GlaxoSmithKline group of companies

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Compound Number: GW582892

Development Phase IV

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Description: GlaxoSmithKline (GSK) will launch a study to evaluate the impact of risk management communication activities, outside the United States. This relates to the information added to the TROBALT Prescribing Information related to retinal pigmentation in June 2013 to fulfil the prescriber comprehension assessment.

Subject: Prescriber survey of the understanding of specific risks associated with TROBALT, communicated in the Healthcare Provider letter and TROBALT Prescribing Information.

Author(s): [redacted], MD, PhD (GlaxoSmithKline)

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SPONSOR SIGNATORY:

STUDY TITLE: Survey of Prescriber Understanding of Specific Risks Associated with TROBALT™

Study: PRJ2250

Development Phase: IV

Name of Sponsor Signatory: [redacted]

Title of Sponsor Signatory: Safety Physician

Signature: [redacted]

Date: 26 February 2014

SPONSOR INFORMATION PAGE

Worldwide Epidemiology
Study Identifier: PRJ2250

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VENDOR SIGNATORY

- I confirm agreement to conduct the study in compliance with the protocol.
- I acknowledge that I am responsible for overall study conduct. I agree to personally conduct or supervise the described study.
- I agree to ensure that all associates, colleagues and employees assisting in the conduct of the study are informed about their obligations. Mechanisms are in place to ensure that site staff receives the appropriate information throughout the study.

Vendor Name: United BioSource Corporation

Name of signatory:

[redacted]

Vendor Signature

28Feb 2014

Date

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LIST OF ABBREVIATIONS

AE	Adverse Event
AED	Anti-epileptic drug
DHCP	Dear Healthcare Professional
EU	European Union
EDC	Electronic Data Capture
GSK	GlaxoSmithKline
HCP	Healthcare Professional
PI	Prescribing Information
REMS	Risk Evaluation and Mitigation Strategy
RMP	Risk Management Plan
SmPC	Summary of Product Characteristics
UBC	United BioSource Corporation
UK	United Kingdom
US	United States of America

Trademark Information

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TROBALT	

PROTOCOL SUMMARY

Rationale

The European Risk Management Plan (RMP) describes the measures taken by GlaxoSmithKline (GSK), the maker of TROBALT™ (retigabine) – later referred to TROBALT, to communicate the identified risks associated with TROBALT. As part of this RMP, GSK will conduct a survey of physicians' understanding of specific risks associated with TROBALT (retigabine), as described in the Prescribing Information (PI) and communicated to health care professionals. The goal of the survey is to assess prescriber awareness of label changes for retigabine and evaluate the effectiveness of the communication of recognised risks related to use of TROBALT in 11 European markets and Hong Kong.

The results of this survey will be used to inform GSK as to whether any additional measures are needed to help ensure appropriate use of the product.

Objective(s)

The objective of this study is to assess prescribers' awareness of recent label changes, including the appropriate patient population related to TROBALT as evaluated by a survey instrument.

Study Design

This is a cross sectional survey of a targeted sample of 1000 physicians:

- who have prescribed an anti-epileptic drug (AED) at least once in the last 6 months, and
- who were sent a Dear Healthcare Professional (DHCP) letter in June 2013, and
- who practice in one of the following 12 countries (Austria, Belgium, Bulgaria, France, Hong Kong, Italy, Norway, Poland, Slovakia, Spain, Switzerland and the United Kingdom).

The study will consist of two parts:

(1) Comprehension Testing (sample in UK only) to determine if the survey instrument is clear and questions are understood, and

(2) the online Physician Survey.

The Comprehension Testing will be conducted among a group of 16 physicians in the UK to evaluate the draft survey instrument and study procedures prior to rolling out the

Physician Survey in12 countries. A full description of the Comprehension Testing has been detailed in a separate qualitative research plan including a description of the research methodology and the physician sample to be recruited. The findings from the Comprehension Testing will serve as the basis for whether or not any modifications need to be made to the survey instrument.

The Physician Survey will be conducted in two phases: Screening Phase and Assessment Phase.

The Screening Phase of the survey will include up to 1000 potential prescribers of TROBALT (i.e. those who have prescribed any AED within the past 6 months) in order to reach a target sample of 200 prescribers and 200 non-prescribers assuming a recruitment failure of 60%.

The respondents will be asked several questions to obtain information on their medical specialty, country in which they practice, AED prescribing history, and whether they have prescribed TROBALT. Respondents, who have prescribed TROBALT, and a sample of those who have not prescribed TROBALT, will be asked to take part in the Assessment Phase of the survey.

