Sponsor: WALK-PHASST
Study: Open_Label

Logo	**Adverse Events**	**{visit.label}**
		ID: {ID}

1. Adverse Event/Diagnosis: AEXP:AETEXT

2. AE Start Date: AEXP:STARTDA / AEXP:STARTMO / AEXP:STARTYR
Day Month Year

3. AE Stop Date: AEXP:STOPDA / AEXP:STOPMO / AEXP:STOPYR
Day Month Year

4. Severity: AEXP:SEVRTY — Q4: Death, Life-Threatening, Mild, Moderate, Severe

5. Relationship to sickle cell disease? AEXP:RELSCD

6. Relationship to pulmonary hypertension? AEXP:RELPH

7. Relationship to study drug: AEXP:RELSDRG

Q5-Q8:
Definitely Related;
Possibly Related;
Probably not related/remote;
Probably related;
Unrelated

8. Relationship to study procedure: AEXP:RELSP

If not **Unrelated,** specify: AEXP:SP_SP

9. Outcome: AEXP:OUTCOME — Q9:Death; Ongoing; Ongoing at end of follow-up; Present at death, not contributing to death; Resolved with sequelae; Resolved without sequelae

10. Action taken with study drug: AEXP:ACTION — Q10: None; Study drug interrupted/modified; Study drug permanently discontinued;

11. Serious? ☐ (AEXP:SERIOUS) No ☐ (AEXP:SERIOUS) Yes

If **Yes,** a) Complete the **Serious Adverse Event** section below and have the Clinical Investigator review and electronically sign the form by clicking the Sign button when prompted.

b) When submitting an initial SAE or a follow-up SAE, please notify Rho Product Safety by either sending an email to rho_productsafety@rhoworld.com or calling the SAE hotline at 888-746-7231.

Has Rho Product Safety been notified? ☐ (AEXP:NTFY) No ☐ (AEXP:NTFY) Yes

Complete this section for a Serious Adverse Event only.

12. Seriousness:
(Check all that apply)

☐ (AEXP:SAE1) Life-threatening

☐ (AEXP:SAE2) Required hospitalization or prolongation of existing hospitalization

☐ (AEXP:SAE3) Congenital anomaly

☐ (AEXP:SAE4) Disabling/incapacitating

☐ (AEXP:SAE5) Important medical event

☐ (AEXP:SAE6) Fatal

If **Fatal:**

a. Date of death: AEXP:DEATHDA / AEXP:DEATHMO / AEXP:DEATHYR
Day Month Year

b. Primary cause of death: AEXP:CAUSE

c. Was an autopsy performed? ☐ (AEXP:AUTOP) No ☐ (AEXP:AUTOP) Yes

13. Possible contributing factors to SAE other than study drug:
(Check all that apply)

☐ (AEXP:FACT1) Underlying disease being studied

☐ (AEXP:FACT2) Treatment failure

☐ (AEXP:FACT3) Concurrent illness, specify: AEXP:FACT3SP

☐ (AEXP:FACT4) Concurrent medication (specify in Number 15 below)

☐ (AEXP:FACT5) Study procedure, specify AEXP:FACT5SP

☐ (AEXP:FACT6) Other, specify AEXP:FACT6SP

14. Did subject receive study medication (sildenafil capsules or matching placebo)? ☐ (AEXP:SDYMED) No ☐ (AEXP:SDYMED) Yes

