Figure 3.	Estimated	treatment	effect o	f levofla	oxacin on	TB by	54 weeks
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	Levofloxacin	Placebo			
Analyses	n with endpoint / N	n with endpoint / N		Relative difference in cumulative incidence (95% Cl/Crl)^	
a. Microbiogically-confirmed or cli	nically defined T	B by 54 weeks	(primary endpoint)		
Overall: IPD meta-analysis	8 / 1474	21 / 1483		0.41 [0.18,	0.92], P=0.03
VQUIN: standard analysis	3 / 1023	9 / 1018		0.34 [0.09,	1.25]
VQUIN: Bayesian analysis*	3 / 1021	9 / 1015		0.41 [0.18,	0.95]
TB-CHAMP: standard analysis	5 / 451	12 / 465		0.44 [0.16,	1.26]
TB-CHAMP: Bayesian analysis*	5 / 448	12 / 464		0.38 [0.16,	0.95]
b. Microbiogically-confirmed or cli	inically defined T	B during over	all followup ^s		
Overall	14 / 1474	27 / 1483		0.62 [0.31,	1.22]
VQUIN	7 / 1023	13 / 1018		0.54 [0.20,	1.45]
TB-CHAMP	7 / 451	14 / 465		0.61 [0.25,	1.50] ^{\$}
c. Microbiogically-confirmed TB b	y 54 weeks				
Overall	5 / 1474	14 / 1483	_	0.38 [0.14,	1.04]
VQUIN	2 / 1023	7 / 1018 —		0.28 [0.06,	1.34]
TB-CHAMP	3 / 451	7 / 465		0.45 [0.12,	1.71]
d. Death from any cause during ov	verall follow-ups				
Overall	5 / 1474	4 / 1483		- 1.24 [0.33,	4.58]
VQUIN	4 / 1023	3 / 1018		- 1.30 [0.29,	5.80]
ТВ-СНАМР	1 / 451	1 / 465 —		1.03 [0.06,	16.45]
		<- Levo	 floxacin better Levoflo:	xacin worse ->	
		0.05		5.00 15.00	
			erence in cumulative in		
		iterative unit			

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 \geq 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 nonproportional 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.