Safety and Efficacy of Treatment with Dupilumab for up to 2 Years in Infants and Young Children with Atopic Dermatitis

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SUPPLEMENTARY MATERIALS

Table S1 Treatment-emergent adverse events leading to permanent study drug discontinuation

	Age	Dictionary-Derived Term[a]	Lowest Level Term[a]	Reported Term for the Adverse Event	Severity/ Intensity	Serious event	Causality	Outcome of Adverse Event
1	4.8	Urticaria	Urticaria	Urticaria	Severe	No	Related	Recovered/resolved[b]
2	5.3	Panic attacks	Panic attacks	Panic attacks	Mild	No	Not related	Recovered/resolved

[a]Medical Dictionary for Regulatory Activities (MedDRA) version 25.1

[b]The patient was treated with antihistamines

Table S2 Treatment-emergent adverse events of special interest

	Age	Dictionary-Derived Term[a]	Lowest Level Term[a]	Reported Term for the Adverse Event	Severity/ Intensity	Serious event	Causality	Outcome of Adverse Event
1	4.8	Anaphylactic reaction	Anaphylactic reaction to food	Anaphylactic allergic reaction to raw egg exposure	Severe	Yes	Not related	Recovered/resolved
2	4.9	Anaphylactic reaction[b]	Anaphylactic reaction to food	Allergic reaction to dairy (anaphylaxis)	Moderate	No	Not related	Recovered/resolved
3	4.9	Anaphylactic reaction[b]	Anaphylaxis	Anaphylaxis	Severe	No	Not related	Recovered/resolved
4	2.6	Anaphylactic reaction	Anaphylaxis	Anaphylaxis	Moderate	No	Not related	Recovered/resolved
5	4.5	Anaphylactic reaction[c]	Anaphylaxis	Anaphylaxis	Severe	Yes	Not related	Recovered/resolved

6	4.6	Anaphylactic reaction	Anaphylactic reaction to food	Anaphylaxis to salmon	Moderate	No	Not related	Recovered/resolved
7	1.4	Anaphylactic reaction[d]	Anaphylactic reaction	Anaphylactic reaction	Moderate	No	Not related	Recovered/resolved
8	4.1	Hypersensitivity	Environmental allergy	Allergic reaction (environmental allergy)	Moderate	No	Not related	Recovered/resolved
9	1.3	Enterobiasis	Pinworm infection	Pinworm infection	Moderate	No	Related	Recovered/resolved
10	4.6	Enterobiasis	Pinworms	Pinworms	Mild	No	Not related	Recovered/resolved
11	2.6	Enterobiasis	Pinworms	Pinworm	Moderate	Yes	Related	Recovered/resolved
12	4.8	Blepharitis	Ulcerative blepharitis	Bilateral ulcerating blepharitis	Severe	No	Related	Recovered/resolved

13	4.4	Keratitis	Phlyctenular keratoconjunctivitis	Phlyctenular conjunctivitis of both eyes	Moderate	No	Not related	Recovered/resolved
14	4.4	Keratitis	Phlyctenular keratoconjunctivitis	Phlyctenular conjunctivitis of both eyes	Moderate	No	Not related	Recovered/resolved

[a]Medical Dictionary for Regulatory Activities (MedDRA) version 25.1

[b]The same patient experienced two events of anaphylaxis

[c]Patient was diagnosed with anaphylaxis after eating a granola bar

[d]Occurred at mealtime; per mother possible food reaction

Appendix S1 Eligbility Criteria

1 Eligibility Criteria for the phase 2 LIBERTY AD PRESCHOOL Part A

1.1 Inclusion Criteria for the phase 2 LIBERTY AD PRESCHOOL Part A

• Male or female, aged ≥ 6 months to < 6 years at screening visit

• Diagnosis of atopic dermatitis (AD) according to the American Academy of Dermatology consensus criteria at screening visit

• Patients with documented recent history (within 6 months before the screening visit) of inadequate response to topical AD medication(s)

• Investigator's Global Assessment (IGA) score 4 at the screening and baseline visits

• Eczema Area and Severity Index (EASI) 21 or higher at the screening and baseline visits

• 15% or higher body surface area (BSA) of AD involvement at the screening and baseline visits

• Parent(s) or legal guardian–provided signed informed consent

• Parents, caregivers, or legal guardians, as appropriate, are able to understand and complete the study requirements and study-related questionnaires

