛 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 口角口唇炎 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 便秘 | 0 | 2 ( 4.9) | 0 | 1 ( 1.2) | 0 | 3 ( 2.4) |
| 齲歯 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 下痢 | 1 ( 2.4) | 1 ( 2.4) | 4 ( 4.7) | 10 ( 11.6) | 5 ( 3.9) | 11 ( 8.7) |
| 血性下痢 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 口内乾燥 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 胃腸障害（続き） | | | | | | |
| 嚥下障害 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 軟便 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 排便回数増加 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 胃炎 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 胃腸障害 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |
| 胃食道逆流性疾患 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 口唇そう痒症 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |
| 口唇潰瘍 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 悪心 | 3 ( 7.3) | 0 | 7 ( 8.1) | 3 ( 3.5) | 10 ( 7.9) | 3 ( 2.4) |
| 嚥下痛 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 口蓋障害 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |
| 嘔吐 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 一般・全身障害および投与部位の状態 | 0 | 4 ( 9.8) | 4 ( 4.7) | 21 ( 24.4) | 4 ( 3.1) | 25 ( 19.7) |
| 無力症 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| 胸部不快感 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 一般・全身障害および投与部位の状態（続き） | | | | | | |
| 胸痛 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 悪寒 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 異形成 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 疲労 | 0 | 0 | 2 ( 2.3) | 6 ( 7.0) | 2 ( 1.6) | 6 ( 4.7) |
| 全身健康状態悪化 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| インフルエンザ様疾患 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 注入部位血管外漏出 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 注入部位血腫 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 注入部位疼痛 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 注射部位反応 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 倦怠感 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 非心臓性胸痛 | 0 | 1 ( 2.4) | 0 | 3 ( 3.5) | 0 | 4 ( 3.1) |
| 末梢性浮腫 | 0 | 1 ( 2.4) | 0 | 5 ( 5.8) | 0 | 6 ( 4.7) |
| 疼痛 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 発熱 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |

Note: % = n/N*100.

Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.

Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Highest relationship for each patient per SOC/PT is summarized.

Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 一般・全身障害および投与部位の状態（続き） | | | | | | |
| ワクチン接種部位刺激感 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ワクチン接種部位反応 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 免疫系障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 薬物過敏症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 感染症および寄生虫症 | 1 ( 2.4) | 12 ( 29.3) | 8 ( 9.3) | 36 ( 41.9) | 9 ( 7.1) | 48 ( 37.8) |
| 細菌性関節炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 無症候性ＣＯＶＩＤ－１９ | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 気管支炎 | 0 | 1 ( 2.4) | 1 ( 1.2) | 0 | 1 ( 0.8) | 1 ( 0.8) |
| ＣＯＶＩＤ－１９ | 0 | 1 ( 2.4) | 0 | 6 ( 7.0) | 0 | 7 ( 5.5) |
| ＣＯＶＩＤ－１９肺炎 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| カンジダ感染 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 蜂巣炎 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| クロストリジウム・ディフィシレ感染 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 結腸膿瘍 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 結膜炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | | | |
| 爪の皮膚糸状菌症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 憩室炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 耳感染 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 真菌感染 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 皮膚真菌感染 | 0 | 0 | 1 ( 1.2) | 3 ( 3.5) | 1 ( 0.8) | 3 ( 2.4) |
| 壊疽 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 胃腸炎 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| ウイルス性胃腸炎 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 消化管感染 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ウイルス性消化管感染 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 帯状疱疹 | 0 | 0 | 1 ( 1.2) | 2 ( 2.3) | 1 ( 0.8) | 2 ( 1.6) |
| 膿痂疹 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 感染性皮膚潰瘍 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| インフルエンザ | 0 | 0 | 1 ( 1.2) | 1 ( 1.2) | 1 ( 0.8) | 1 ( 0.8) |
| 腎感染 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | | | |
| 上咽頭炎 | 0 | 2 ( 4.9) | 1 ( 1.2) | 2 ( 2.3) | 1 ( 0.8) | 4 ( 3.1) |
| 中耳炎 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 病原体耐性 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 咽頭炎 | 0 | 2 ( 4.9) | 0 | 4 ( 4.7) | 0 | 6 ( 4.7) |
| 肺炎 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| ＲＳウイルス肺炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ウイルス性肺炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 術後創感染 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 慢性腎盂腎炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 脂腺感染 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 副鼻腔炎 | 0 | 0 | 0 | 4 ( 4.7) | 0 | 4 ( 3.1) |
| 皮膚感染 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |
| ブドウ球菌性敗血症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ＣＯＶＩＤ－１９の疑い | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 足部白癬 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |

Note: % = n/N*100.

Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.

Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Highest relationship for each patient per SOC/PT is summarized.

Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 感染症および寄生虫症（続き） | | | | | | |
| 上気道感染 | 0 | 4 ( 9.8) | 1 ( 1.2) | 3 ( 3.5) | 1 ( 0.8) | 7 ( 5.5) |
| 尿路感染 | 0 | 2 ( 4.9) | 2 ( 2.3) | 5 ( 5.8) | 2 ( 1.6) | 7 ( 5.5) |
| 腟感染 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ウイルス性発疹 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 傷害、中毒および処置合併症 | 0 | 7 ( 17.1) | 1 ( 1.2) | 9 ( 10.5) | 1 ( 0.8) | 16 ( 12.6) |
| 節足動物咬傷 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 歯科修復不成功 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 転倒 | 0 | 3 ( 7.3) | 1 ( 1.2) | 0 | 1 ( 0.8) | 3 ( 2.4) |
| 靱帯断裂 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 靱帯捻挫 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 腰椎骨折 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 多発骨折 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 膝蓋骨骨折 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 肋骨骨折 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 交通事故 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
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Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

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Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 傷害、中毒および処置合併症（続き） | | | | | | |
| 脊椎圧迫骨折 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 歯牙破折 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ワクチン接種合併症 | 0 | 1 ( 2.4) | 0 | 2 ( 2.3) | 0 | 3 ( 2.4) |
| 創傷 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 臨床検査 | 0 | 6 ( 14.6) | 3 ( 3.5) | 11 ( 12.8) | 3 ( 2.4) | 17 ( 13.4) |
| 活性化部分トロンボプラスチン時間延長 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| アラニンアミノトランスフェラーゼ増加 | 0 | 0 | 1 ( 1.2) | 2 ( 2.3) | 1 ( 0.8) | 2 ( 1.6) |
| アスパラギン酸アミノトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 血中葉酸減少 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 血中ブドウ糖増加 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 血圧上昇 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 体温上昇 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| Ｃ－反応性蛋白増加 | 0 | 2 ( 4.9) | 0 | 1 ( 1.2) | 0 | 3 ( 2.4) |
| 心電図ＰＲ延長 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| γ－グルタミルトランスフェラーゼ増加 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |

Note: % = n/N*100.

Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.

Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Highest relationship for each patient per SOC/PT is summarized.

Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 臨床検査（続き） | | | | | | |
| 尿中ブドウ糖陽性 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| グリコヘモグロビン増加 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| リンパ球数減少 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 尿中蛋白陽性 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 赤血球数減少 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 網状赤血球数増加 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| トランスアミナーゼ上昇 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 尿中白血球エステラーゼ陽性 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 尿中ウロビリノーゲン | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 体重増加 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 白血球数減少 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 白血球数増加 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 代謝および栄養障害 | 1 ( 2.4) | 1 ( 2.4) | 2 ( 2.3) | 13 ( 15.1) | 3 ( 2.4) | 14 ( 11.0) |
| 食欲減退 | 0 | 1 ( 2.4) | 2 ( 2.3) | 0 | 2 ( 1.6) | 1 ( 0.8) |
| 脱水 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.

Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.

Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Highest relationship for each patient per SOC/PT is summarized.

Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 代謝および栄養障害（続き） | | | | | | |
| 糖尿病 | 0 | 0 | 0 | 4 ( 4.7) | 0 | 4 ( 3.1) |
| 痛風 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 高血糖 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 低血糖 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 低カリウム血症 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 食欲亢進 | 1 ( 2.4) | 0 | 0 | 1 ( 1.2) | 1 ( 0.8) | 1 ( 0.8) |
| 鉄欠乏 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ステロイド糖尿病 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 筋骨格系および結合組織障害 | 0 | 6 ( 14.6) | 8 ( 9.3) | 18 ( 20.9) | 8 ( 6.3) | 24 ( 18.9) |
| 関節痛 | 0 | 2 ( 4.9) | 3 ( 3.5) | 4 ( 4.7) | 3 ( 2.4) | 6 ( 4.7) |
| 背部痛 | 0 | 1 ( 2.4) | 0 | 7 ( 8.1) | 0 | 8 ( 6.3) |
| 尾骨痛 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 単径部痛 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 出血性関節症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 椎間板突出 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 筋骨格系および結合組織障害（続き） | | | | | | |
| 筋痙縮 | 0 | 0 | 0 | 3 ( 3.5) | 0 | 3 ( 2.4) |
| 筋攣縮 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 筋力低下 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 筋骨格系胸痛 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 筋骨格痛 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 筋骨格硬直 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 筋肉痛 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) | 0 |
| 頚部痛 | 0 | 1 ( 2.4) | 1 ( 1.2) | 1 ( 1.2) | 1 ( 0.8) | 2 ( 1.6) |
| 結節性変形性関節症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 変形性関節症 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 四肢痛 | 0 | 1 ( 2.4) | 0 | 5 ( 5.8) | 0 | 6 ( 4.7) |
| 乾癬性関節症 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 肩回旋筋腱板症候群 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 脊椎痛 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 腱炎 | 0 | 1 ( 2.4) | 1 ( 1.2) | 0 | 1 ( 0.8) | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 0 | 1 ( 2.4) | 1 ( 1.2) | 3 ( 3.5) | 1 ( 0.8) | 4 ( 3.1) |
| 皮膚の新生物 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 皮膚乳頭腫 | 0 | 0 | 1 ( 1.2) | 1 ( 1.2) | 1 ( 0.8) | 1 ( 0.8) |
| 皮膚有棘細胞癌 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 尿管新生物 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 神経系障害 | 4 ( 9.8) | 4 ( 9.8) | 10 ( 11.6) | 24 ( 27.9) | 14 ( 11.0) | 28 ( 22.0) |
| 平衡障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 脳出血 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 認知障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 浮動性めまい | 1 ( 2.4) | 1 ( 2.4) | 2 ( 2.3) | 7 ( 8.1) | 3 ( 2.4) | 8 ( 6.3) |
| 頭部不快感 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |
| 頭痛 | 2 ( 4.9) | 2 ( 4.9) | 8 ( 9.3) | 11 ( 12.8) | 10 ( 7.9) | 13 ( 10.2) |
| 不全片麻痺 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 感覚鈍麻 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 腰仙部神経根障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.

Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.

Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Highest relationship for each patient per SOC/PT is summarized.

Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 神経系障害（続き） | | | | | | |
| 重症筋無力症 | 1 ( 2.4) | 0 | 0 | 1 ( 1.2) | 1 ( 0.8) | 1 ( 0.8) |
| 重症筋無力症クリーゼ | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| ヘルペス後神経痛 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 失神 | 0 | 0 | 0 | 3 ( 3.5) | 0 | 3 ( 2.4) |
| 一過性脳虚血発作 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 振戦 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 精神障害 | 0 | 1 ( 2.4) | 0 | 5 ( 5.8) | 0 | 6 ( 4.7) |
| 抑うつ気分を伴う適応障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 不安 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| うつ病 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 不眠症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 気分動揺 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 自殺企図 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 腎および尿路障害 | 0 | 2 ( 4.9) | 0 | 4 ( 4.7) | 0 | 6 ( 4.7) |
| 急性腎障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41) | | Ravulizumab to Ravulizumab (N=86) | | Total (N=127) | |
|---|---|---|---|---|---|---|
| | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) |
| 腎および尿路障害（続き） | | | | | | |
| 微少病変糸球体腎炎 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 腎結石症 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 頻尿 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 腹圧性尿失禁 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 尿閉 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 生殖系および乳房障害 | 0 | 1 ( 2.4) | 0 | 3 ( 3.5) | 0 | 4 ( 3.1) |
| 乳房腫瘤 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 子宮内膜肥厚 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 閉経期障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 陰嚢障害 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 呼吸器、胸郭および縦隔障害 | 0 | 5 ( 12.2) | 2 ( 2.3) | 12 ( 14.0) | 2 ( 1.6) | 17 ( 13.4) |
| 息詰まり | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 咳嗽 | 0 | 1 ( 2.4) | 0 | 3 ( 3.5) | 0 | 4 ( 3.1) |
| 呼吸困難 | 0 | 0 | 0 | 5 ( 5.8) | 0 | 5 ( 3.9) |
| 労作性呼吸困難 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 呼吸器、胸郭および縦隔障害（続き） | | | | | | |
| 喀血 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 肺浸潤 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 鼻そう痒症 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 口腔咽頭痛 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| 胸水 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 誤嚥性肺炎 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 湿性咳嗽 | 0 | 0 | 0 | 2 ( 2.3) | 0 | 2 ( 1.6) |
| 呼吸不全 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 気道うっ血 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| 鼻漏 | 0 | 1 ( 2.4) | 1 ( 1.2) | 0 | 1 ( 0.8) | 1 ( 0.8) |
| 副鼻腔うっ血 | 0 | 1 ( 2.4) | 0 | 1 ( 1.2) | 0 | 2 ( 1.6) |
| 咽喉絞扼感 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 皮膚および皮下組織障害 | 1 ( 2.4) | 7 ( 17.1) | 4 ( 4.7) | 7 ( 8.1) | 5 ( 3.9) | 14 ( 11.0) |
| 脱毛症 | 0 | 0 | 1 ( 1.2) | 1 ( 1.2) | 1 ( 0.8) | 1 ( 0.8) |
| ざ瘡様皮膚炎 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 皮膚および皮下組織障害（続き） | | | | | | |
| 接触皮膚炎 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 斑状出血 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 湿疹 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 多汗症 | 0 | 2 ( 4.9) | 0 | 0 | 0 | 2 ( 1.6) |
| 過角化 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 皮膚疼痛 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 点状出血 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |
| そう痒症 | 0 | 0 | 2 ( 2.3) | 1 ( 1.2) | 2 ( 1.6) | 1 ( 0.8) |
| 発疹 | 0 | 0 | 1 ( 1.2) | 1 ( 1.2) | 1 ( 0.8) | 1 ( 0.8) |
| 皮膚病変 | 0 | 2 ( 4.9) | 0 | 1 ( 1.2) | 0 | 3 ( 2.4) |
| 皮膚潰瘍 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 蕁麻疹 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 血管障害 | 1 ( 2.4) | 2 ( 4.9) | 1 ( 1.2) | 6 ( 7.0) | 2 ( 1.6) | 8 ( 6.3) |
| 大動脈拡張 | 0 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) |
| 潮紅 | 1 ( 2.4) | 0 | 0 | 0 | 1 ( 0.8) | 0 |

