be discontinued and the patient's data will not be included in the analysis of the final outcome measures. However, the data of patients discontinuing the trial will be analyzed according to the "intention to treat" principle.

c. When to break the randomization code – clinical study protocol for trial on malaria vaccine (28)

Code break envelopes, for each study enrolled subject and associating each treatment number with a specific vaccine, will be kept by the Local Safety Monitor in Gabon as well as by Central Safety at [XXXX], Rixensart in a safe and locked place with no access for unauthorized personnel. If deemed necessary for reasons such as safety, the Local Safety Monitor in Gabon as well as [XXXX] Central Safety will unblind the specific enrolled subject without revealing the study blind to the investigators.

d. When to break the randomization code – clinical study protocol for trial typhoid vaccine (29)

The code for a particular subject can be broken in a medical emergency if knowing the identity of the treatment allocation would influence the treatment of the subject. Whenever a code is broken, the person breaking the code must record the time, date and reason as well as their initials in the source documents. If the site needs to break the code, the sponsor should, if possible, be contacted prior to breaking the code. In all cases, the Study Monitor must be notified within 24 hours after the code has been broken. All code break (whether broken or not) must be kept throughout the study period. Codes will be checked for integrity and collected by the Study Monitor at study site closure.

e. When to break the randomization code – clinical study protocol for trial on lung cancer (30)

The treatment group (nitroglycerin or placebo) is determined by the patient number. The randomisation list is generated by a computer programme. Randomisation will be balanced (1:1) within blocks. Patients belonging to the same block will be treated in one centre. The treatment assignment of an individual patient will be documented in a sealed envelope carrying the patient number which may be opened in case of an emergency. If the envelope is opened, date and reason for opening must be documented. Not opened envelopes must be returned at the end of the trial.

[28] Clinical Study Protocol. A Phase II randomized, double-blind bridging study of the safety and immunogenicity of [XXXX] candidate *Plasmodium falciparum* malaria vaccine RTS,S/AS01E (0.5 mL dose) to RTS,S/AS02D (0.5 mL dose) administered IM according to a 0, 1, 2-month vaccination schedule in children aged 18 months to 4 years living in Gabon. December 7, 2005.

[29] Clinical Study Protocol. A placebo controlled, single-blind, single oral dose study to determine the safety and immunogenicity of M01ZH09 typhoid vaccine (oral live *S. typhi* (Ty2 *aroC ssaV*) ZH9) in healthy paediatric subjects, aged 5 to 14 years inclusive, of Vietnamese origin. January 2007.

[30] Clinical Study Protocol. Randomized, double-blind phase II study to compare nitroglycerin plus oral vinorelbine plus cisplatin with oral vinorelbine plus cisplatin alone in patients with stage IIIB/IV non-small cell lung cancer (NSCLC). May 2007.