Possible clustering and/or drug switching confounding obscures up to 56% reduction of symptom persistence by ivermectin. Data Summary for comment posted to JAMA re: Lopez-Medina et al.

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The study by Lopez-Medina et al.¹ comprises three periods of differing placebo and cluster size (subjects per household). From the dataset, we compared 21 day % symptom persistence (complement to symptom resolution, a primary outcome).

Period	Placebo	Cluster Size	IVM N	%	Placebo N	%	RR (95%CI)
#1	Dextrose/saline	=1	71	17	64	23	0.72 (0.37-1.4)
#2	Improved	>=1	129	19	134	20	0.92 (0.56-1.5)
1 + 2	All		200	18	198	21	0.85 (0.57-1.3)
#3	None	>=1	75	9.3	vs. 1+2		0.44 (0.21-0.94, p=0.033)

In period 2, outcomes may depend on the number of subjects and the mix of different assignments possible within household-clusters, suggested by the low symptom persistence (9.3%) obtained after an error resulted in all period 3 subjects (including shared households) receiving ivermectin (IVM). Compared with all controls, this yields a 56% reduction in symptom persistence (see 8.3 for remark by original authors).

Based on the similar incidence in study arms of blurred vision and dizziness, events somewhat distinctive for high dose IVM, Scheim² posits that OTC use of IVM in controls obscures strong IVM-associated effects reported elsewhere.³ Contrariwise, subjects in both arms with these AEs tarried to resolve symptoms. A similar pattern was found for % symptom persistence (n). However, there was IVM-associated attenuation of the poorer outcome (IVM vs. Placebo, RR, 95%CI).

Blurring: 30% (23) vs. 44% (23) (RR 0.7, 0.32-1.52)
 No Blurring: 16% (177) vs. 18% (175) (RR 0.9, 0.57-1.52)
 Dizziness: 24% (68) vs. 34% (68) (RR 0.7, 0.4-1.2)
 No Dizziness: 15% (132) vs. 15% (130) (RR 1.04, 0.58-1.85)

Both AEs had similar early onset and rapid resolution in both arms, suggesting that, at least partly, they predated enrollment as symptoms, but only recorded post-enrollment as AEs. The rate of blurring in this study (~11.5%) comports with a 16% figure (sore eyes, Pardhan⁴ cited in ²). We were unable to detect a relationship between the AEs and weight or BMI. However, estimates for dizziness in Covid-19 (6% Chen, 9% Pinzon,⁵ cited in ²; 15%;⁶ 19%⁷) are lower than the 34% rate of dizziness here. In addition to any clustering or other effects, we cannot exclude the possibility of ex-protocol IVM use especially in the second placebo period in non-singleton households, where organoleptically-matched drug assigned to one subject may have inadvertently been taken by a differently assigned subject. This is partly supported by the reciprocal reversal of the rate of dizziness between periods 1 and 2 for IVM (42 vs. 30%) and placebo (32 vs. 39%), against a 40% rate for IVM subjects in period 3.

The original report is limited for appropriately discussed reasons (placebo masking, protocol and endpoint changes, labelling errors) but provides valuable information on the safety of IVM and its effect on symptom resolution. Our analysis here extends its value but is limited by its post hoc and hypothesis-generating nature, testable prospectively. However, since our analysis is consistent with the accumulating positive picture of IVM in Covid-19, equipoise is difficult to justify along with the delayed endorsement of IVM by public health officials.

(References from JAMA posting integrated with other references used in this data summary).

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1. Abbreviations

95%CI	95% Confidence Intervals
AE	Adverse Events
HR	Hazard Ratio
IQR	Interquartile range
NNT	Number Needed to Treat
OR	Odds Ratio
OSF	Open Science Framework (https://osf.io/)
RR	Risk Ratio

2. Conflicts of Interest, Funding

The authors report no conflicts. There is no funding for this work.