1.2 Exclusion Criteria for the phase 2 LIBERTY AD PRESCHOOL Part A

• Prior participation in a dupilumab clinical study

• History of important side effects to low-potency topical corticosteroids (TCS), as assessed by the investigator or patient's treating physician

• ≥30% of the total lesional surface located on areas of thin skin that cannot be safely treated with medium-potency TCS (e.g. face, neck, intertriginous areas, genital areas, areas of skin atrophy) at baseline

• Treatment with an investigational drug at any time before the baseline visit

• Treatment with a topical calcineurin inhibitor within 2 weeks prior to the baseline visit

• Use of any of the following treatments within 4 weeks before baseline visit, or within a period equal to 5 times the half-life of the drug, before the baseline visit, whichever is longer:

  – Immunosuppressive/immunomodulating drugs (e.g., systemic corticosteroids, cyclosporine, mycophenolate mofetil, interferon gamma, Janus kinase inhibitors, azathioprine, methotrexate)

  – Phototherapy for AD

  – Treatment with biologics, as follows: 1) any cell-depleting agents including, but not limited to, rituximab: within 6 months before the baseline visit, or until lymphocyte and CD19+ lymphocyte count returns to normal, whichever is longer; 2) other biologics: within 5 half-lives (if known) or 16 weeks, whichever is longer

• Treatment with crisaborole within 2 weeks prior to the baseline visit

• Treatment with a live (attenuated) vaccine within 4 weeks before the baseline visit

• Planned or anticipated use of any prohibited medications and procedures during study treatment

• Initiation of treatment of AD with prescription moisturizers or moisturizers containing additives such as ceramide, hyaluronic acid, urea, or filaggrin-degradation products during the screening period

• Active chronic or acute infection requiring treatment with systemic antibiotics, antivirals, antiprotozoal, or antifungals within 2 weeks before the baseline visit

• Established diagnosis of a primary immunodeficiency disorder, or secondary immunodeficiency

• Patients suspected to have immunodeficiency based on their clinical presentation

• Eczema as part of a genodermatosis syndrome, such as Netherton syndrome, hyper IgE syndrome, Wiskott-Aldrich syndrome, etc.

• Known history of human immunodeficiency virus (HIV) infection or HIV seropositivity at the screening visit

• Established diagnosis of hepatitis B viral infection at the time of screening or positive for hepatitis B surface antigen or hepatitis B core antibody at the time of screening

• Established diagnosis of hepatitis C viral infection at the time of screening or positive for hepatitis C antibody at the screening visit

• History of past or current tuberculosis or other mycobacterial infection

• Known hepatic disease or on current treatment for hepatic disease, including, but not limited to, acute or chronic hepatitis, cirrhosis or hepatic failure, or evidence of liver disease as indicated by persistent (confirmed by repeated tests 2 or more weeks apart) elevated transaminases (alanine aminotransferase and/or aspartate aminotransferase) more than 3 times the upper limit of normal (ULN) during the screening period

• Presence of any one or more of the following abnormalities in laboratory tests at screening:

– Platelets ≤100 × 10^3/µL

– Neutrophils ≤1.0 × 10^3/µL for patients younger than 1 year; neutrophils ≤1.5 × 10^3/µL for patients 1 year to < 6 years

– Creatine phosphokinase >2.5 × ULN

– Serum creatinine >1.5 × ULN

– Eosinophils >5000/µL

• Presence of skin comorbidities that may interfere with study assessments

• History of malignancy before the baseline visit

• Diagnosed active endoparasitic infections; suspected or high risk of endoparasitic infection, unless clinical pand (if necessary) laboratory assessment have ruled out active infection before randomisation

• Severe concomitant illness(es) that, in the investigator's judgement, would adversely affect the patient's participation in the study

• Any other medical or psychological conditions, including relevant laboratory abnormalities at screening that, in the opinion of the investigator, suggest a new and/or insufficiently understood disease, may

present an unreasonable risk to the study patient as a result of his/her participation in this clinical trial, may make patient's participation unreliable, or may interfere with study assessments

• Patients who are committed to an institution by virtue of an order issued either by the judicial or the administrative authorities

• Planned major surgical procedure during the patient's participation in this study