Note: % = n/N*100.

Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.

Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Highest relationship for each patient per SOC/PT is summarized.

Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope, by Highest Relationship

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=41)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Ravulizumab to Ravulizumab (N=86)<br>Related<br>n (%) | <br>Not Related<br>n (%) | Total (N=127)<br>Related<br>n (%) | <br>Not Related<br>n (%) |
|---|---|---|---|---|---|---|
| 血管障害（続き） | | | | | | |
| 血腫 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |
| 高血圧 | 0 | 1 ( 2.4) | 0 | 4 ( 4.7) | 0 | 5 ( 3.9) |
| 血管痛 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) | 0 |
| 白衣性高血圧 | 0 | 0 | 0 | 1 ( 1.2) | 0 | 1 ( 0.8) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.3.1.4.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date, by Highest Relationship (Japanese)

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=1) | | Ravulizumab to Ravulizumab (N=6) | | Total (N=7) | |
|---|---|---|---|---|---|---|
| | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) |
| Patients with Treatment-Emergent Adverse Events | 1 (100.0) | 0 | 2 ( 33.3) | 4 ( 66.7) | 3 ( 42.9) | 4 ( 57.1) |
| 眼障害 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 網膜静脈閉塞 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 胃腸障害 | 0 | 0 | 2 ( 33.3) | 1 ( 16.7) | 2 ( 28.6) | 1 ( 14.3) |
| 口角口唇炎 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) | 0 |
| 齲歯 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 下痢 | 0 | 0 | 1 ( 16.7) | 1 ( 16.7) | 1 ( 14.3) | 1 ( 14.3) |
| 一般・全身障害および投与部位の状態 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| ワクチン接種部位反応 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 感染症および寄生虫症 | 0 | 0 | 0 | 2 ( 33.3) | 0 | 2 ( 28.6) |
| 爪の皮膚糸状菌症 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 咽頭炎 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 足部白癬 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 臨床検査 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| アラニンアミノトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: AEs are coded using MedDRA 'MedDRA 24.0'

Table 14.3.3.1.4.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date, by Highest Relationship (Japanese)

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=1) | | Ravulizumab to Ravulizumab (N=6) | | Total (N=7) | |
|---|---|---|---|---|---|---|
| | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) |
| 臨床検査（続き） | | | | | | |
| アスパラギン酸アミノトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| γ－グルタミルトランスフェラーゼ増加 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 代謝および栄養障害 | 0 | 0 | 0 | 2 ( 33.3) | 0 | 2 ( 28.6) |
| 脱水 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 低血糖 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| ステロイド糖尿病 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 筋骨格系および結合組織障害 | 0 | 0 | 1 ( 16.7) | 2 ( 33.3) | 1 ( 14.3) | 2 ( 28.6) |
| 結節性変形性関節症 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 四肢痛 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 腱炎 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) | 0 |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 0 | 1 (100.0) | 0 | 0 | 0 | 1 ( 14.3) |
| 皮膚の新生物 | 0 | 1 (100.0) | 0 | 0 | 0 | 1 ( 14.3) |
| 神経系障害 | 1 (100.0) | 0 | 0 | 2 ( 33.3) | 1 ( 14.3) | 2 ( 28.6) |
| 脳出血 | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |
| 浮動性めまい | 0 | 0 | 0 | 1 ( 16.7) | 0 | 1 ( 14.3) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: AEs are coded using MedDRA 'MedDRA 24.0'