3. Dataset description

This a summary of data obtained by re-analysis of the dataset forming the basis of the study reported by Lopez-Medina et al.¹ and in their posted comment.⁸

Data were kindly provided by the authors pursuant to the data sharing statement appended to the original paper: Our analysis and manuscript were provided for verification. comment and possible author participation. with the inclusion of any differences in opinion as to the interpretation of the data. The content and decision to publish was solely ours.

The following components of data were provided:

- a) Deidentified dataset for most study components contributing to the “Primary Analysis” population (n=398) described in their paper. (provided 3/14/21)
- b) Occurrence and time-based data for “Disturbances of Vision” and “Dizziness” adverse events (AEs) in the Primary Analysis population (provided 3/15/21).
- c) Accompanying data dictionary.

Data were provided as requested as MS Excel Spreadsheets, exported by the authors from their Stata software. Requests for the dataset should be addressed to the original authors as described in their paper.

We invite comments and corrections of any errors on our part.

4. Quality check, known data errors, additional data

Quality checks were performed to ensure that tallies for the variables matched with those reported in the paper. Data for the 398 subjects contributing to the primary analysis were provided,

4.1. *Minor errors*

- a) Errors likely due to export issues from Stata to Excel
 - 29 individual data points, present in 6 subjects had the obviously incorrect value of -99. One subject (#307) accounted for 22 of these. In only three cases (weight for #238, weight and BMI for #307) would have been needed for our analysis. In these cases the -99 value was ignored and treated as missing data.
 - An obvious dating error for #189 regarding onset and duration of vision disturbances.
 - Possibly incorrect value in #326 for presence of vision disturbances – a value of 0 is given, but “Visión borrosa” (Blurred vision) is listed with no time information given for this AE.
 - Some data points were received in text format, preventing their inclusion in various analyses. These were reformatted to number or appropriate format.

Because of these errors, some tallies in our analyses will differ from those reported in the paper.

- b) Likely typos in paper
 - eTable 2 of paper abdominal pain total is 29 not 19
 - Table 3 - vision disturbances for placebo shown as 14.4%, should be 14.1%

In addition, our calculation for IQR in some cases differs from that shown in the paper.

4.2. *Minor spelling or punctuation inconsistencies resolved*

We made the following non-substantive adjustments for obvious inconsistencies in the free text entries describing the type of vision disturbance.

- Spelling made consistent for vision borrosa, period used in some entries removed.
- “en la agudeza” changed to “de la agudeza” to make consistent with other entries.

- Visión changed to Visión.

Once these adjustments were made, the data agreed with Table 3 of the paper.

4.3. Additional data and information requested

- Clarification of the above likely data export errors (3/19/21; 3/22/21)
- The dataset relating to the 75 subjects contributing to the “As treated” analysis reported in the paper. (3/20/21)
- The composition of the second placebo solution (3/22/21)
- Clarification of nomenclature for timed events: e.g. Days enrollment to AE onset is calculated by subtracting the dates of both events. Days duration counts as 1 if the date of onset and termination of AE is the same.
- What information is known about non-study subjects in the same household (as this is from a government database, this may be known) in terms of Covid and/or other treatments or their use of IVM? How does this affect interpretation? (3/31/21)
- How were the questions asked and worded in the daily structured interview form for the symptoms/aes? (4/4/21)
- Clustering. The interventions section of the JAMA paper states: *“Because blinding could be jeopardized due to the different taste and smell of ivermectin and the saline/dextrose placebo, only 1 patient per household was included in the study until the manufacturer’s placebo was available.”* We have understood without contradiction that in the second placebo period subjects within the same household could have been assigned to different arms, otherwise in the dextrose/saline period all subjects within one household could have just as easily been assigned to only one of the arms without jeopardizing the blinding.

5. Symptom persistence

Symptom resolution at 21 days is shown in Table 2 of the paper as one of two primary outcome variables. Unless otherwise shown, data are expressed as symptom persistence (% of subjects with persistence symptoms at 21 days), rather than symptom resolution, as has been done in other studies.⁹ This measure describes more efficacy than time to resolution. Because of the high rate of symptom resolution by 21 days (~80%), possible effects are obscured. Vassarstats (vassarstats.net/odds2x2.html) was used to calculate p values for Fisher’s Exact test. Lower (CI Low) and Upper (CI Up) 95%Ci are shown. No adjustment has been made for multiple comparisons.