The purpose of the Assessment Phase of the survey is to evaluate respondents' understanding of the risks associated with TROBALT. There will be approximately 200 prescribing physicians who have prescribed TROBALT included in the study across the following countries: Austria, Belgium, Bulgaria, France, Hong Kong, Italy, Norway, Poland, Slovakia, Spain, Switzerland and the United Kingdom. Additionally, there will be up to 200 prescribing physicians who have never or not recently prescribed TROBALT selected from all countries.

Study Assessments

The outcome of the survey is the proportion of physicians providing correct responses to a series of questions concerning specific risks associated with TROBALT. Additional analyses will compare the level of understanding between physicians who have prescribed TROBALT and those who have never or not recently prescribed the product. The specific risks evaluated will be from those listed in section 4.2.

1. INTRODUCTION

GlaxoSmithKline (GSK) will conduct a survey of physicians who are prescribing epileptic drugs (AEDs) to determine their understanding of specific TROBALT. The target physicians to be surveyed in each country will who have received a Dear Healthcare Professional (DHCP) letter (

Appendix 1) sent in June 2013. The survey will concentrate on risks described in the product label for TROBALT, as revised on 31st May 2013. It is recognised that the DHCP letter and TROBALT Prescribing Information (PI) are not the only source of information concerning risks associated with medication use available to the prescriber.

The design for this study is based on GSK's previous experience designing risk management programs for GSK products, and on the prior experience of United BioSource Corporation (UBC) in conducting similar surveys in the European Union (EU).

The results of this survey will be used to inform GSK as to whether any additional measures are required to optimise the benefit/risk profile for retigabine.

2. OBJECTIVE

The objective of this study is to assess prescribers' awareness and knowledge of the management of specific risks associated with TROBALT and the appropriate patient population as evaluated by a survey instrument.

3. INVESTIGATION PLAN

3.1. Study Design

This study is sponsored by GSK, and will be conducted by United BioSource Corporation (UBC), an international research consultancy.

Physicians will be recruited by selecting a random sample from lists provided by each country. The list includes names of all potential AED DHCP letter (

Appendix 1). Following recruitment, physicians' understanding of the potential risks associated with TROBALT will be evaluated using an online survey. Each invitation will include information on how to access the survey on-line, and will include a unique code to ensure that the invitation is used only once.

To ensure comprehension of the survey invitation and the survey questions, all of the physician outreach will be conducted in the local country language. Specifically, the surveys and invitation letters will all be translated by a certified translation company.

The study will consist of two parts: Comprehension Testing of the draft survey with a small group of physicians to be sure the questions and response options are understood and the Physician Survey which is a cross-sectional survey of physicians across 12 countries.

3.2. Comprehension Testing

The purpose of the Comprehension Testing is to evaluate draft questions to be used in the Physician Survey instrument in approximately 16 subjects. Survey questions will be designed to assess physician understanding of specific risks associated with TROBALT.

Structured physician one-to-one in-depth telephone interviews will yield qualitative findings and will help provide the basis for the development of the survey. Revisions to the questionnaire or to study procedures will be made before administration of the main survey.

The survey instrument used for the Comprehension Testing will be revised based on physician responses before being fielded for the main study. The survey instrument will be developed in English and then later translated into relevant languages for the other participating countries.

3.3. Physician Survey

The physician survey will be conducted in two phases: Screening Phase and the Assessment Phase. This cross-sectional study has been designed to assess prescribers' understanding of the appropriate patient population to treat with TROBALT and the new safety monitoring activities that have been instituted.

The selected countries are the eight largest markets in the EU based on estimated number of patients receiving TROBALT (the United Kingdom, Spain, France, Italy, Belgium, Slovakia, Poland and Austria). One additional EU country (Bulgaria) was selected upon the potential uncertainty related to reimbursement of an ophthalmology exam mandated by the TROBALT PI. Three non-EU countries (Switzerland, Hong Kong and Norway) were selected to represent markets where TROBALT is available outside the EU.

3.3.1. Screening Phase

The Screening Phase seeks to survey physicians to identify the proportion of physicians who have prescribed TROBALT and to summarize the type of medical specialty of those physicians with experience in prescribing TROBALT.

Up to 1000 physicians will be invited to take part, by selecting a random sample of prescribers of AEDs from those who were sent a DHCP letter. Assuming a recruitment failure of 60%, this will permit a target sample of 200 prescribers and 200 non-prescribers to be achieved.

The survey will be composed of multiple choice and close-ended questions. There will be no open-ended questions included.