If **Yes:**

a. Phase: ☐ (AEXP:DBFU) Double Blind Phase ☐ (AEXP:DBFU) Open Label Follow-Up Phase

b. Dose: AEXP:DOSE mg TID PO

c. Start Date: AEXP:DSTDA / AEXP:DSTMO / AEXP:DSTYR
Day Month Year

d. Stop Date: AEXP:DSPDA / AEXP:DSPMO / AEXP:DSPYR
Day Month Year

e. Ongoing? ☐ (AEXP:ONGO) No ☐ (AEXP:ONGO) Yes

15. Relevant concomitant medications at time of Serious Adverse Event: ☐ (AEXP:CMEDNA) None

☐ (AEXP:CMEDPR) Previously Reported with SAE: AEXP:WITHSAE

		Remove Medication Record			
Name	**Total Daily Dose**	**Units**	**Start Date / Stop Date (Day/Month/Year)**	**Ongoing?**	**Suspect Causal Relationship?**
SAEM:NAME	SAEM:MDOSE	SAEM:MUNITS	SAEM:MSTRTDA / SAEM:MSTRTMO / SAEM:MSTRTYR SAEM:MSTPDA / SAEM:MSTPMO / SAEM:MSTPYR	☐ (SAEM:MONGO) No ☐ (SAEM:MONGO) Yes	☐ (SAEM:RELATE) No ☐ (SAEM:RELATE) Yes

Add Medication Record

16. Treatments/procedures for SAE: ☐ (AEXP:TREATNA) None

☐ (AEXP:TREATPR) Previously Reported with SAE: AEXP:TREATSP

	Remove Treatment Record			
Treatment/Procedure	**Total Daily Dose (If Applicable)**	**Units (If Applicable)**	**Start Date / Stop Date (Day/Month/Year)**	**Ongoing?**
SAET:TREAT	SAET:TDOSE	SAET:TUNITS	SAET:TSTRTDA / SAET:TSTRTMO / SAET:TSTRTYR SAET:TSTPDA / SAET:TSTPMO / SAET:TSTPYR	☐ (SAET:TONGO) No ☐ (SAET:TONGO) Yes

Add Treatment Record

17. Relevant medical history (Include only relevant past or concurrent medical disorders, surgeries, etc. that may help explain the SAE): ☐ (AEXP:HISTNA) None

☐ (AEXP:HISTPR) Previously Reported with SAE: AEXP:HISTSP

	Remove History Record	
Condition	**Start Date / Stop Date (Day/Month/Year)**	**Ongoing?**
SAEH:COND	SAEH:HSTRTDA / SAEH:HSTRTMO / SAEH:HSTRTYR SAEH:HSTPDA / SAEH:HSTPMO / SAEH:HSTPYR	☐ (SAEH:HONGO) No ☐ (SAEH:HONGO) Yes

Add History Record

18. Relevant laboratory/diagnostic tests: ☐ (AEXP:LABNA) None

☐ (AEXP:LABPR) Previously Reported with SAE: AEXP:LABSP

	Remove Lab/Test Record

Lab/Test	Date (Day/Month/Year)	Results/Comment
SAEL:TEST	SAEL:LDATEDA / SAEL:LDATEMO / SAEL:LDATEYR	SAEL:RESULT
	Normal Range (If applicable):	SAEL:RANGE

Add Lab/Test Record

19. Weight: AEXP:WEIGHT ☐ (AEXP:WTUNITS) lb ☐ (AEXP:WTUNITS) kg

20. Height: AEXP:HEIGHT ☐ (AEXP:HTUNITS) in ☐ (AEXP:HTUNITS) cm

21. Narrative/Comments (provide a textual description of the SAE including chronological clinical presentation and evolution of the SAE and associated signs/symptoms):

☐ (AEXP:NARRPR) Previously Reported with SAE: AEXP:NARRSP

Narrative/Comments:

AEXP:NARRATE

Comments for page:

AEXP:COMM

Submit Query Cancel Form Completion Help Print Rho

Logo	**Study Termination**	**{visit.label}**
		ID: {ID}

1. Date of last study-related contact in Open Label Study: DISC:LFUDA / DISC:LFUMO / DISC:LFUYR
   Day Month Year

2. Did subject complete 1 year in Open Label Study? ☐ (DISC:COMPL) No ☐ (DISC:COMPL) Yes

If **No,** indicate **primary** reason:

