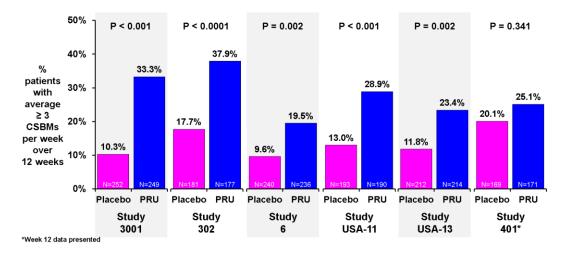
Errata to Shire's FDA Briefing Document issued for the Advisory Committee meeting October 18, 2018. The erroneous text is identified by a strikethrough, with correction following in bold, unless otherwise specified.

1. Page 26 and Page 80

Figure 4 and Figure 19; response rate percentage for Placebo and PRU for study USA13 was corrected. Footnote correction to Figure 19

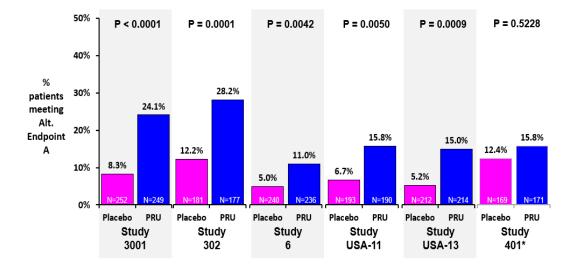


PRU=prucalopride; CSBM=complete spontaneous bowel movement

Source: Module 5.3.5.1, PRU-CRC-3001, Section 5.2, Table 14, SPD555-302, Section 14, Table EFF.1, PRU-INT-6, Section 11.3.1.1, Table 11.3-1, PRU-USA-11, Section 11.3.1.1, Table 11.3-1, Study PRU-USA-13, Section 11.3.1.1, Table 11.3-1 (updated IR 3/30/2018), and Study SPD555-401, Section 9.2.1, Table 8

2. Page 28 and page 83

Figure 6 and Figure 20; response rates and p-values were corrected with non-imputed data and using a Cochran-Mantel-Haenszel test (controlling for country, sex) and number of CSBMs/week at baseline (0 or >0) controlling for **pooled** country/center, sex and number of CBMs/week at baseline (0 or >0). Missing number N=181 in the bar for Placebo, Study 302 added to Figure 6 and 20.



Prucalopride succinate (SHP555)

In Study 401, the response in the prucalopride group was numerically but not statistically significantly higher compared with the placebo group at Week 12 and Week 24 (p=0.5528 **0.5228** and p=0.3735 **0.1944** respectively)

4. Page 62

Table 19 Study 302, column 3 370-358

5. Page 78

Table 22, Study 302 PLA N=252 187, PRU N=249 187

6. Page 84

Table 24 corrected using results based on **non-imputed data** for all studies and using a Cochran-Mantel-Haenszel test controlling for **pooled** country/**center**, sex and number of **CSBMs/week** at baseline (0 or >0).

Table 24: Proportion of Patients with an Average of ≥3 CSBMs/week and an Increase of ≥1 CSBM/week for ≥9 out of the 12 Weeks (18 out of 24 weeks for Study 401) Including 3 of the Last 4 Weeks in Randomized Double-blind Placebocontrolled Studies ≥12 Weeks (Alternative Endpoint A - Imputation: None)

	Study 3001		Study 302 1)		Study INT-6		Study USA-11		Study USA-13		Study 401	
	PLA N=252	PRU 2 mg N=249	PLA N=181	PRU 2 mg* N=177	PLA N=240	PRU 2 mg N=236	PLA N=193	PRU 2 mg N=190	PLA N=212	PRU 2 mg N=214	PLA N=169	PRU 2 mg* N=171
n (%)	21 (8.3)	60 (24.1)	22 (12.2)	50 (28.2)	12 (5.0)	26 (11.0)	13 (6.7)	30 (15.8)	11 (5.2)	32(15.0)	21 (12.4)	27 (15.8)
Weeks 1-12		•		•	•		•	•				
Diff. in proportion		0.158		0.161		0.060		0.091		0.098		0.034
95% CI		0.094, 0.221		0.079, 0.243		0.012, 0.109		0.028, 0.153		0.041, 0.154		-0.040, 0.108
p-value a		< 0.0001		0.0001		0.0042		0.0050		0.0009		0.5228
Weeks 1-24												
Diff. in proportion												0.051
95% CI												-0.020, 0.123
p-value ^a												0.1944

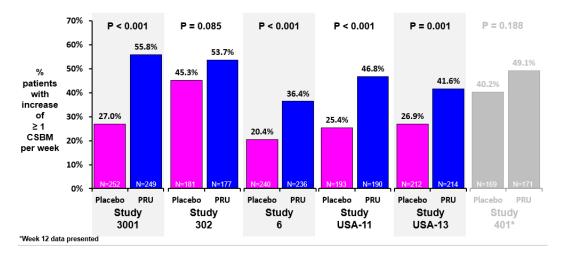
CI=confidence interval; CMH=Cochrane Mantel Haenszel; Diff.=difference; PLA=placebo; PRU=prucalopride; CSBM=complete spontaneous bowel movement

The analysis was performed on the intent-to-treat (ITT) population for study 3001, study INT-6, study USA-11, study USA-13 and study 401, and modified-intent-to-treat (mITT) population for study 302.

^a p-value based on a CMH test for general association controlling for age category (< 65 versus ≥ 65), (pooled) pooled country (Study 6, Study 401, Study 302, Study 3001)/center (Study USA-11, Study USA-13), race, sex and number of CSBMs/week at baseline (0 or >0).