The electronic data capture (EDC) system will be configured to allow those physicians identified by their responses to the survey in the Screening Phase (Part 1) to transition into the Assessment Phase (Part 2). The EDC system will allow the first 200 physicians who indicate they have prescribed TROBALT since July 2013 to continue to Part 2 and will also limit to 200 the number of non-prescribers who are asked to complete the additional questions in Part 2.

3.3.2. Assessment Phase

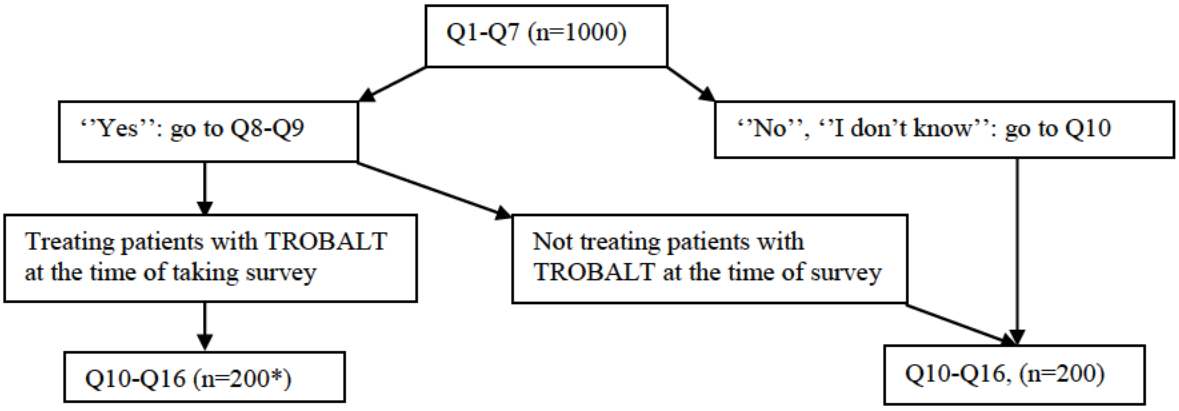
The Assessment Phase is the main part of the Physician Survey. In addition to the TROBALT prescribers, the Assessment Phase will include up to 200 respondents from the Screening Phase who have not prescribed TROBALT in order to evaluate the general awareness to the risks associated with TROBALT. The Assessment Phase will evaluate each physician's understanding of specific risks associated with TROBALT use.

The outcome of this study is the proportion of the physicians/epilepsy specialists that correctly respond to individual survey questions. The proportion responding correctly will be tabulated separately for each item.

Physician demographic information will be collected in order to further characterise the respondent population. This will include country, type of medical practice, and number of patients with epilepsy treated. The country in which practice occurs will be collected at the beginning of the survey in order to ensure a sample of respondents from each included country.

At the conclusion of the online survey, the final computer screen will display a summary of the relevant sections from the country-specific Prescribing Information to allow the physician access to the full TROBALT label, to ensure they have a reminder and full understanding of the safety revisions that were implemented in 2013.

Figure 1. Schematic of respondent enrolment into each phase of the study, based on responses to specific questions.



* In case of a very low response, known prescribers will be specifically invited to participate. Such enrichment of the sample is not anticipated to bias the outcomes as the targeted physicians will also be DHCP recipients and will need to fulfil inclusion criteria.

3.4. Study Population

3.4.1. Physicians Prescribing Anti-Epileptic Drugs

This survey aims to recruit a random sample of 1000 physicians prescribing AEDs and who have been sent a DHCP letter in Austria, Belgium, Bulgaria, France, Hong Kong, Italy, Norway, Poland, Slovakia, Spain, Switzerland and the United Kingdom.

The selected countries are the eight largest markets in the EU for TROBALT use based on estimated number of patients receiving TROBALT (the United Kingdom, Spain, France, Italy, Belgium, Slovakia, Poland and Austria). One additional EU country (Bulgaria) was selected upon the potential uncertainty related to reimbursement of an ophthalmology exam mandated by the TROBALT PI. Three non-EU countries (Hong Kong, Norway and Switzerland) were selected to represent markets where TROBALT is available, outside the EU.

If required, additional countries may be included in the survey to reach the minimum recruitment target. The recruitment will be from among those who have prescribed an anti-epileptic drug at least once in the last 6 months, and who were on the list to which a DHCP letter was distributed in June 2013. The survey will aim to recruit at least 200 physicians (from the 12 specified countries) prescribing TROBALT for sub-analyses, as these individuals would be expected to be more aware of the risks of TROBALT, and up to 200 physicians not prescribing TROBALT as a comparison.