- ☐ (DISC:REASON) Study terminated
- ☐ (DISC:REASON) Subject or guardian decision, specify: DISC:SUB_SP
- ☐ (DISC:REASON) Subject moved or relocated
- ☐ (DISC:REASON) Lost to follow-up
- ☐ (DISC:REASON) Subject Achieved health insurance coverage for sildenafil
- ☐ (DISC:REASON) Subject rescreened and randomized in Main Interventional Trial
- ☐ (DISC:REASON) Adverse Event, specify: DISC:AE_SP
- ☐ (DISC:REASON) Death

If **Death:**

a. Date of death: DISC:DEATHDA / DISC:DEATHMO / DISC:DEATHYR
   Day Month Year

b. Primary cause of death:

- ☐ (DISC:CAUSE) Cardiac Arrest
- ☐ (DISC:CAUSE) Respiratory Failure/Pneumonia/ Acute Chest Syndrome
- ☐ (DISC:CAUSE) CNS Event/Stroke/ Intracranial hemorrhage
- ☐ (DISC:CAUSE) Sepsis/Infection
- ☐ (DISC:CAUSE) Hepatic Failure
- ☐ (DISC:CAUSE) Severe Anemia
- ☐ (DISC:CAUSE) Malignancy
- ☐ (DISC:CAUSE) Splenic Sequestration
- ☐ (DISC:CAUSE) Multi-System Organ Failure
- ☐ (DISC:CAUSE) Other, specify: DISC:CAUS_SP
- ☐ (DISC:CAUSE) Renal Failure
- ☐ (DISC:CAUSE) Unknown

c. Was the death related to progression of sickle cell disease?

☐ (DISC:RELSC) Unrelated ☐ (DISC:RELSC) Unlikely ☐ (DISC:RELSC) Possibly ☐ (DISC:RELSC) Probably ☐ (DISC:RELSC) Definitely

d. Was the death related to progression of pulmonary hypertension?

(DISC:RELPH) Unrelated (DISC:RELPH) Unlikely (DISC:RELPH) Possibly (DISC:RELPH) Probably (DISC:RELPH) Definitely

e. Was an autopsy performed? (DISC:AUTOP) No (DISC:AUTOP) Yes

(DISC:REASON) Other, specify: DISC:OTH_SP

4. Was there a one-month safety follow-up? (DISC:SAFTYFU) No (DISC:SAFTYFU) Yes

If **Yes,** Date of follow-up: DISC:SAFTYDA / DISC:SAFTYMO / DISC:SAFTYYR

Day Month Year

Comments for page:

DISC:COMM

Submit Query Cancel Form Completion Help Print Rho

Logo	Study Drug Dosing	{visit.label}
		ID: {ID}

Enter a new dose record for any change in study drug dosing during the course of the study.

Total Daily Dose Prescribed	Reason for Dose	Remove Dose Start Date
DRLG:DOSE mg	☐ (DRLG:REASON) As per protocol ☐ (DRLG:REASON) Adverse event and/or lab/test abnormality ☐ (DRLG:REASON) Dosing error ☐ (DRLG:REASON) Other, specify: DRLG:OTH_SP	DRLG:STARTDA / DRLG:STARTMO / DRLG:STARTYR Day Month Year **Dose End Date** DRLG:STOPDA / DRLG:STOPMO / DRLG:STOPYR Day Month Year
Comment: DRLG:DCOMM		

Add New Dose

Comments for page:

SDRG:COMM

Submit Query Cancel Form Completion Help Print Rho

Logo	**Concomitant Medications**	**{visit.label}**
		ID: {ID}

Please note: List medications used for anticoagulation only.

