### Supplemental Table 1: Primary outcome result reporting discrepancies between ClinicalTrials.gov (CT.gov) and publication.

<table>
<thead>
<tr>
<th>NCT Number</th>
<th>Trial Name</th>
<th>Funding*</th>
<th>Arms</th>
<th>n*</th>
<th>Primary Outcome</th>
<th>ClinicalTrials.gov</th>
<th>Publication</th>
<th>Summary of discrepancy</th>
</tr>
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<tbody>
<tr>
<td>NCT00095238</td>
<td>Irbesartan in Heart Failure With Preserved Systolic Function (I-Preserve)</td>
<td>Industry</td>
<td>2</td>
<td>4128</td>
<td>Percentage of patients with composite death or cardiovascular hospitalization</td>
<td>Irbesartan (n=2067): 39.2% Placebo (n=2061): 39.5%</td>
<td>Irbesartan (n=2067): 35.9% Placebo (n=2061): 37.0%</td>
<td>270% larger reduction in risk for primary outcome. Statistical analysis not reported in CT.gov</td>
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<tr>
<td>NCT00833794</td>
<td>A Two-Arm Study Comparing the Analgesic Efficacy and Safety of Tramadol HCl Once-a-Day Versus Placebo for the Treatment of Pain Due to Osteoarthritis</td>
<td>Industry</td>
<td>2</td>
<td>646</td>
<td>Pain intensity score as measured by the 11-point Pain Intensity-Numerical Rating Scale Score at week 12</td>
<td>Tramadol (n=431): 4.3 Placebo (n=214): 4.8</td>
<td>Tramadol (n=431): 4.2 Placebo (n=214): 4.9</td>
<td>40% larger treatment effect reported in publication. Statistical analysis not reported in CT.gov</td>
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<tr>
<td>NCT00879697</td>
<td>Strength Training in Walking Tolerance in Intermittent Claudication Patients</td>
<td>Other</td>
<td>2</td>
<td>34</td>
<td>Total walking distance at 12 weeks</td>
<td>Strength training (n=15): 618 meters Walking training (n=15): 572 meters</td>
<td>Strength training (n=15): 775 meters Walking training (n=15): 721 meters</td>
<td>17% larger treatment effect reported in publication. Probable transcription error as CT.gov entry reports baseline values as end of treatment distance Both sources report statistically significant improvement in walking distance</td>
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<tr>
<td>NCT00462748</td>
<td>A Study to Determine the Number of Patients Who Reach Optimal Cholesterol Levels on Each of Three Different Treatments</td>
<td>Industry</td>
<td>3</td>
<td>786</td>
<td>Percentage of patients achieving a target of fasting LDL-C of &lt;2mmol/l at 6 weeks</td>
<td>Ezetimibe/simvastatin (n=255): 67.4% 1) Atorvastatin (n=259): 36.3% 2) Rosuvastatin (n=258): 17.4% 1) difference: 31.1% (p&lt;0.001) 2) difference: 50% (p&lt;0.001)</td>
<td>Ezetimibe/simvastatin (n=255): 69.4% 1) Atorvastatin (n=259): 33.5% 2) Rosuvastatin (n=258): 14.3% 1) difference: 35.9% (p&lt;0.001) 2) difference: 55.1% (p&lt;0.001)</td>
<td>15% larger treatment effect reported in publication versus atorvastatin 10% larger treatment effect reported in publication versus rosuvastatin Statistical significance unchanged</td>
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<tr>
<td>NCT00294515</td>
<td>IMPACT Study: A Study of Valcyte (Valganciclovir) for Prevention of Cytomegalovirus Disease (CMV) in Kidney Allograft Recipients</td>
<td>Industry</td>
<td>2</td>
<td>320</td>
<td>Percentage of patients developing CMV at end of treatment (100 days versus 200 days)</td>
<td>100 days (n=163): 43.6%&lt;br&gt;200 days (n=155): 23.9%&lt;br&gt;Difference: 20% (p&lt;0.0002)</td>
<td>100 days (n=163): 36.8%&lt;br&gt;200 days (n=155): 16.1%&lt;br&gt;Difference: 20.7% (p&lt;0.0001)</td>
<td>4% larger effect size, and lower overall risk of CMV reported in publication&lt;br&gt;Statistical significance unchanged</td>
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<tr>
<td>NCT00406783</td>
<td>Study for the Treatment of Intermittent Allergic Rhinitis With Desloratadine (Study P04683AM1) for the Treatment of Cervical Dystonia</td>
<td>Industry</td>
<td>2</td>
<td>547</td>