3.4.2. Inclusion criteria for Physician Survey

Physicians will be required to meet all the following inclusion criteria:

1. Must manage patients with epilepsy.
2. Must have prescribed an AED at least once in the last 6 months.
3. Must be on the list to which a DHCP letter was distributed in June 2013.

3.4.3. Exclusion criteria for Physician Survey

Physicians meeting any of the following criteria will not be eligible to take the survey:

1. Currently an employee of GSK or UBC.

3.4.4. Methods of Recruitment

The physicians will be recruited through an invitation to participate in the survey. The invitation will direct the physicians to the survey website to complete the survey. Invitations will be sent by e-mail to those physicians for whom an e-mail address is available. For those physicians without e-mail addresses, invitations will be sent by mail. If there is no response after the first invitation, then subsequent reminders will be sent until the target of completed surveys is met. During this time, the response rates for each country will be monitored to ensure that the outreach is sufficient to meet target goals.

Physicians will be provided a unique code in the survey invitation letter and will be asked to provide the unique code to gain access to the online survey or when calling the Survey Coordinating Center. The code will be deactivated after use to minimize the possibility for fraud.

Physicians will be paid the equivalent of £60 for their participation, which is fair market value for a survey estimated to take 20 minutes to complete.

3.5. Survey Design

The final study design is based on experience from risk management studies previously completed by GSK and UBC. GSK conducted a similar survey of TROBALT prescribers in 2012 and 2013. Both UBC and GSK have conducted similar knowledge, attitude and behaviour surveys in the US to evaluate Risk Evaluation and Mitigation Strategies (REMS).

3.5.1. Questionnaire Structure

Survey will be composed of multiple choice and close-ended questions. There will be no open-ended questions included. For statements or questions that use "yes" vs. "I don't know" or "no" response options, the desired response for key risk messages is generally "yes" indicating knowledge of, or behaviour in accordance with, the objectives of the program.

3.5.2. Measures to Minimise Bias in the Surveys

The following are measures to minimise bias in the surveys:

1. All questions will be programmed to ensure that questions are asked in the appropriate sequence. Skip patterns will be clearly indicated. Respondents cannot go back to a question once the question has been answered and cannot skip ahead. All questions must be answered in order to complete the survey.

2. Response options presented in a list will be randomized to minimize positional bias.

3. Comprehension Testing will be conducted among 16 physicians in the UK to evaluate the draft survey questions and to assess the questions understanding and whether proper wording has been used prior to the survey being implemented to the full sample.

4. STUDY ASSESSMENTS AND PROCEDURES

4.1. Physicians Screening and Assessment

The physicians' introduction information is outlined in Appendix 2, and the survey instrument for the prescribers' assessment is in Appendix 3. The prescribers' questionnaire will begin with a screening module with questions to confirm eligibility. Depending on the answers to the screening questions, survey participation could either be terminated or continued. If ineligible, the respondent is immediately notified with a "thank you" message that survey participation has ended. If eligible, the respondent is allowed to continue survey participation.

The screening questions included in the prescriber survey cover the following general areas:

1. Exclusion of employees at GSK or UBC
2. Agreement to take the survey
3. Time since the last prescription written for any AED
4. Ever prescribed TROBALT*
5. Currently have patients who are taking TROBALT*
6. The last time a patient was initiated on TROBALT*

*Used to ensure that the sample includes at least 200 TROBALT prescribers

4.2. Physicians Outcomes

Physicians understanding of specific risks and the appropriate patient population related to TROBALT will be assessed using a standardised questionnaire.

The outcome of this study is the proportion of physicians that correctly respond to individual survey questions concerning risks associated with TROBALT. The proportion responding correctly will be tabulated separately for each item in the physician understanding survey instrument. The risks that will be evaluated in the survey are listed below:

1. Pigment changes (discolouration) of ocular tissues, including the retina
2. Pigment changes (discolouration) of the nails, lips and/or skin
3. Urinary retention (generally within the first 8 weeks of treatment)
4. Psychotic disorders (including confusional state and hallucinations)

5. QTc prolongation.

Physician demographic information will be collected in order to further characterise the respondent population. This will include country, type of medical practice, and number of patients with epilepsy treated.

At the conclusion of the online survey, the final computer screen will display a summary of the relevant information from the country-specific Prescribing Information, which can be printed for reference to allow the physician access to the full TROBALT label to ensure they have a reminder and full understanding of the safety revisions that were implemented in 2013.