Medication: CMED:MEDNAME

Indication: CMED:IND

Dose: CMED:DOSE

Units: CMED:UNITS If **Other,** specify: CMED:UNIT_SP

Units: Capsule; Drop; Gram; Microgram; Milligram; Milliliter;Other; Tablet;

Frequency: CMED:FREQ If **Other,** specify: CMED:FREQ_SP

Freq: 3 Times Daily; 4 Times Daily; As Needed; Every Day; Every Other Day; Once a Week; Other; Twice Daily

Route: CMED:ROUTE If **Other,** specify: CMED:RTE_SP

Route: By Mouth; Each/Both Eyes; Inhalent; Intra-articular; Intradermal; Intramuscular; Intravenous; Left Eye; Other; Rectal; Right Eye; Subcutaneous; Sublingual; Topical; Vaginal; Suppository

Start Date: CMED:STARTDA / CMED:STARTMO / CMED:STARTYR
Day Month Year

Stop Date: CMED:STOPDA / CMED:STOPMO / CMED:STOPYR
Day Month Year

Associated with a Serious Adverse Event?

- (CMED:SAE) Not related
- (CMED:SAE) Possible cause of SAE
- (CMED:SAE) Medication given in response to SAE

Treatment Status: CMED:STATUS

Status: Continuing at End of Main Interventional Trial; Discontinued; Modified Dose, Frequency, or Route

Comments for page:

CMED:COMM

Submit Query Cancel Form Completion Help Print Rho

EDC COMPLETION GUIDELINES

walk-PHaSST Protocol

Adverse Events

AE/Diagnosis	Enter the diagnostic term for the Adverse Event, if a diagnosis is available. If a definitive diagnostic term is not available, enter a description of the condition, such as its symptoms, signs, and/or findings. If a definitive diagnosis becomes available at a later time, update the form with that diagnosis.
AE Start Date	Record the date of onset for the AE, providing as complete a date as possible.
AE Stop Date	Record the stop date for each AE, providing as complete a date as possible. If the AE is continuing, leave the Stop Date blank.
Severity	Enter the response that corresponds to the severity of the adverse event, using the following scale: 1. Mild. Awareness of sign, symptom, or event, but easily tolerated; does not interfere with usual daily activities or tasks. 2. Moderate. Discomfort enough to cause interference with usual daily activity; may warrant therapeutic intervention. 3. Severe. Incapacitating; inability to perform usual activities and daily tasks; significantly affects clinical

	status; requires therapeutic intervention. 4. Life-threatening. Adverse event is life-threatening. 5. Death. Adverse event causes death.
Related to Sickle Cell?	Enter the response that best describes the relationship of the adverse event to sickle cell disease.
Related to Pulmonary Hypertension?	Enter the response that best describes the relationship of the adverse event to pulmonary hypertension.
Relationship to Study Drug	Enter the response that best describes the relationship of the adverse event to use of the study drugl.
Relationship to Study Procedure	Enter the response that best describes the relationship of the adverse event to any study procedure. If Relationship to Study Procedure is any thing except Unrelated, specify the study procedure.
Outcome	Use the drop-down box to select the response that best describes the outcome of the adverse event. If the adverse event is ongoing and the outcome is yet to be determined, leave Outcome blank. The resulting query will serve as a reminder that the AE should be reviewed at the subject's next visit.
Action Taken with Study Drug	Enter the response that best describes what action was taken with the study drug. If the study drug was temporarily or permanently discontinued, there should be a corresponding entry on the Study Drug Dosing form.

Serious?	Indicate whether the adverse event meets the definition of serious by checking No or Yes. If Yes (Adverse Event is Serious): • Complete the Serious Adverse Event (SAE) section of the form. • Have the Clinical Investigator review and electronically sign the form in RhoEDC. • Notify Rho Product Safety of the Serious Adverse Event. If No (AE is not Serious), the Serious Adverse Event (SAE) section of the form should be left blank.
SAE - Seriousness	Check the criteria for "seriousness" met by the SAE. Check all that apply. At least one criteria must be met in order for the AE to be considered an SAE. If the AE was Fatal, provide: • Date of death • Primary cause of death • Whether an autopsy was performed.
SAE - Contributing Factors	Check any factors other than study drug that possibly contributed to the SAE. Check all that apply. If Concurrent Illness, specify the suspected illness. If Study Procedure, specify the suspected procedure. If a possible contributing factor is not listed, check Other and describe the suspected the other contributing factor.