Table 14.3.3.1.4.4.J

Treatment-Emergent Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date, by Highest Relationship (Japanese)

Ravulizumab Treated Set

| System Organ Class<br>Preferred term | Placebo to Ravulizumab (N=1) | | Ravulizumab to Ravulizumab (N=6) | | Total (N=7) | |
|---|---|---|---|---|---|---|
| | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) | Related<br>n (%) | Not Related<br>n (%) |
| 神経系障害（続き） | | | | | | |
| 頭部不快感 | 1 (100.0) | 0 | 0 | 0 | 1 ( 14.3) | 0 |
| 皮膚および皮下組織障害 | 0 | 1 (100.0) | 0 | 0 | 0 | 1 ( 14.3) |
| 接触皮膚炎 | 0 | 1 (100.0) | 0 | 0 | 0 | 1 ( 14.3) |

Note: % = n/N*100.
Note: Treatment emergent AEs are AEs with a start date on or after first ravulizumab infusion date.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Highest relationship for each patient per SOC/PT is summarized.
Note: AEs are coded using MedDRA 'MedDRA 24.0'

Table 14.3.1.3.5.2
Treatment-Emergent Serious Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 14 ( 15.7) | 16 ( 37.2) | 20 ( 23.3) | 35 ( 82.8) | 34 ( 19.4) | 51 ( 59.8) |
| 感染症および寄生虫症 | 4 ( 4.5) | 4 ( 9.3) | 7 ( 8.1) | 11 ( 26.0) | 11 ( 6.3) | 15 ( 17.6) |
| ＣＯＶＩＤ－１９肺炎 | 0 | 0 | 2 ( 2.3) | 3 ( 7.1) | 2 ( 1.1) | 3 ( 3.5) |
| 細菌性関節炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 憩室炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 壊疽 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ウイルス性胃腸炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 帯状疱疹 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 感染性皮膚潰瘍 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ＲＳウイルス肺炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ブドウ球菌性敗血症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| ＣＯＶＩＤ－１９ | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 蜂巣炎 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 神経系障害 | 4 ( 4.5) | 5 ( 11.6) | 5 ( 5.8) | 6 ( 14.2) | 9 ( 5.1) | 11 ( 12.9) |
| 一過性脳虚血発作 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 脳出血 | 0 | 0 | 1 ( 1.2) | 2 ( 4.7) | 1 ( 0.6) | 2 ( 2.3) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.5.2
Treatment-Emergent Serious Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 神経系障害（続き） | | | | | | |
| 重症筋無力症クリーゼ | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 失神 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 顔面不全麻痺 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 重症筋無力症 | 3 ( 3.4) | 3 ( 7.0) | 0 | 0 | 3 ( 1.7) | 3 ( 3.5) |
| 三叉神経痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 筋骨格系および結合組織障害 | 1 ( 1.1) | 1 ( 2.3) | 3 ( 3.5) | 3 ( 7.1) | 4 ( 2.3) | 4 ( 4.7) |
| 椎間板突出 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 結節性変形性関節症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腱炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 脊柱管狭窄症 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 呼吸器、胸郭および縦隔障害 | 0 | 0 | 3 ( 3.5) | 3 ( 7.1) | 3 ( 1.7) | 3 ( 3.5) |
| 呼吸困難 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 労作性呼吸困難 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 肺浸潤 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 胃腸障害 | 1 ( 1.1) | 1 ( 2.3) | 2 ( 2.3) | 2 ( 4.7) | 3 ( 1.7) | 3 ( 3.5) |
| 嚥下障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.5.2
Treatment-Emergent Serious Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 胃腸障害（続き） | | | | | | |
| 悪心 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 小腸炎 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 一般・全身障害および投与部位の状態 | 0 | 0 | 2 ( 2.3) | 3 ( 7.1) | 2 ( 1.1) | 3 ( 3.5) |
| 無力症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 全身健康状態悪化 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 非心臓性胸痛 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| 皮膚有棘細胞癌 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 尿管新生物 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 心臓障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| うっ血性心筋症 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 眼障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 視力障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 傷害、中毒および処置合併症 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| 多発骨折 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 注入に伴う反応 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.5.2
Treatment-Emergent Serious Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 代謝および栄養障害 | 1 ( 1.1) | 1 ( 2.3) | 1 ( 1.2) | 1 ( 2.4) | 2 ( 1.1) | 2 ( 2.3) |
| ステロイド糖尿病 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 糖尿病性ケトアシドーシス | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 精神障害 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 自殺企図 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 腎および尿路障害 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| ネフローゼ症候群 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 腎不全 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 皮膚および皮下組織障害 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 皮膚肉芽腫 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'