• Patient or immediate family is a member of the dupilumab investigational team

2 Eligibility Criteria for the phase 3 LIBERTY AD PRESCHOOL Part B

2.1 Inclusion Criteria for the phase 3 LIBERTY AD PRESCHOOL Part B

• Male or female, aged ≥ 6 months to < 6 years at screening visit

• Diagnosis of AD according to the American Academy of Dermatology consensus criteria at screening visit

• IGA score 3 or higher at the screening and baseline visits

• EASI 16 or higher at the screening and baseline visits

• Baseline worst scratch/itch Numeric Rating Scale (NRS) score weekly mean score for maximum scratch/itch intensity 4 or higher

• 10% or higher BSA of AD involvement at the screening and baseline visits

• Patients with documented recent history (within 6 months before the screening visit) of inadequate response to topical AD medication(s)

• At least 11 (of a total of 14) daily applications of medium-potency TCS during the 2-week TCS standardisation period (beginning on day −14) leading up to the baseline visit (not including the day of randomisation)

• At least 11 (of a total of 14) applications of a topical emollient (moisturiser) during the 7 consecutive days immediately before the baseline visit (not including the day of randomisation)

• Parent(s) or legal guardian–provided signed informed consent

• Parents, caregivers, or legal guardians, as appropriate, are able to understand and complete the study requirements and study-related questionnaires

2.2 Exclusion Criteria for the phase 3 LIBERTY AD PRESCHOOL Part B

• Prior treatment with dupilumab

• History of important side effects to low-potency TCS, as assessed by the investigator or patient's treating physician

• Treatment with a topical investigational drug within 2 weeks or within 5 half-lives (if known), whichever is longer, or treatment with a systemic investigational drug prior to the baseline visit

• Treatment with a topical calcineurin inhibitor within 2 weeks prior to the baseline visit

• Use of any of the following treatments within 4 weeks before baseline visit, or any condition that, in the opinion of the investigator, is likely to require such treatment(s) during first 4 weeks of study treatment:

  – Immunosuppressive/immunomodulating drugs (e.g., systemic corticosteroids, cyclosporine A, mycophenolate mofetil, interferon gamma, Janus kinase inhibitors, azathioprine, methotrexate)

  – Phototherapy for AD

  – Treatment with biologics, as follows: 1) any cell-depleting agents including, but not limited to, rituximab: within 6 months before the baseline visit, or until lymphocyte and CD19+ lymphocyte count returns to normal, whichever is longer; 2) other biologics: within 5 half-lives (if known) or 16 weeks before the baseline visit, whichever is longer

• Treatment with crisaborole within 2 weeks prior to the baseline visit

• Treatment with a live (attenuated) vaccine within 4 weeks before the baseline visit

• Planned or anticipated use of any prohibited medications and procedures during study treatment

• Initiation of treatment of AD with prescription moisturizers or moisturizers containing additives such as ceramide, hyaluronic acid, urea, or filaggrin-degradation products during the screening period

• Active chronic or acute infection requiring treatment with systemic antibiotics, antivirals, antiprotozoal, or antifungals within 2 weeks before the baseline visit

• Established diagnosis of a primary immunodeficiency disorder, or secondary immunodeficiency

• Patients suspected to have immunodeficiency based on their clinical presentation

• Eczema as part of a genodermatosis syndrome, such as Netherton syndrome, hyper IgE syndrome, Wiskott-Aldrich syndrome, etc.

• Known history of human immunodeficiency virus (HIV) infection or HIV seropositivity at the screening visit

• Established diagnosis of hepatitis B viral infection at the time of screening or positive for hepatitis B surface antigen or hepatitis B core antibody at the time of screening

• Established diagnosis of hepatitis C viral infection at the time of screening or positive for hepatitis C antibody at the screening visit

• History of past or current tuberculosis or other mycobacterial infection

• Known hepatic disease or on current treatment for hepatic disease, including, but not limited to, acute or chronic hepatitis, cirrhosis or hepatic failure, or evidence of liver disease as indicated by persistent (confirmed by repeated tests 2 or more weeks apart) elevated transaminases (alanine aminotransferase and/or aspartate aminotransferase) more than 3 times the upper limit of normal (ULN) during the screening period

• Presence of any one or more of the following abnormalities in laboratory tests at screening:

  – Platelets $\leq 100 \times 10^3/\mu L$

  – Neutrophils $\leq 1.0 \times 10^3/\mu L$ for patients younger than 1 year; neutrophils $\leq 1.5 \times 10^3/\mu L$ for patients 1 year to < 6 years