<td>Change from baseline in Total 5 Symptom Score at day 15</td>
<td>Desloratadine (n=271): -3.01&lt;br&gt;Placebo (n=265): -2.13&lt;br&gt;Difference: -0.88 (p&lt;0.001)</td>
<td>Desloratadine (n=271): -3.19&lt;br&gt;Placebo (n=265): -2.29&lt;br&gt;Difference: -0.90 (p&lt;0.001)</td>
<td>2% larger treatment effect reported in publication&lt;br&gt;Statistical significance unchanged</td>
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<tr>
<td>NCT00257660</td>
<td>Randomized, Placebo-Controlled Study of AbobotulinumtoxinA (Dysport®) for the Treatment of Cervical Dystonia</td>
<td>Industry</td>
<td>2</td>
<td>116</td>
<td>Mean change Toronto Western Spasmodic Torticollis Rating Scale from baseline to week 4</td>
<td>Botulinum IM (n=51): -14.0&lt;br&gt;Placebo (n=58): -5.2&lt;br&gt;Difference: -8.8 (p&lt;0.0001)</td>
<td>Botulinum IM (n=51): -15.6&lt;br&gt;Placebo (n=58): -6.7&lt;br&gt;Difference: -8.9% (p&lt;0.0001)</td>
<td>1% larger treatment effect reported in publication&lt;br&gt;Statistical significance unchanged</td>
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<tr>
<td>NCT00104247</td>
<td>Study to Evaluate the Safety and Efficacy of Phenoptin, in Subjects With Phenylketonuria Who Have Elevated Phenylalanine Levels</td>
<td>Industry</td>
<td>2</td>
<td>88</td>
<td>Change in blood phenylalanine from baseline to week 6</td>
<td>Saproterin (n=41): -239&lt;br&gt;Placebo (n=46): 6&lt;br&gt;Difference: -245 (p&lt;0.001)</td>
<td>Saproterin (n=41): -235.9&lt;br&gt;Placebo (n=47): 2.9&lt;br&gt;Difference: -239 (p=0.0002)</td>
<td>3% larger treatment effect in CT.gov&lt;br&gt;Statistical significance unchanged</td>
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<tr>
<td>NCT00552669</td>
<td>Study of Oral Rapamycin Plus Bare Metal Stents vs Drug Eluting Stents</td>
<td>Government</td>
<td>2</td>
<td>200</td>
<td>Overall costs expressed in US dollars at 18 months of follow up</td>
<td>Oral rapamycin (n=100): $5483&lt;br&gt;Drug eluting stent (n=100): $7658&lt;br&gt;Difference: $2175 (p&lt;0.05)</td>
<td>Oral rapamycin (n=100): $5586&lt;br&gt;Drug eluting stent (n=100): $7738&lt;br&gt;Difference: $2152 (p=0.0001)</td>
<td>1% larger treatment effect in CT.gov&lt;br&gt;Statistical significance unchanged</td>
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</tbody>
</table>

**Differences in treatment effect unclear or no impact on results**

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<tr>
<th>NCT Number</th>
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<tbody>
<tr>
<td>NCT00287053</td>
<td>Effects of Divalproex Sodium on Food Intake, Energy Expenditure, and Posture Allocation</td>
<td>Other</td>
<td>2</td>
<td>57</td>
<td>Change in food intake from baseline day 7 to 21</td>
<td>Divalproex (n=26): -90 kcal&lt;br&gt;Placebo (n=26): -51 kcal&lt;br&gt;Difference: -39 kcal</td>
<td>Divalproex (n=26): -51 kcal&lt;br&gt;Placebo (n=26): -90 kcal&lt;br&gt;Difference: 39 kcal</td>
<td>Purpose of study to determine mechanism for divalproex associated weight gain&lt;br&gt;Outcome results transposed between sources</td>
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<tr>
<td>NCT00029172</td>
<td>Treatment for Post-Stroke Depression</td>
<td>Other</td>
<td>2</td>
<td>188</td>
<td>Percentage of patients with HAM-D response (decrease by 50%) at week 12</td>
<td>Results not broken down by treatment group (case management vs. usual care). Reported only mean HAM-D score at week 12: 10.6</td>
<td>Case management (n=89): 51%&lt;br&gt;Control (n=93): 30%</td>
<td>CT.gov reporting not consistent with specified outcome (% of patients with HAM-D decrease of 50% or more)</td>
</tr>
<tr>
<td>NCT Number</td>
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<td>n*</td>
<td>Primary Outcome</td>
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</tbody>
</table>
| NCT00494013 | Comparison of Two Basal Insulins for Patients With Type 2 Diabetes (IOOY)   | Industry| 2     | 429 | Change from baseline in HbA1c at week 24                                         | Insulin Lispro (n=219): -1.52  