5. DATA COLLECTION AND MANAGEMENT

All data collected during the survey will be held confidential. The EDC system used for data collection encrypts all identifiable information, and respondent identifiers are stored separately from the survey responses.

6. DATA ANALYSIS

6.1. Analysis Population

The population for analysis will comprise all physicians recruited into the study, meeting eligibility criteria as assessed in the survey screener, and completing the survey.

The outcomes will be summarised for all 12 specified countries combined.

The two sub-populations for analyses will be 1) the physicians who have prescribed TROBALT after receiving a DHCP letter in June 2013, and 2) the physicians who have prescribed TROBALT in the past, but before receipt of the DHCP letter or the physicians who have never prescribed TROBALT.

6.2. Analyses

The primary outcome is the proportion of physicians answering each question of the understanding of the risks associated with TROBALT correctly. Point estimates for the proportion with correct responses, and associated confidence intervals, will be calculated for each question about the risks of TROBALT. In the case of multiple choice questions, the number and proportion of physicians reporting each response will also be provided.

The proportion of correct answers to survey questions will be summarised overall, and separately for those physicians who have prescribed TROBALT.

7. PRECISION BY SAMPLE SIZE

Table 1 summarises the margin of error at the 95% confidence level provided by varying sample sizes and estimates of percentage of physicians indicating a correct response. For example, if the estimate of the percentage of physicians indicating a correct response to an individual survey question is 60%, then a sample of 200 physicians will provide a margin of error of ± 7.0 percentage points of this estimate with a 95% confidence interval.

Table 1 Sample size and precision estimates

Sample Size	Proportion of Correct Responses to Each Question						
	50	60	70	75	80	85	90
	Precision/ Margin of Error (±%) with 95% Confidence Interval						
50	14	14	12	11	10	9.0	8.0
100	10	10	9.0	8.0	8.0	7.0	6.0
150	8.0	8.0	7.3	7.0	6.7	5.7	4.7
200	7.0	7.0	6.5	6.0	5.5	5.0	4.0
250	6.0	6.0	5.6	5.4	4.8	4.6	3.6
300	5.7	5.7	5.3	5.0	4.7	4.0	3.3
350	5.1	5.1	4.9	4.4	4.3	3.9	3.1
400	5.0	4.8	4.5	4.3	4.0	3.5	3.0
450	4.7	4.4	4.2	3.9	3.8	3.2	2.7
500	4.4	4.2	4.0	3.8	3.6	3.2	2.6

8. STUDY LIMITATIONS

There are some limitations inherent in the study design.

The sample of the physicians who are invited to participate will be a random sample of all physicians who received a DHCP letter. The sample of participating physicians will be self-selected since respondents will voluntarily respond to the invitation to participate; however, the survey recruitment strategies are intended to recruit a heterogeneous sample of prescribers for participation.

A non-responder analysis will not be possible, so it will remain unknown, if there are TROBALT prescribers among the non-responders and what their understanding is of the risks.

In case of a very low response, known prescribers will be specifically invited to participate. Such enrichment of the sample is not anticipated to bias the outcomes as the targeted physicians will also be DHCP recipients and will need to fulfil inclusion criteria.

There is a possibility that TROBALT is prescribed by physicians who were not included on the mailing list for a DHCP, however this is unlikely since the indication for

TROBALT is restricted to a specific patient population that is normally treated by physicians who are epilepsy specialists.

Due to the low numbers of TROBALT prescribers per country, the main analysis will combine all countries. It is acknowledged that there may be differences between countries. However, the safety information in each country specifies the risks with TROBALT.

9. STUDY MANAGEMENT

9.1. Ethical Committee Approval and Consent

Survey participation is voluntary. The survey will begin with a question indicating the physician's agreement to participate in the survey. If the individual does not agree, the survey will be ended.

Ethics approval will be sought as required by individual countries.

9.2. Reporting of Adverse Events

The reporting of Adverse Event (AE) is not expected or requested during the survey, because answers are closed-ended i.e., there are no free text fields into which the respondent could enter AE information. However, as reporting suspected adverse reactions after authorisation of the medicinal product is important to allow continued monitoring of the benefit/risk balance of the medicinal product, physicians will be asked to report any suspected AEs via the national reporting system.

9.3. Study Reporting and Publications

The recruitment period is estimated to be 6 months from March 2014, though this could be earlier if the target number of participants is reached sooner than September 2014. A final report will be written by Q4 2014 and uploaded in the EU PAS Register (www.encepp.eu).