  – Creatine phosphokinase >2.5 × ULN

– Serum creatinine >1.5 × ULN

– Eosinophils >5000/µL

• Presence of skin comorbidities that may interfere with study assessments

• History of malignancy before the baseline visit

• Diagnosed active endoparasitic infections; suspected or high risk of endoparasitic infection, unless clinical pand (if necessary) laboratory assessment have ruled out active infection before randomisation

• Severe concomitant illness(es) that, in the investigator's judgement, would adversely affect the patient's participation in the study

• Any other medical or psychological conditions, including relevant laboratory abnormalities at screening that, in the opinion of the investigator, suggest a new and/or insufficiently understood disease, may present an unreasonable risk to the study patient as a result of his/her participation in this clinical trial, may make patient's participation unreliable, or may interfere with study assessments

• Patients who are committed to an institution by virtue of an order issued either by the judicial or the administrative authorities

• Planned major surgical procedure during the patient's participation in this study

• Patient or immediate family is a member of the dupilumab investigational team

• Body weight <5 kg or ≥30 kg

3 Eligibility Criteria for the phase 3 LIBERTY AD PED OLE

3.1 Inclusion Criteria for the phase 3 LIBERTY AD PED OLE

• Male or female, aged ≥ 6 months to < 18 years at screening visit

• Participated in a prior dupilumab study in pediatric patients with atopic dermatitis (AD) and adequately completed the visits and assessments required for both the treatment and follow-up periods, as defined in the prior study protocol

• Willing and able to comply with all clinic visits and study-related procedures

• Patient (either alone or with the help of their parents/legal guardians, as appropriate) must have been able to understand and complete study-related questionnaires

• Parent(s) or legal guardian(s) must have provided the signed Informed Consent Form (ICF)

• Patients aged ≥ 7 years (or above an age determined by the IRB/EC and in accordance with local regulations and requirements) must have also provided informed assent forms (IAFs) to enroll in the study, and sign and date either a separate IAF or the ICF signed by the parent(s)/legal guardian(s) (as appropriate, based on local regulations and requirements)

3.2 Exclusion Criteria for the phase 3 LIBERTY AD PED OLE

• Patients who developed a serious adverse event deemed related to study drug during their participation in a prior dupilumab study in pediatric patients with AD that, in the opinion of the investigator or of the

medical monitor, could have indicated that continued treatment with study drug may present an unreasonable risk for the patient

• Patients who developed an adverse event that was deemed related to study drug and led to study treatment discontinuation during their participation in a prior dupilumab study in pediatric patients with AD that, in the opinion of the investigator or of the medical monitor, could have indicated that continued treatment with study drug may present an unreasonable risk for the patient

• Patients who were prematurely withdrawn from a prior dupilumab study in pediatric patients with AD by the investigator because of non-compliance and/or inability to complete required study assessments

• Patients who were treated with an investigational drug other than dupilumab within 8 weeks or within 5 half-lives (if known), whichever was longer, before the baseline visit.

• Patients who have used the following treatments within 4 weeks before the baseline visit:

– Systemic corticosteroids

– Immunosuppressive/immunomodulating drugs (i.e., cyclosporine, mycophenolate mofetil, IFN-γ, Janus kinase inhibitors, azathioprine, or methotrexate)

– Phototherapy

• Treatment with biologics other than dupilumab as follows:

– Any cell-depleting agents including (but not limited to) rituximab: within 6 months before the baseline visit, or until lymphocyte and CD 19+ lymphocyte count returned to normal, whichever was longer

– Other biologics: within 5 half-lives (if known) or 16 weeks prior to the baseline visit, whichever was longer

• Planned or anticipated use of any prohibited medications and procedures during study treatment

• Treatment with a live (attenuated) vaccine within 4 weeks before the baseline visit (NOTE: For patients who had vaccination with live, attenuated vaccines planned during the course of the study [based on national vaccination schedule/local guidelines], it was determined, after consultation with a pediatrician, whether the administration of the vaccine could be postponed until after the end of study, or moved to before the start of the study, without compromising the health of the patient):

– Patients for whom administration of live (attenuated) vaccine could be safely postponed would be eligible to enroll into the study

– Patients who had their vaccination moved to before the start of the study could enroll in the study only after a gap of 4 weeks following administration of the vaccine