Insulin Detemir (n=210): -1.31  
Least squares mean difference: -0.21 | Insulin Lispro (n=219): -1.47  
Insulin Detemir (n=210): -1.24  
Least squares mean difference: -0.21 | Overall least squares mean difference consistent |
| NCT00422734 | Tadalafil Taken Daily Compared to Placebo on Improvement of Getting and Maintaining an Erection and Sexual Quality of Life | Industry| 2     | 342 | Three primary outcomes  
1) Change from baseline in International Index of Erectile Function - Erectile Function Domain at week 12  
Tadalafil (n=244): 8.0  
Placebo (n=72): 0.5  
Difference: 7.5  
P<0.001 | Tadalafil (n=244): 7.9  
Placebo (n=72): 0.7  
Difference: 7.2  
P<0.001 | Larger treatment effect reported in CT.gov |
|            |                                                                             |         |       |     | 2) Change from baseline in percentage responding yes to sexual encounter profile diary question 2 and 3 at week 12  
Q2  
Tadalafil (n=251): 28.8%  
Placebo (n=74): 2.2%  
Difference: 26.6%  
P<0.001 | Q2  
Tadalafil (n=251): 28.6%  
Placebo (n=74): 2.7%  
Difference: 25.9%  
P<0.001 | Larger treatment effect reported in CT.gov |
|            |                                                                             |         |       |     | Q3  
Tadalafil (n=251): 46.5%  
Placebo (n=74): 10.8%  
Difference: 35.7%  
P<0.001 | Q3  
Tadalafil (n=251): 46.0%  
Placebo (n=74): 10.8%  
Difference: 35.2%  
P<0.001 | Larger treatment effect reported in CT.gov |
|            |                                                                             |         |       |     | 3) Change from baseline in sexual QOL domain of Sexual Life Quality Questionnaire of subject and partner at week 12  
Subject  
Tadalafil (n=244): 39.4  
Placebo (n=72): 12.6  
Difference: 26.8  
P<0.001 | Subject  
Tadalafil (n=244): 39.5  
Placebo (n=72): 12.5  
Difference: 27  
P<0.001 | Larger treatment effect reported in publication |
|            |                                                                             |         |       |     | Partner  
Tadalafil (n=238): 32.9  
Placebo (n=70): 7.9  
Difference: 25  
P<0.001 | Partner  
Tadalafil (n=238): 32.4  
Placebo (n=70): 5.0  
Difference: 27.4  
P<0.001 | Larger treatment effect reported in publication |
<table>
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<th>NCT Number</th>
<th>Trial Name</th>
<th>Funding*</th>
<th>Arms²</th>
<th>n*</th>
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<th>Publication</th>
<th>Summary of discrepancy</th>
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<tr>
<td>NCT00806403</td>
<td>Comparison Between Thrombolysis and Primary Percutaneous Coronary Intervention (PCI) to Treat ST-Segment Elevation Myocardial Infarction</td>
<td>Other</td>
<td>2</td>
<td>205</td>
<td>Two primary outcomes</td>
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<td>Analysis denominators transposed</td>
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<td>1) Number of patients with ST-segment elevation resolution equal or more than 50% 120 minutes after inclusion</td>
<td>Fibrinolytic (n=75): 47 Invasive (n=74): 51</td>
<td>Fibrinolytic (n=74): 51</td>
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<td>2) Number of patients with thrombolysis in myocardial infarction (TIMI) flow grade 3 5-7 days after inclusion</td>
<td>Fibrinolytic (n=65): 35 Invasive (n=79): 56</td>
<td>Fibrinolytic (n=65): 35 Invasive (n=79): 56</td>
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<tr>
<td>NCT00852917</td>
<td>A Four-Arm Study Comparing the Analgesic Efficacy and Safety of Tramadol Once a Day 100, 200 and 300 mg Versus Placebo for the Treatment of Pain Due to Osteoarthritis of the Knee (With 7-Day Follow-up)</td>
<td>Industry</td>
<td>4</td>
<td>552</td>
<td>Three primary outcomes</td>
<td></td>