10. APPENDICES

Appendix 1: Template for the letter to prescribers including the restrictions for use of TROBALT

Restrictions for use of Trobalt® (retigabine) - treatment may lead to pigment changes of ocular tissues, including retina, and skin, lips and/or nails

Dear Healthcare Professional

GlaxoSmithKline (GSK) would like to inform you of a restriction of the indication for Trobalt® (retigabine) following reports of pigment changes and provide you with recommendations for monitoring.

Summary

Trobalt® should now only be used as adjunctive treatment of drug-resistant partial onset seizures with or without secondary generalisation in patients aged 18 years or older with epilepsy, where other appropriate drug combinations have proved inadequate or have not been tolerated.

Pigment changes (discolouration) of ocular tissue, including the retina, have been reported in long-term clinical studies with retigabine.

Blue-grey discolouration of the nails, lips and/or skin have also been observed in these studies.

Patients currently receiving treatment should be reviewed at a routine (non-urgent) appointment. The balance of benefits and risks should be re-evaluated, and patients should be informed of the risk of pigmentation with long term treatment.

A comprehensive ophthalmological examination (including visual acuity test, slit-lamp examination, and dilated fundoscopy) should be performed at treatment start and at least every 6 months thereafter while treatment is ongoing. Patients already treated with retigabine should have an appointment scheduled for an ophthalmological examination.

If retinal pigment or vision changes are detected, treatment with Trobalt should only be continued after a careful re-assessment of the balance of benefits and risks. Also in patients who develop discolouration of the nails, lips or skin, treatment with Trobalt® should only be continued after a careful re-assessment of the balance of benefits and risks.

Further information on the safety concern

Trobalt® (retigabine) is now indicated as adjunctive treatment of drug-resistant partial onset seizures with or without secondary generalisation in patients aged 18 years or older with epilepsy, where other appropriate drug combinations have proved inadequate or have not been tolerated.

Among the patients treated with retigabine in two long-term clinical studies and the associated compassionate use programme, eye examinations in 55 patients were completed up to 2 May 2013. Baseline eye assessments were not performed in these studies. Twenty-one cases of pigment changes (discolouration) of ocular tissue, including

15 involving the retina have been reported. Five patients had worse than 20/20 visual acuity. One of these patients had visual acuity of 20/160 in one eye, while the remaining four had visual acuity of 20/25 to 20/40 in one or both eyes. Mild abnormalities on retinal electrophysiology tests have been reported in two further subjects, both of whom had visual acuity reported to be normal. In one of those subjects, a generalised reduction in the visual fields of both eyes on Humphrey Visual Testing was also noted.
Up to 2 May 2013, 51 cases with events relating to discolouration/ pigmentation of the nails, lips and/or skin after treatment with retigabine were received from the two long-term clinical studies and the compassionate use programme. The events generally presented after long-term exposure to retigabine, with a median time to onset of 4.4 years (range 4 months to 6.7 years) (time to onset refers to date discolouration events were first reported; in some cases the patient is described as having the event(s) before mentioning them to the investigator). There appeared to be no relation with age or gender. Events tended to occur at higher doses, usually 900 mg/day or higher.
The changes described above have been observed in a high proportion of patients who were still ongoing in the long-term studies. About one third of the patients examined so far have presented with retinal pigment changes. The cause, natural history and long-term prognosis of the changes are currently unknown, and further investigative work is ongoing.
Reports of pigmentation/discolouration are considered to be very common adverse events (1/10) following prolonged treatment with retigabine.
The Summary of Product Characteristics and Package Leaflet are being revised to include information on the amended indication and these safety risks.

Call for reporting

This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.
Healthcare professionals should continue to report suspected adverse reactions to the <national competent authority contact details> in accordance with the national spontaneous reporting system rules < enter details as relevant>.

Communication Information

Should you have any questions or require additional information please contact <GSK Local Operating companies to include details>
The information contained in this letter has been endorsed by the European Medicines Agency and national Competent Authorities.
Annexes
Yours sincerely

Appendix 2: Health Care Provider Introduction to the Online Survey Regarding TROBALT

Introduction

GlaxoSmithKline (GSK), the maker of TROBALT™ (retigabine), is surveying health care professionals to assess awareness of a safety issue reflected in recent label changes for TROBALT. This survey is part of an effort by the European Medicines Agency (EMA) and GSK to ensure that TROBALT is being used appropriately. It is also aiming to recognize preferences for sources of specialist information which may be used in future for effective communication /education. The questionnaire will take no more than 20 minutes to complete.

Disclaimer

This research is sponsored by GSK, a pharmaceutical company. The aim of this research is to assess knowledge about the prescribing information for TROBALT. Taking part in this survey is voluntary; you are under no obligation to participate. You may refuse to take the survey or stop taking the survey at any time.