• Patients with body weight at baseline of < 5 kg

• Known or suspected immunodeficiency, including history of invasive opportunistic infections (i.e., tuberculosis, histoplasmosis, listeriosis, coccidioidomycosis, pneumocystosis, aspergillosis) despite infection resolution, or otherwise recurrent infections of abnormal frequency or prolonged duration that suggested an immune compromised status, as judged by the investigator

• Patients with an established diagnosis of a primary immunodeficiency disorder (i.e., Severe Combined Immunodeficiency, DiGeorge Syndrome, X-linked Agammaglobulinemia, and Common Variable Immunodeficiency)

• Patients who presented with eczema as part of a genodermatotic syndrome like Netherton's syndrome, Hyper IgE syndrome, Wiskott–Aldrich syndrome, etc.

• Known history of human immunodeficiency virus (HIV) infection or HIV seropositivity at the screening visit

• With an established diagnosis of hepatitis B viral infection at the time of screening or was positive for hepatitis B surface antigen (HBsAg) or hepatitis B core antibody (HBcAb) at the time of screening

• Patients who had gained immunity for HBV infection after vaccination (patients who were HBsAg negative, hepatitis B surface antibody positive, and HBcAb negative) were eligible for the study

– These patients were allowed to enroll into the study but were followed using routine clinical and liver function tests

• Patients with an established diagnosis of hepatitis C viral infection at the time of screening or who were positive for hepatitis C antibody at the screening visit

• Patients who were on current treatment for hepatic disease, including (but not limited to) acute or chronic hepatitis, cirrhosis or hepatic failure, or had evidence of liver disease as indicated by persistent (confirmed by repeated tests ≥ 2 weeks apart) elevated transaminases (alanine aminotransferase and/or aspartate aminotransferase) more than 3 times the upper limit of normal (ULN) during the screening period

• Presence of any 1 or more of the following abnormalities in laboratory test results at screening results:

– Platelets ≤ $100 \times 10^3/\mu L$

– Neutrophils < $1.5 \times 10^3/\mu L$ for patients aged > 1 year; ≤ $1.0 \times 10^3/\mu L$ for ≥ 6 months to < 1 year

– Creatine phosphokinase (CPK) ≥ 5 × ULN

– Serum creatinine > 1.5 × ULN

• Presence of skin comorbidities (i.e., scabies, seborrheic dermatitis, psoriasis, and cutaneous T-cell lymphoma) that could have interfered with study assessments

• History of malignancy within 5 years of the baseline visit, except completely treated in situ carcinoma of the cervix and completely treated and resolved non-metastatic squamous or basal cell carcinoma of the skin

• History of non-malignant lymphoproliferative disorders

• History of clinical endoparasitosis (i.e., helminth infection) within 12 months before the baseline visit, or high risk of helminth infection, such as residence within or recent travel (within 12 months before the baseline visit) to areas endemic for endoparasitoses, where the circumstances were consistent with parasite exposure (i.e., extended stay; rural or slum areas; lack of running water; consumption of uncooked, undercooked, or otherwise potentially contaminated food; close contact with carriers and vectors; etc.), unless subsequent medical assessments (i.e., stool exam, blood tests, etc.) had ruled out the possibility of parasite infection/infestation

• History of alcohol or drug abuse within 2 years before the screening visit

• Severe concomitant illness(es) that, in the investigator's judgment, would have adversely affected the patient's participation in the study

– Examples included (but were not limited to) patients with short life expectancy, uncontrolled diabetes (hemoglobin A1c ≥ 9%), cardiovascular conditions (i.e., Class III or IV cardiac failure

according to the New York Heart Association classification), severe renal conditions (i.e., patients on dialysis), hepatobiliary conditions (i.e., Child–Pugh class B or C), neurological conditions (i.e., demyelinating diseases), active major autoimmune diseases (i.e., lupus, inflammatory bowel disease, rheumatoid arthritis, etc.), and other severe endocrinological, gastrointestinal, metabolic, pulmonary, or lymphatic diseases

• Any other medical or psychological condition including relevant laboratory abnormalities at screening that, in the opinion of the investigator, suggested a new and/or insufficiently understood disease, may have presented an unreasonable risk to the study patient as a result of his/her participation in this clinical trial, may make patient's participation unreliable, or could have interfered with study assessments

• Planned major surgical procedure during the patient's participation in this study

• Patient or his/her immediate family member was a member of the investigational team