Table 14.3.1.3.5.2.J
Treatment-Emergent Serious Adverse Events During the Randomized-Controlled Period by MedDRA System Organ Class and Preferred Term (Japanese)
Safety Set

| System Organ Class<br>Preferred term | Placebo (N=7) PY = 2.9<br>n (%) | <br>E (rate) | Ravulizumab (N=6) PY = 2.9<br>n (%) | <br>E (rate) | Total (N=13) PY = 5.8<br>n (%) | <br>E (rate) |
|---|---|---|---|---|---|---|
| Any Adverse Event (AE) | 2 ( 28.6) | 2 ( 69.2) | 4 ( 66.7) | 5 (172.0) | 6 ( 46.2) | 7 (120.7) |
| 筋骨格系および結合組織障害 | 0 | 0 | 2 ( 33.3) | 2 ( 68.8) | 2 ( 15.4) | 2 ( 34.5) |
| 結節性変形性関節症 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 腱炎 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 代謝および栄養障害 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| ステロイド糖尿病 | 0 | 0 | 1 ( 16.7) | 1 ( 34.4) | 1 ( 7.7) | 1 ( 17.2) |
| 神経系障害 | 0 | 0 | 1 ( 16.7) | 2 ( 68.8) | 1 ( 7.7) | 2 ( 34.5) |
| 脳出血 | 0 | 0 | 1 ( 16.7) | 2 ( 68.8) | 1 ( 7.7) | 2 ( 34.5) |
| 胃腸障害 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 小腸炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 感染症および寄生虫症 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |
| 蜂巣炎 | 1 ( 14.3) | 1 ( 34.6) | 0 | 0 | 1 ( 7.7) | 1 ( 17.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: SOC and PTs were coded using MedDRA version 'MedDRA 24.0'

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months<br>(N=86)<br>PY = 41.9 | | >6 to 12 months<br>(N=70)<br>PY = 18.7 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=86)<br>PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 20 ( 23.3) | 35 ( 83.5) | 4 ( 5.7) | 6 ( 32.1) | 0 | 0 | 22 ( 25.6) | 41 ( 67.4) |
| 感染症および寄生虫症 | 7 ( 8.1) | 11 ( 26.2) | 2 ( 2.9) | 3 ( 16.1) | 0 | 0 | 9 ( 10.5) | 14 ( 23.0) |
| ＣＯＶＩＤ－１９肺炎 | 2 ( 2.3) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 3 ( 4.9) |
| 細菌性関節炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ＣＯＶＩＤ－１９ | 0 | 0 | 1 ( 1.4) | 2 ( 10.7) | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 憩室炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 壊疽 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ウイルス性胃腸炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 帯状疱疹 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 感染性皮膚潰瘍 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ＲＳウイルス肺炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ウイルス性肺炎 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope
Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months<br>(N=86)<br>PY = 41.9 | | >6 to 12 months<br>(N=70)<br>PY = 18.7 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=86)<br>PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| ブドウ球菌性敗血症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 神経系障害 | 5 ( 5.8) | 6 ( 14.3) | 0 | 0 | 0 | 0 | 5 ( 5.8) | 6 ( 9.9) |
| 一過性脳虚血発作 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 脳出血 | 1 ( 1.2) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 2 ( 3.3) |
| 重症筋無力症クリーゼ | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 失神 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 一般・全身障害および投与部位の状態 | 2 ( 2.3) | 3 ( 7.2) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 3 ( 3.5) | 4 ( 6.6) |
| 無力症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 胸痛 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 全身健康状態悪化 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 非心臓性胸痛 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.
Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.
Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.
Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'
Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 椎間板突出 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 結節性変形性関節症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 腱炎 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 呼吸器、胸郭および縦隔障害 | 3 ( 3.5) | 3 ( 7.2) | 0 | 0 | 0 | 0 | 3 ( 3.5) | 3 ( 4.9) |
| 呼吸困難 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 労作性呼吸困難 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 肺浸潤 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 眼障害 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 白内障 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 眼障害（続き） | | | | | | | | |
| 視力障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 胃腸障害 | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 嚥下障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 悪心 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 傷害、中毒および処置合併症 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 腰椎骨折 | 0 | 0 | 1 ( 1.4) | 1 ( 5.4) | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 多発骨折 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 2 ( 2.3) | 2 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 2.3) | 2 ( 3.3) |
| 皮膚有棘細胞癌 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Ravulizumab to Ravulizumab