How We Use Your Information

Your answers to the survey questions will be combined with those from other respondents and reported in anonymous form to GSK. Your name will not be used in any report. Your name and address will be used to send you the honorarium after you complete the survey.

Honorarium

If you are eligible to take the questionnaire, complete all the questions, and provide your contact information, you will receive [letter will be customized per country up to £60.00].

How We Protect Your Privacy

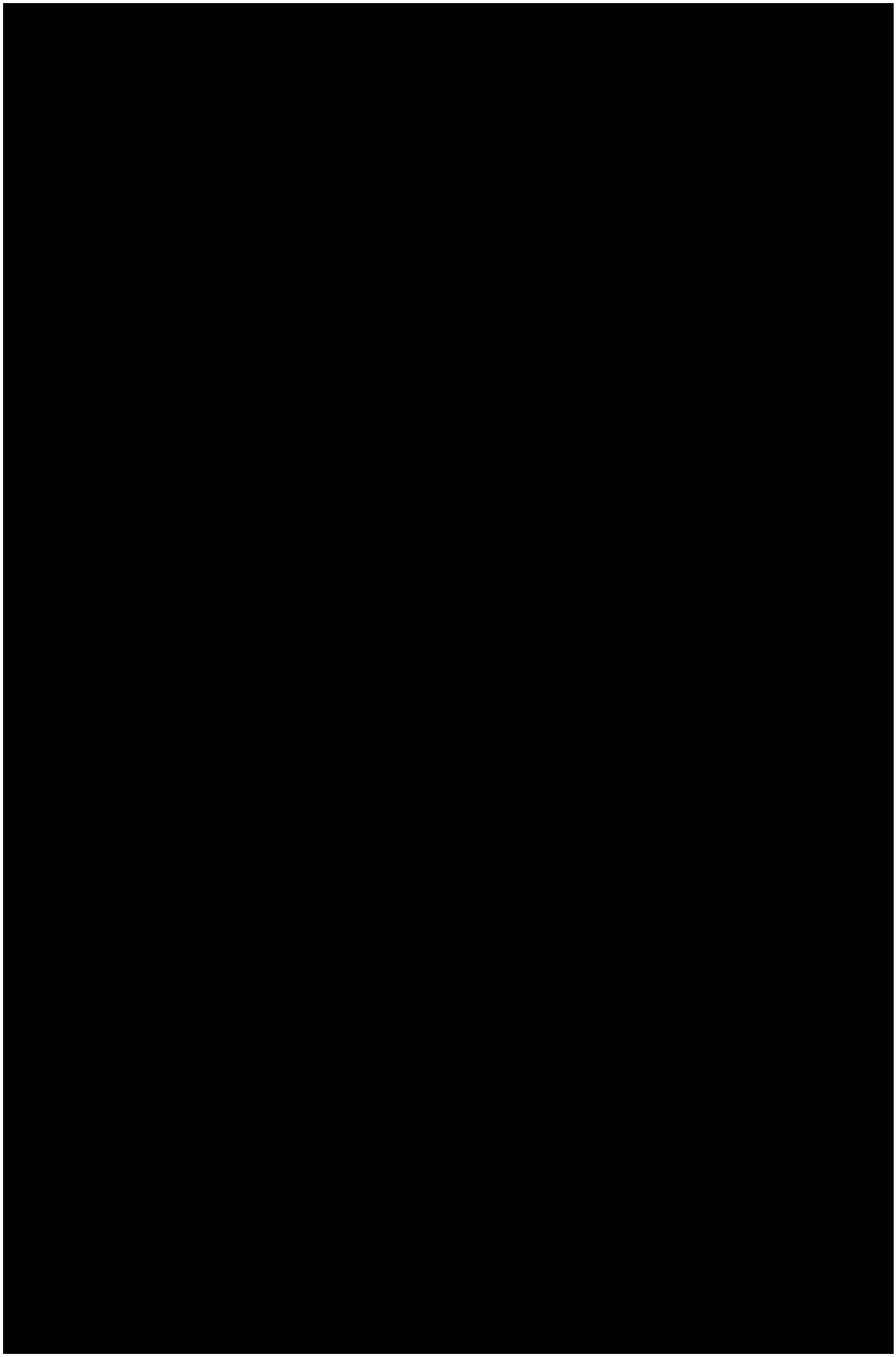
Maintaining the privacy of your personal information is important to us. All the information you provide will be kept strictly confidential. This survey is not a promotional effort and you will not be contacted for marketing purposes based on your personal information or your answers to the survey. Your answers will be kept strictly confidential. Your privacy will be protected; however, research survey records may be inspected by the EMA or local country Ethics Committees.