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<td>Larger treatment effect reported for two arms in CT.gov</td>
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<td>1) Patients' global rating of pain relief (% of patient who report as effective or very effective) at week 12</td>
<td>Tramadol 100mg (n=103): 66% Tramadol 200mg (n=107): 75% Tramadol 300mg (n=105): 80% Placebo (n=224): 58%</td>
<td>Tramadol 100mg (n=103): 66% Tramadol 200mg (n=107): 71% Tramadol 300mg (n=105): 78% Placebo (n=224): NR</td>
<td>Consistent</td>
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<td>2) Percentage reduction from baseline in WOMAC index pain subscale at week 12</td>
<td>Tramadol 100mg (n=103): 41.6% Tramadol 200mg (n=107): 42.8% Tramadol 300mg (n=105): 46% Placebo (n=224): 32.3%</td>
<td>Tramadol 100mg (n=103): 41.6% Tramadol 200mg (n=107): 42.8% Tramadol 300mg (n=105): 46% Placebo (n=224): 32.3%</td>
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<td>3) Percentage reduction from baseline in WOMAC index physical function subscale at week 12</td>
<td>Tramadol 100mg (n=103): 42.3% Tramadol 200mg (n=107): 42% Tramadol 300mg (n=105): 38.7% Placebo (n=224): 30.9%</td>
<td>Tramadol 100mg (n=103): 48% Tramadol 200mg (n=107): 45% Tramadol 300mg (n=105): 46% Placebo (n=224): 27%</td>
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<tr>
<td>NCT00337727</td>
<td>Aprepitant for the Prevention of Chemotherapy Induced Nausea and Vomiting (CINV)</td>
<td>Industry</td>
<td>2</td>
<td>848</td>
<td>Percentage of patients reporting no vomiting 0 to 120 hours following initiation of chemotherapy</td>
<td>Aprepitant (n=425): 324 (76.2%) Placebo (n=406): 252 (62.1%)</td>
<td>Aprepitant (n=425): 325 (76.2%) Placebo (n=407): 252 (62.1%)</td>
<td>Analysis denominator discrepancy with no impact on reported outcome</td>
</tr>
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<td>NCT Number</td>
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<td>n&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td>NCT00452426</td>
<td>Safety and Effectiveness of a Computer-Assisted Personalized Sedation (CAPS) Device for Propofol Delivery During Endoscopy</td>
<td>Industry</td>
<td>2</td>
<td>1000</td>
<td>AUC of oxygen desaturation - the difference between the threshold and actual o2 saturation summed every second during which o2 sat was below threshold</td>
<td>CAPS system (n=491): 23.6 Control (n=486): 88.0</td>
<td>CAPS system (n=489): 23.6 Control (n=493): 88.0</td>
<td>Analysis denominator discrepancy with no impact on reported outcome</td>
</tr>
<tr>
<td>NCT00313820</td>
<td>Efficacy Of Pregabalin In Subjects With Post-Stroke Central Neuropathic Pain</td>
<td>Industry</td>
<td>2</td>
<td>219</td>
<td>Mean pain score of last 7 measurements of daily pain rating scale at week 12</td>
<td>Pregabalin (n=108): 4.8 Placebo (n=108): 5 p=0.578 difference: -0.2</td>
<td>Pregabalin (n=110): 4.9 Placebo (n=109): 5 p=0.578 difference: -0.2</td>
<td>Analysis denominator discrepancy with no impact on reported outcome</td>
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</tbody>
</table>
| NCT00432237 | Safety and Efficacy Study of MK0974 (telcagepant (T)) in the Acute Migraine | Industry | 4    | 1264        | Five primary outcomes: 1) Number of patients reporting pain freedom at 2 hours post dose  
2) Number of patients reporting pain relief at 2 hours post dose  
3) Number of patients reporting absence of photophobia at 2 hours post dose  
4) Number of patients reporting absence of phonophobia at 2 hours post dose  
5) Number of patients reporting absence of nausea at 2 hours post dose | Only % reported  
T 50mg (n=176): 29 (16.5%)  
T 150mg (n=380): 88 (23.2%)  
T 300mg (n=369): 88 (23.8%)  
Placebo (n=365): 39 (10.7%)  
T 50mg (n=176): 78 (44.3%)  
T 150mg (n=380): 205 (53.9%)  
T300 mg (n=369): 205 (55.6%)  
Placebo (n=365): 120 (32.9%)  
T 50mg (n=176): 72 (40.9%)  
T 150mg (n=380): 176 (46.3%)  
T300 mg (n=369): 179 (48.5%)  
Placebo (n=365): 119 (32.6%)  
T 50mg (n=176): 85 (48.3%)  