| System Organ Class<br>Preferred term | 0 – 6 months (N=86) PY = 41.9 | | >6 to 12 months (N=70) PY = 18.7 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=86) PY = 60.8 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む）（続き） | | | | | | | | |
| 尿管新生物 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 心臓障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| うっ血性心筋症 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 代謝および栄養障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| ステロイド糖尿病 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 精神障害 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |
| 自殺企図 | 1 ( 1.2) | 1 ( 2.4) | 0 | 0 | 0 | 0 | 1 ( 1.2) | 1 ( 1.6) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Placebo to Ravulizumab

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=41)<br>PY = 20.3 | | >6 to 12 months<br>(N=27)<br>PY = 0.4 | | >12 to 18 months<br>(N=0)<br>PY = 0.0 | | 0 to cutoff<br>(N=41)<br>PY = 20.7 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 5 ( 12.2) | 6 ( 29.6) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 5 ( 12.2) | 7 ( 33.9) |
| 感染症および寄生虫症 | 3 ( 7.3) | 3 ( 14.8) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 3 ( 7.3) | 4 ( 19.4) |
| ＣＯＶＩＤ－１９ | 1 ( 2.4) | 1 ( 4.9) | 1 ( 3.7) | 1 ( 281.6) | 0 | 0 | 1 ( 2.4) | 2 ( 9.7) |
| ＣＯＶＩＤ－１９の疑い | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 尿路感染 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 一般・全身障害および投与部位の状態 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 発熱 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 傷害、中毒および処置合併症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 膝蓋骨骨折 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 神経系障害 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |
| 重症筋無力症 | 1 ( 2.4) | 1 ( 4.9) | 0 | 0 | 0 | 0 | 1 ( 2.4) | 1 ( 4.8) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 25 ( 19.7) | 41 ( 65.9) | 5 ( 5.2) | 7 ( 36.8) | 0 | 0 | 27 ( 21.3) | 48 ( 58.9) |
| 感染症および寄生虫症 | 10 ( 7.9) | 14 ( 22.5) | 3 ( 3.1) | 4 ( 21.0) | 0 | 0 | 12 ( 9.4) | 18 ( 22.1) |
| ＣＯＶＩＤ－１９ | 1 ( 0.8) | 1 ( 1.6) | 2 ( 2.1) | 3 ( 15.8) | 0 | 0 | 2 ( 1.6) | 4 ( 4.9) |
| ＣＯＶＩＤ－１９肺炎 | 2 ( 1.6) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 3 ( 3.7) |
| 細菌性関節炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 憩室炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 壊疽 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ウイルス性胃腸炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 帯状疱疹 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 感染性皮膚潰瘍 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ＲＳウイルス肺炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ウイルス性肺炎 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 感染症および寄生虫症（続き） | | | | | | | | |
| ブドウ球菌性敗血症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ＣＯＶＩＤ－１９の疑い | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿路感染 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 神経系障害 | 6 ( 4.7) | 7 ( 11.2) | 0 | 0 | 0 | 0 | 6 ( 4.7) | 7 ( 8.6) |
| 一過性脳虚血発作 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 脳出血 | 1 ( 0.8) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 2 ( 2.5) |
| 重症筋無力症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 重症筋無力症クリーゼ | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 失神 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 一般・全身障害および投与部位の状態 | 3 ( 2.4) | 4 ( 6.4) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 4 ( 3.1) | 5 ( 6.1) |
| 無力症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 胸痛 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 – 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 一般・全身障害および投与部位の状態（続き） | | | | | | | | |
| 全身健康状態悪化 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 非心臓性胸痛 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 発熱 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 傷害、中毒および処置合併症 | 2 ( 1.6) | 2 ( 3.2) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 腰椎骨折 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 多発骨折 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 膝蓋骨骨折 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 筋骨格系および結合組織障害 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 椎間板突出 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 – 6 months (N=127) PY = 62.2 | | >6 to 12 months (N=97) PY = 19.0 | | >12 to 18 months (N=13) PY = 0.2 | | 0 to cutoff (N=127) PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 筋骨格系および結合組織障害（続き） | | | | | | | | |
| 結節性変形性関節症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 腱炎 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 呼吸器、胸郭および縦隔障害 | 3 ( 2.4) | 3 ( 4.8) | 0 | 0 | 0 | 0 | 3 ( 2.4) | 3 ( 3.7) |
| 呼吸困難 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 労作性呼吸困難 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 肺浸潤 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 眼障害 | 1 ( 0.8) | 1 ( 1.6) | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 白内障 | 0 | 0 | 1 ( 1.0) | 1 ( 5.3) | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 視力障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 胃腸障害 | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 嚥下障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 悪心 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by ‘0 to cutoff’ column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.3.1.3.4

