Supplementary Materials: Pain Reduction in Adults with Limb Spasticity following Treatment with IncobotulinumtoxinA: A Pooled Analysis

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Table S1. Patients with pain at baseline who contributed data for the pooled analyses, by study.

Study and primary reference	IncobotulinumtoxinA (*N* = 415)	Placebo (*N* = 129)	Total (*N* = 544)
MRZ_60201_0307	8	6	14
MRZ_60201_0410 NCT00432666 (Kanovsky et al. 2009) [12]	35	35	70
MRZ_60201_0607 NCT00465738 (Barnes et al. 2010) [27]	94	–	94
MRZ_60201_SP3001 NCT01392300 (Elovic et al. 2016) [14]	144	71	215
MRZ_60201_3053 NCT01603459 (Wissel et al. 2017) [15]	102	–	102
MRZ_60201_3099 CTI-153029 (Masakado et al. 2020) [34]	32	17	49

Table S2. Use of concomitant pain-relieving medication throughout the study in patients with pain at baseline.

ATC drug class level 2	IncobotulinumtoxinA (*N* = 415)	Placebo (*N* = 129)	Total (*N* = 544)
Patients taking concomitant pain-relieving medication	81 (19.5)	16 (12.4)	97 (17.8)
Analgesics	54 (13.0)	11 (8.5)	65 (11.9)
Anti-inflammatory/ antirheumatic drugs	19 (4.6)	5 (3.9)	24 (4.4)
Psychoanaleptics	6 (1.4)	0	6 (1.1)
Topical products for joint and muscular pain	5 (1.2)	2 (1.6)	7 (1.3)
Anaesthetics	2 (0.5)	0	2 (0.4)
Muscle relaxants	0	2 (1.6)	2 (0.4)
Antiepileptics	1 (0.2)	0	1 (0.2)

Results are presented as *n* (%).
Differences between the two treatment groups were not statistically significant (Fisher's exact test p>0.05).
ATC, Anatomical, Therapeutic, Chemical.

Table S3. Response rates (≥1-point improvement in DAS pain score) at week 4 by treatment in the sensitivity analysis of patients not taking concomitant pain-relieving medication during the study.

Responder	Treatment group			Difference	
	IncobotulinumtoxinA (*N* = 324)	Placebo (*N* = 113)	Total (*N* =4 37)	Response rate (%)	p-value (95% CI)[a]
Yes	175 (54.0)	32 (28.3)	207 (47.4)	25.7	<0.0001 (15.8, 35.6)
No	149 (46.0)	81 (71.7)	230 (52.6)		

Data are presented as *n* (%).
[a]p-value from a Chi Square test.
CI, confidence interval; DAS, Disability Assessment Scale for pain.