T 150mg (n=380): 192 (50.5%)  
T300 mg (n=369): 206 (55.8%)  
Placebo (n=365): 152 (41.6%)  
T 50mg (n=176): 113 (64.2%)  
T 150mg (n=380): 260 (68.4%)  
T300 mg (n=369): 258 (69.9%)  
Placebo (n=365): 196 (53.7%)  
T 50mg (n=177): 16.5%  
T 150mg (n=381):23.2%  
T 300mg (n=371): 23.8%  
Placebo (n=365): 10.7%  
T 50mg (n=177): 44.3%  
T 150mg (n=381): 53.9%  
T 300mg (n=371): 55.6%  
Placebo (n=365): 32.9%  
T 50mg (n=177): 40.9%  
T 150mg (n=381): 46.3%  
T 300mg (n=371): 48.5%  
Placebo (n=365): 32.6%  
T 50mg (n=177): 48.3%  
T 150mg (n=381): 50.5%  
T 300mg (n=371): 55.8%  
Placebo (n=365): 41.6%  
T 50mg (n=177): 64.2%  
T 150mg (n=381): 68.6%  
T 300mg (n=371): 69.9%  
Placebo (n=365): 53.7% | Analysis denominator discrepancy with no impact on reported outcomes  
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<tr>
<td>NCT01218958</td>
<td>ALK21-003: Study of Medisorb® Naltrexone (VIVITROL®) in Alcohol-Dependent Adults</td>
<td>Industry</td>
<td>3</td>
<td>624</td>
<td>Percentage of heavy drinking days through week 24 (reported as hazard ratio)</td>
<td>Naltrexone 190mg (n=206): 0.83 Naltrexone 380mg (n=201): 0.75 Placebo (n=204)</td>
<td>Naltrexone 190mg (n=210): 0.83 Naltrexone 380mg (n=205): 0.75 Placebo (n=209)</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
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<tr>
<td>NCT00308711</td>
<td>Safety/Efficacy Study Comparing the Misoprostol Vaginal Insert (MVI) to Cervidil for Cervical (DVI) Ripening and Induction of Labor</td>
<td>Industry</td>
<td>3</td>
<td>1308</td>
<td>Two primary outcomes</td>
<td>MVI 100 mcg (n=426): 1596 MVI 50 mcg (n=440): 2127 DVI 10 mg (n=431): 1650</td>
<td>MVI 100 mcg (n=428): 1596 MVI 50 mcg (n=443): 2127 DVI 10 mg (n=436): 1650</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
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<td>1) Time from drug insertion to vaginal delivery in minutes</td>
<td>MVI 100 mcg (n=426): 28% MVI 50 mcg (n=440): 28% DVI 10 mg (n=431): 26%</td>
<td>MVI 100 mcg (n=428): 28% MVI 50 mcg (n=443): 28% DVI 10 mg (n=436): 26%</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
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<td>2) Percentage of participants with a cesarean section delivery</td>
<td>MVI 100 mcg (n=426): 28% MVI 50 mcg (n=440): 28% DVI 10 mg (n=431): 26%</td>
<td>MVI 100 mcg (n=428): 28% MVI 50 mcg (n=443): 28% DVI 10 mg (n=436): 26%</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
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<tr>
<td>NCT00886600</td>
<td>A Study to Investigate the Magnitude and Duration of Response of MK0954 Compared to Placebo in Patients With Hypertension</td>
<td>Industry</td>
<td>4</td>
<td>122</td>
<td>Two primary outcomes</td>
<td>Losartan 50 QD ( n=28): -5.2 Losartan 100 QD (n=28): -6.4 Losartan 50 BID (n=30): -8.5 Placebo (n=26): -0.2</td>
<td>Losartan 50 QD ( n=29): -5.2 Losartan 100 QD (n=28): -6.4 Losartan 50 BID (n=30): -8.5 Placebo (n=30): -0.2</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
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<td>1) Mean change from baseline in 24 hour diastolic blood pressure at week 4</td>
<td>Losartan 50 QD ( n=28): -9.2 Losartan 100 QD (n=28): -9.9 Losartan 50 BID (n=30): -13.2 Placebo = (n=26): 0</td>
<td>Losartan 50 QD ( n=29): -9.2 Losartan 100 QD (n=28): -9.9 Losartan 50 BID (n=30): -13.2 Placebo = (n=30): 0</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
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<td>2) Mean change from baseline in 24 hour systolic blood pressure at week 4</td>
<td>Losartan 50 QD ( n=28): -9.2 Losartan 100 QD (n=28): -9.9 Losartan 50 BID (n=30): -13.2 Placebo = (n=26): 0</td>
<td>Losartan 50 QD ( n=29): -9.2 Losartan 100 QD (n=28): -9.9 Losartan 50 BID (n=30): -13.2 Placebo = (n=30): 0</td>
<td>Analysis denominator discrepancy with no impact on reported outcomes</td>
</tr>
</tbody>
</table>

a: as reported by CT.gov