Treatment-Emergent Serious Adverse Events by MedDRA System Organ Class and Preferred Term During the Ravulizumab Treatment Period up to Data Cutoff Date per Scope

Ravulizumab Treated Set

Total

| System Organ Class<br>Preferred term | 0 - 6 months<br>(N=127)<br>PY = 62.2 | | >6 to 12 months<br>(N=97)<br>PY = 19.0 | | >12 to 18 months<br>(N=13)<br>PY = 0.2 | | 0 to cutoff<br>(N=127)<br>PY = 81.5 | |
|---|---|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| 良性、悪性および詳細不明の新生物（嚢胞およびポリープを含む） | 2 ( 1.6) | 2 ( 3.2) | 0 | 0 | 0 | 0 | 2 ( 1.6) | 2 ( 2.5) |
| 皮膚有棘細胞癌 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 尿管新生物 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 心臓障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| うっ血性心筋症 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 代謝および栄養障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| ステロイド糖尿病 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 精神障害 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |
| 自殺企図 | 1 ( 0.8) | 1 ( 1.6) | 0 | 0 | 0 | 0 | 1 ( 0.8) | 1 ( 1.2) |

Note: Note: PY=Patient Year.

Note: Percentages are based on the number of patients in each column, i.e., % = n/N*100. E=number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years. In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.

Note: Treatment emergent AEs are AEs with a start date and start time on or after the date and time of the first ravulizumab infusion date.

Note: Grade 1=mild; Grade 2=moderate; Grade 3=severe; Grade 4=life-threatening; Grade 5=Fatal.

Results were sorted by '0 to cutoff' column in descending order of SOC percentage and then PT within SOC.

Note: AEs are coded using 'MedDRA 24.0'

Note: The Ravulizumab Treated Set consists of all patients who received at least 1 dose of ravulizumab either in the Randomized-Controlled Period (RCP) or the Open-label Extension Period. Per scope, only data during RCP are included for patients not expected to have Week 52 at data cutoff. This would apply to both ravulizumab and placebo patients.

Table 14.3.1.3.8.2

Treatment-Emergent Adverse Events Leading to Withdrawal of Study Drug During the Randomized-Controlled Period, by MedDRA System Organ Class and Preferred Term

Safety Set

| System Organ Class<br>Preferred term | Placebo (N=89) PY = 43.0 | | Ravulizumab (N=86) PY = 42.3 | | Total (N=175) PY = 85.3 | |
|---|---|---|---|---|---|---|
| | n (%) | E (rate) | n (%) | E (rate) | n (%) | E (rate) |
| Any Adverse Event (AE) | 3 ( 3.4) | 3 ( 7.0) | 2 ( 2.3) | 2 ( 4.7) | 5 ( 2.9) | 5 ( 5.9) |
| 感染症および寄生虫症 | 0 | 0 | 2 ( 2.3) | 2 ( 4.7) | 2 ( 1.1) | 2 ( 2.3) |
| ＣＯＶＩＤ－１９肺炎 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 感染性皮膚潰瘍 | 0 | 0 | 1 ( 1.2) | 1 ( 2.4) | 1 ( 0.6) | 1 ( 1.2) |
| 傷害、中毒および処置合併症 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 注入に伴う反応 | 2 ( 2.2) | 2 ( 4.7) | 0 | 0 | 2 ( 1.1) | 2 ( 2.3) |
| 筋骨格系および結合組織障害 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |
| 背部痛 | 1 ( 1.1) | 1 ( 2.3) | 0 | 0 | 1 ( 0.6) | 1 ( 1.2) |

Note: % = n/N*100. E=total number of events and rate=rate of AE adjusted by patient-years of exposure, defined as (number of events)/100 patient years.
Note: In summarizing n (%), if a patient had multiple events for a particular SOC or PT, he/she is counted only once for that SOC or PT.
Note: Treatment emergent AEs are AEs with a start date on or after first dose date in the study.
Results were sorted by Ravulizumab column in descending order of SOC percentage and then PT within SOC.
Note: AEs are coded using 'MedDRA 24.0'