How to Learn More about the Online Survey

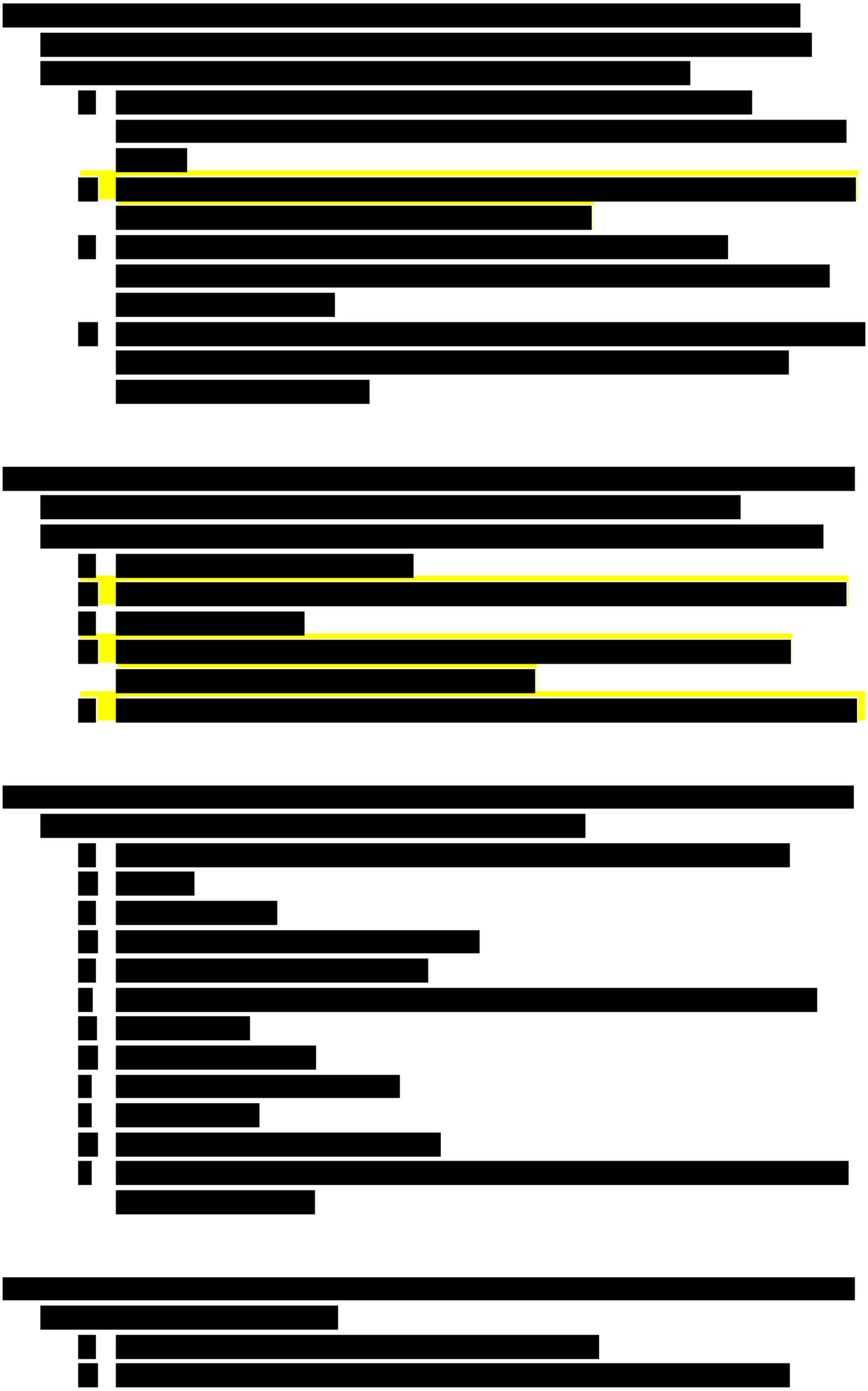
If you have questions about or problems with the survey, please contact the Help Desk at: [redacted] and your questions will be answered.

Appendix 3 Questionnaire for physicians who prescribe AEDs and were sent a DHCP Letter in June 2013

SCREENING PHASE



ASSESSMENT PHASE



[redacted]

[redacted]

Please refer to the TROBALT Prescribing Information for further details.

THANK YOU