SAE - Study Medication	Check No or Yes to indicate if the subject received study medication (either sildenafil capsules or matching placebo). If Yes, provide: • The phase of the study (either Double Blind Phase or Open Label Follow-Up Phase) • Dose in Mg TID PO • Study drug start date • Study drug end date (if drug not ongoing) • Whether the subject is currently taking study medication
SAE - Relevant Concomitant Medications	Concomitant Medications should be recorded on this form **only** if the investigator considers them to be relevant to the SAE. Check None if there are no concomitant medications relevant to the SAE. If there are relevant concomitant medications, provide for each one: • Medication name • Total daily dose • Dosage units • Start date and stop date • Whether the medication is ongoing • Whether a causal relationship between the medication and the SAE is suspected Use the Add Medication Record button to create a row for each relevant medication. Use the Previously Reported checkbox if this information was reported with a previous SAE report. If so, identify the previous SAE.

SAE - Treatments/ Procedures	Check None if no treatments or procedures were prescribed with this SAE. If there were treatment or procedures to report for this SAE, provide for each one: • Name of treatment or procedure • Total daily dose (if applicable) • Units (if applicable) • Start date and stop date • Whether the treatment/procedure is ongoing Use the Add Treatment Record button to create a row for each treatment or procedure. Use the Previously Reported checkbox if this information was reported with a previous SAE report. If so, identify the previous SAE.
SAE - Relevant Medical History	Medical History should be recorded on this form **only** if the investigator considers it to be relevant to the SAE. Check None if there is no relevant medical history that would help explain the SAE. Use the Add History button to create a row for each relevant medical history item. Provide for each one: • The medical condition • Start date and stop date. • Whether the condition is ongoing. Use the Previously Reported checkbox if this information was reported with a previous SAE report. If so, identify the previous SAE.

SAE - Relevant Laboratory/ Diagnostic Tests	Laboratory and/or diagnostic tests should be recorded on this form **only** if the investigator considers them to be relevant to the SAE. Check None if there are no relevant tests to report with this SAE. Use the Add Lab/Test Record to create a row for each relevant test. Provide for each: • Name of the test • Result/lab value • Units for the result/lab value • Normal range for the test Use the Previously Reported checkbox if this information was reported with a previous SAE report. If so, identify the previous SAE.
SAE - Weight and Height	Record the subject's weight and height at the time of the SAE and the appropriate unit for each.
SAE - Narrative/ Comments	Record the narrative description of the SAE, including chronological clinical presentation and evolution of the SAE and associated signs/symptoms. Use the Previously Reported checkbox if this information was reported with a previous SAE report. If so, identify the previous SAE.
Comments for page	Record any pertinent comments for this page only.
See also Chapter 15 of the MOO	

EDC COMPLETION GUIDELINES

walk-PHaSST Protocol

Concomitant Medications

Medication	List all medications taken by the subject for anticoagulation only.
Indication	Record the reason the medication was prescribed. **Note:** The indication listed for each medication should be consistent with either the subject's medical history or adverse events.
Dose	Use the drop-down box to enter the prescribed dose for each medication.
Frequency	Use the drop-down box to indicate how often the medication was prescribed to be taken. If the prescribed frequency is not listed, select Other and specify the frequency in the space provided.
Units	Use the drop-down box to indicate the unit for the dose. If the prescribed unit is not listed, select Other and specify the unit in the space provided.
Route	Use the drop-down box to indicate how the medication is taken or administered. If the prescribed route is not listed, check the box for Other and specify the route in the space provided.