• Female patients who were pregnant, breastfeeding, or planning to become pregnant or breastfeed during the study

• Women of childbearing potential who were unwilling to practice highly effective contraception prior to the initial dose/start of the treatment, during the study, and for at least 120 days after the last dose

• Patients who were committed to an institution by virtue of an order issued either by the judicial or the administrative authorities

Appendix S2 Institutional Review Board (IRB)/Independent Ethics Commitee (IEC) list

Study center number	**Country**	**Central IRB/EC approval number**
124101	Canada	QR #: 32611CDN /1
124102	Canada	2015.424
124104	Canada	2015.424
124106	Canada	2015.424
124107	Canada	2015.424
124108	Canada	HREBA .CTC-17-0117
124109	Canada	2015.424
124114	Canada	2015.424
124115	Canada	2015.424
124116	Canada	2019-2117
124117	Canada	2015.424
203804	Czech Republic	KH/42/26/2015 [local 201210D06M]
203806	Czech Republic	KH/42/26/2015
203811	Czech Republic	KH/42/26/2015 [local 260/25]
276219	Germany	15-204
276208	Germany	15-204
276218	Germany	15-204
276202	Germany	15-204
276204	Germany	15-204

276216	Germany	15-204
276205	Germany	15-204
276207	Germany	15-204
276217	Germany	15-204
276224	Germany	15-204
276203	Germany	15-204
348602	Hungary	OGYI/24424-10/2015
348603	Hungary	OGYI/24424-10/2015
348604	Hungary	OGYI/24424-10/2015
348607	Hungary	OGYI/24424-10/2015
616713	Poland	K.B.-18/15
616702	Poland	K.B.-18/15
616714	Poland	K.B.-18/15
616715	Poland	K.B.-18/15
616705	Poland	K.B.-18/15
616717	Poland	K.B.-18/15
616710	Poland	K.B.-18/15
616716	Poland	K.B.-18/15
616718	Poland	K.B.-18/15
616719	Poland	K.B.-18/15
616709	Poland	K.B.-18/15
616708	Poland	K.B.-18/15

616720	Poland	K.B.-18/15
616712	Poland	K.B.-18/15
616721	Poland	K.B.-18/15
826002	United Kingdom	15/YH/0443 [HRA]
826001	United Kingdom	15/YH/0443 [HRA]
826008	United Kingdom	15/YH/0443 [HRA]
840001	United States	ICO1-17-281
840002	United States	ICO1-17-281
840003	United States	20171540
840004	United States	ICO1-17-281
840005	United States	170766
840006	United States	20171540
840007	United States	ICO1-17-281
840008	United States	ICO1-17-281
840009	United States	STUDY00017875
840010	United States	ICO1-17-281
840011	United States	ICO1-17-281
840012	United States	ICO1-17-281
840013	United States	ICO1-17-281
840015	United States	ICO1-17-281
840016	United States	CHLA-18-00231
840019	United States	IRB-P00027073

840020	United States	20171540
840021	United States	43662
840022	United States	#171955
840023	United States	IRB 2018-1585
840024	United States	20171540
840026	United States	ICO1-17-281
840027	United States	ICO1-17-281
840028	United States	ICO1-17-281
840029	United States	20171540
840030	United States	ICO1-17-281
840031	United States	ICO1-17-281
840033	United States	ICO1-17-281
840034	United States	ICO1-17-281
840037	United States	Pro00076016
840040	United States	ICO1-17-281
840041	United States	ICO1-17-281
840042	United States	20171540
840047	United States	ICO1-17-281
840049	United States	ICO1-17-281
840052	United States	ICO1-17-281
840053	United States	ICO1-17-281

840054	United States	IRB 17-014772
840056	United States	MOD00247956
840058	United States	ICO1-17-281
840060	United States	ICO1-17-281
840061	United States	ICO1-17-281
840064	United States	ICO1-17-281
840066	United States	ICO1-17-281
840068	United States	ICO1-17-281
840069	United States	ICO1-17-281
840071	United States	ICO1-17-281
840072	United States	ICO1-17-281
840074	United States	ICO1-17-281
840079	United States	20171540
840080	United States	ICO1-17-281
840081	United States	ICO1-17-281
840083	United States	ICO1-17-281
840086	United States	ICO1-17-281
840087	United States	ICO1-17-281
840093	United States	20171540
840094	United States	20171540