^{*}Includes also patients titrated from prucalopride 1 mg to 2 mg.

Figure 7, revised to include the results of study 401, and revised **response rates** and **p-values**



8. Page 22

Table 1: Add Footnote; Population numbers consistent with study reports: all treated patients (USA-11, USA-13 and INT-6), safety population (401), modified intent-to-treat population (mITT, 302) and intent-to-treat population (ITT, 3001).

9. Page 70

Section 6.1.1 line 2, ...occurrence of \leq 2 SBM/Week and at least 2–1 of the following...

10. Page 44

Table 11 Column 3, row 4, 56/M, MI, 2 mg 4 mg

11. Page 48

Table 13 percentage 0.07% **0.06**%

12. Page 15

..and demonstrated none of the **that** off-target interactions **only occurred at concentrations greatly exceeding those** of previously approved nonselective 5-HT4 agonists.

13. Page 60

..it demonstrates none of the that off-target mediated cardiovascular interactions occur at concentrations that greatly exceed those of previously approved nonselective 5-HT4 agonist. that have been observed with cisapride and tegaserod

14. Page 37

Errata to Shire's FDA Briefing Document Prucalopride succinate (SHP555)

... Study 802 (5,717 5,715 patients exposed to prucalopride).

15. Page 49

Section 1.5.2.5; 10.30 (7.03-14.19) **10.24 (6.97-14.13)** for PEG (Table 15). The pooled adjusted IRR for MACE was 0.64 (95% CI, 0.36, 1.13 **1.14**).

16. Page 50

Table 15

	Prucalopride (N= 5717 5715)	PEG (N= 2938 29,372)	
MACE rate/1000 PYE (95% CI)	6.57 (3.90, 10.39)	10.30 (7.03, 14.19) 10.24 (6.97-	
		14.13)	
Adjusted IRR (95% CI)	0.64 (0.36, 1.13 , 1.14)		

17. Page 116,

Section 7, 10th bullet (IRR=0.64 [95% CI,0.36-1.13, **1.14**]).

18. Page 130

Table 45: Column 3 row 7, 56/M, MI, 2 mg 4 mg; Column 5, row 6, 218 226

19. Page 145

Second Paragraph, starting with second line ... 10.30 (7.03 14.19) 10.24 (6.97-14.13) for PEG. The overall pooled adjusted IRR for MACE (i.e., combining the 3 UK data sources and the SNR) was 0.64 (95% CI, 0.36-1.13 1.14). The pooled adjusted IRD for MACE combining the 3 UK data sources and the SNR was -3.73 -3.66 per 1,000 person-years (95% CI, -8.34 to 0.89 -8.27 to 0.95). The pooled adjusted IRRs for individual components of MACE were 1.06 (95% CI, 0.44 2.57) 0.95 (95% CI, 0.38-2.39) for hospitalization for nonfatal acute myocardial infarction, 0.58 (95% CI, 0.25 1.31) 0.54 (95% CI, 0.23, 1.29)....

Table 52

Outcome	No. Eve nts	Standardized Incidence Rate per 1,000 person years (95% CI) ^a	No. Eve nts	Standardized Incidence Rate per 1,000 Person Years (95% CI) ^a	Standardized Incidence Rate Ratio (95% CI) ^a	Standardized Incidence Rate Difference per 1,000 Person Years (95% CI) ^a
MACE ^b	18	6.57 (3.90, 10.39)	74 73	10.30 (7.03, 14.19) 10.24 (6 97- 14.13)	0.64 (0.36, 1 13, 1.14)	-3.73 (8.34, 0.89) -3.66 (-8.27, 0.95)
Hospitaliz ation for non-fatal acute MI	8- 7	2.92 (1.26, 5.75) 2.55 (1.03, 5.26)	22 21	2.74 (1.41, 4.58) 2.70 (1.37, 4.54)	1.06 (0.44, 2.57) 0.95 (95% CI, 0 38- 2.39)	0.18 (2.34, 2.69) -0.14 (-2.55, 2.27)
Hospitaliz ation for non-fatal stroke	9- 8	3.28 (1.50, 6.23) 2.92 (1.26, 5.75)	39 35	5.70 (3.10, 9.01) 5.39 (2.82, 8.71)	0.58 (0.25, 1.31) 0.54 (95% CI, 0.23, 1.29)	2.42 (5.97, 1.13) -2.47 (-5.93, 0.99)

21. Page 147

First paragraph, line 9. IRR of 2.57 (95% CI, 0.71-9.27 9.26)

22. Page 147

Third paragraph, line 5was 0.64 (95% CI,0.36-1.13, 1.14).

23. Page 144

Second Paragraph, last sentence....Sensitivity analyses included extended time (30 days and i.e. all follow-up time (after discontinuation).

24. Page 158

Line 10 and 13, 2 mg 4 mg

Table 62

	Prucalopride No. patients (% total)	PEG No. patients (% total)
	N=5715	N=29,372
Number of outpatient medical visits with constipation diagnoses (CPRD/THIN/SNR only) ^c		
0	2,423 (53.12%)	19,578 (83.08%)
≥1	1,623 (35.58%)	2,907 (12.34%)
	2,138 (46.88)	3,988 (16.92)
Number of medical visits with IBS diagnoses (CPRD/THIN/SNR only) ^c		
0	3,712 (81.39%)	21,975 (93.25%)
≥1	609 (13.35%)	1,301 (5.52%)
	849 (18.61)	1,591 (6.75)
Number of unique other GI related outpatient diagnoses (CPRD/THIN/SNR only) ^d		
0	2,457 (53.87%)	15,987 (67.84%)
1-12	1,209 (26.51%)	3,800 (16.12%)
	2,104 (46.13)	7,579 (32.16)