Start Date	Record the first date the medication was taken. Provide as complete a date as possible. If a complete date is not known, enter as much of the date as can be determined and leave blank any parts that are unknown. **Note**: Blank date parts will cause an automatic query. If the date part is blank because a complete date is unknown and is impossible to determine, override the automatic query. Provide an appropriate override reason, such as "Start Day Unknown" or "Month Unknown."
Stop Date	Record the last date the medication was taken. Provide as complete a date as possible. If a complete date is not known, enter as much of the date as can be determined and leave blank any parts that are unknown. **Note**: If the medication is ongoing and the subject is still on study, leave Stop Date and Treatment Status blank. This will cause an automatic query. This query will serve as a reminder for the site to review the status of the medication at the subject's next visit and should not be overridden. If the medication is ongoing when the subject completes the study, update the Treatment Status to "Continuing at end of Main Interventional Trial" and leave the Stop Date blank.

Treatment Status	Use the drop-down box to indicate the treatment status. If the Treatment Status is "Modified dose, frequency, or route," remember to enter a new record for the medication with the changes dose, frequency or route. **Note**: If the medication is ongoing and the subject is still on study, leave Treatment Status blank. This will cause an automatic query. This query will serve as a reminder for the site to review the status of the medication at the subject's next visit and should not be overridden. If the medication is ongoing when the subject completes the study, update the Treatment Status to "Continuing at end of Main Interventional Trial" and continue to leave the Stop Date blank.
Comments for Page	Record any pertinent comments for this page only.

EDC COMPLETION GUIDELINES

walk-PHaSST Protocol

Termination

Study Termination Form	The Study Termination form should be completed for every subject randomized in the Open-Label Follow-up Study. If the subject terminates early from the Open-Label Follow-up Study, the form should be completed after the subject's last study visit.
Did subject complete 1 year in Open Label Study?	Check No or Yes to indicate whether the subject completed 1 year in Open-Label Study.
If Subject Did Not Complete MIT through Week 16	If **No** (subject terminated early and did not complete the Open-Label Study), provide the following: • Date of the last study-related contact. • Primary reason the subject did not complete 1 year in Open-Label Study.
If Death	If Death, record date of death and indicate primary cause of death.
Comments for page	Record any pertinent comments for this page only.

EDC COMPLETION GUIDELINES

walk-PHaSST Protocol

Study Drug Dosing

Study Drug Dosing Form	The Study Drug Dosing form keeps track of the prescribed dose of study drug during the course of the Open-Label Follow-up study. Click the Add New Dose button to create a record for the initial dose of study drug prescribed. Use the Add New Dose button to create an additional record any time the prescribed dose changes during the course of the study. Use the Remove button to delete any dosing record that is created in error. Use caution in deleting records, as deleted records cannot be recovered after the form is updated.
Total Daily Dose Prescribed	Enter the total dose prescribed to be taken per day, in miligrams.
Reason for Dose	Check the box that corresponds to the reason for the amount of study drug prescribed. The initial record is expected to have 'As per protocol' as the Reason for Dose. Changes in dose due to the dose escalation outlined in the protocol also are expected to have 'As per protocol' as the Reason for Dose. Other possible reasons for the prescribed dose changing include 'Adverse event/lab abnormality' (in which case the dose might be reduced until the AE or abnormality resolves) or 'Dosing error,' (in which case

	the dose might be changed again when the error is discovered.) If there is another reason for changing the prescribed dose, check Other and specify the reason.
Dose Start Date	Enter the date the precribed dose on this record was started.
Dose End Date	Enter the date the precribed dose on this record was stopped. If the dose is ongoing, leave Dose End Date blank. The resulting query will serve as a reminder that the record will need to be reviewed and updated at the subject's next visit.
Bottle Number Used For This Dose	Enter the number of the bottle the subject is expected to use for this dosing regimen. The bottle number may be entered by typing in the number or by scanning the bottle's bar code with a hand-held scanner. If scanning, check to see that the cursor is in the Bottle Number field before scanning the bar code.
Comments for page	Record any pertinent comments for this page only.