Supplementary Statistical Analyses

Controlling for effects of BMI and Study Center: To control for any effect of BMI and differences among centers, further statistical analyses were conducted on both Total Lesion Count (TLC) and IGA success endpoints. BMI was added as a covariate into the ANCOVA models for TLC (i.e., ANCOVAs with BMI baseline value as a covariate; and into logistic regression models for IGA success. Type I sum-of-square for the interaction term was tested at $\alpha = 0.10$ level. (SAS Tables in PDF-Output File 2)

Potential effect of the Study Center: Centers in the same country were pooled to reach at least 15 participants and two different statistical procedures were applied on both TLC and IGA success. First, an interaction term between treatment and center was added to the ANCOVA models for TLC and the logistic regression models for IGA success. Second, the center was added as a random-effect into the intercept of the ANCOVA models for TLC and the logistic regression models for IGA success. Additionally, for the IGA success endpoint, a pairwise Breslow-Day test at $\alpha = 0.10$ level was performed to assess the homogeneity of the odds ratio between groups across centers (SAS Tables in PDF Output File 5).

Sensitivity Analysis - LOCF imputation and worst-case scenario: To increase the robustness of results, further sensitivity analysis was conducted based on the following two statistical procedures. First, a LOCF imputation (i.e., carrying forward the last non-missing observation) was used on both ANCOVA models for the TLC endpoint and logistic regression for the IGA success endpoint. Second, a worst-case scenario was applied to the ANCOVA analysis on TLC: in the NAC-GED 5% group, the worst percent change in TLC was imputed to participants with a missing value at Visit 6 (i.e., -3.23%); in the vehicle group, the best percent change in TLC was imputed to participants with a missing value at Visit 6 (-82.54%) (SAS Tables in PDF Output File 3)