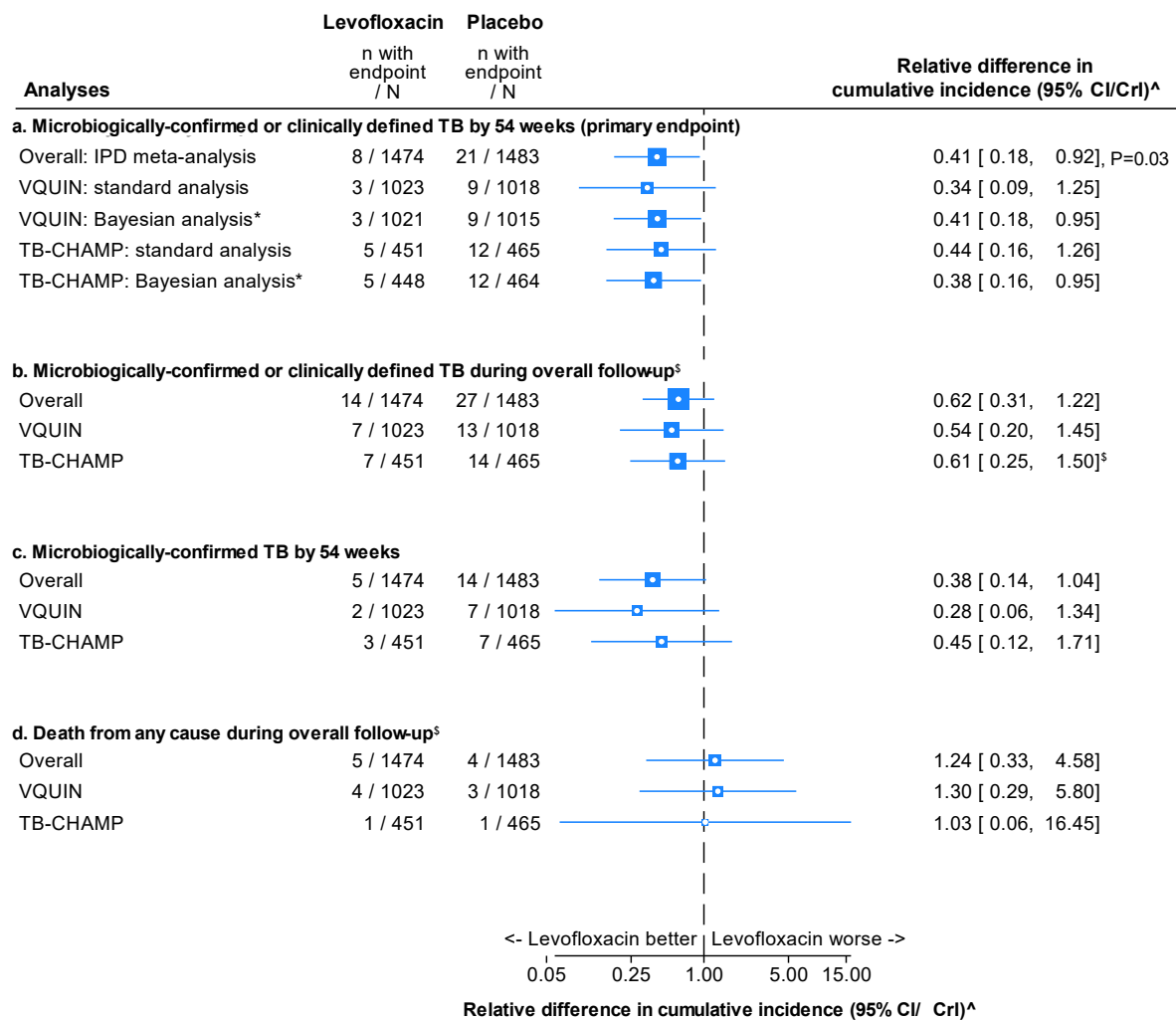


Figure 3. Estimated treatment effect of levofloxacin on TB by 54 weeks



IPD = individual patient data; CI = confidence interval; CrI= credibility interval (for Bayesian results)

Excluded 6 participants in TB-CHAMP who were late screening failure with TB at baseline.

* The Bayesian analyses excluded 5 participants from VQUIN and 4 from TB-CHAMP who were aged ≥ 5 years and either TST- or IGRA-negative (see Supplement Appendix S5.5).

§ In VQUIN, follow-up was up to 134 weeks. In TB-CHAMP, scheduled visits were originally to 96 weeks (± 6 weeks window), then reduced to 72 weeks (± 6 weeks) in May 2019; however, some participants had unscheduled visits beyond these timepoints, with the maximum follow-up of 124 weeks. The relative difference in cumulative incidence by 134 weeks was presented for overall and for VQUIN, and by 78 weeks (i.e. 72+6 weeks window) for TB-CHAMP.

[^] Estimates of the relative difference in cumulative difference were presented since there was evidence of non-proportional hazards in the analyses of: microbiologically-confirmed or clinically defined TB by 54 weeks (P=0.01); microbiologically-confirmed or clinically defined TB during overall follow-up (P=0.003); and microbiologically-confirmed TB by 54 weeks (P=0.02).
 The confidence intervals were not adjusted for multiplicity.