6. Three distinct study periods

The study described three distinct periods:

Period	Dates	Placebo	Clustering
1	July 15 to Aug 26, 2020	Dextrose/saline solution	Only 1 subject per household to avoiding compromising blinding
2	Aug 26 to Dec 21, 2020 (excluding period #3)	Custom formulation with “similar organoleptic properties” to IVM.	More than one subject per household permitted.
3	Sep 29 – Oct 15, 2020	None. All subjects received IVM due to labelling error.	More than one subject per household permitted.

7. Daily cases of Covid-19 reported in Region

7.1. Daily cases of Covid-19 reported in Columbia

From: <https://www.worldometers.info/coronavirus/country/colombia>, accessed 3/30/21. 7 day moving average shown. The approximate positions of the three study periods have been added.

7.2. Daily cases of Covid-19 reported in Cali

The three study periods have been marked, with the average daily case number.

Data have been obtained from:

<https://www.valledelcauca.gov.co/documentos/12644/boletines-covid-19-ano-2020/?genPag=1>

As a % of the average number of cases in period 1 (549), period 2 was 87% (476), and period 3 was 72% (395). Taking the 7-day period prior to the beginning of these enrollment periods in which a symptomatic person could become eligible for the study, these figures are period 1 (511 days), period 2 (468 days, 91%), period 3 402 days (79%).

8. Comparison of outcomes in the three study periods

Subjects assigned to the two kinds of placebo were separately noted in the dataset. Using the sequential number assigned to each subject, the effect of IVM could be compared with placebo. For study period three, the % of subjects with persistent symptoms at 21 days could be determined from e Table 4 in the original paper.

8.1. % Symptom persistence at 21 days

	IVM			Placebo			RR	CI Low	CI Up	P
	No	Yes	%	No	Yes	%				
All	36	164	18.0%	42	156	21.2%	0.85	0.57	1.27	
Period 1	12	59	16.9%	15	49	23.4%	0.72	0.37	1.42	0.39
Period 2	24	105	18.6%	27	107	20.1%	0.92	0.56	1.51	
Period 3 vs. pooled placebo	7	68	9.3%	42	156	21.2%	0.44	0.21	0.94	0.033
Period 3 vs. placebo #1	7	68	9.3%	15	49	23.4%	0.40	0.17	0.92	0.034
Period 3 vs. placebo #2	7	68	9.3%	27	107	20.1%	0.46	0.21	1.01	0.0504

8.2. % Symptom persistence at 21 days

Days to symptom resolution

	IVM			Placebo		
	All	Period 1	Period 2	All	Period 1	Period 2
Median	10	10	12	12	12.5	12
IQR25	5	5	6	6	6	6.75
IQR75	19	19	19	18.75	18	19
Mean	11.7	11.2	11.9	12.1	12.0	12.1
N	200	71	129	198	134	64
STD	6.89	6.94	6.88	6.74	6.75	6.79

(data unavailable for period 3)

Since the demarcation between placebo periods was taken from the first subject noted as having the “improved” placebo, it is possible that one or two of the IVM subjects before the first “new placebo” subject were really in the second placebo period.

8.3. Confirmation of findings by original authors, with their opinion as to interpretation regarding clustering

We supplied our spreadsheets to the original authors to verify our findings. They reported that their analysis of proportion of patients with symptoms persistence at 21 days was similar to ours.

They also kindly provided the table and graph below for inclusion in our analysis.

Time to resolution of symptoms in the period #3 IVM group vs. all placebo subjects (supplied by Dr. Lopez-Medina)

Characteristic	Overall (N=273)	Ivermectin (N=75)	Placebo (N=198)	Differences (95% CI)
Resolution of symptoms ^a				
Time to resolution of symptoms – median No. of days (95%CI)*	12 (10 to 13)	13 (9 to 16)	12 (9 to 13)	Rate ratio 1.14 (0.89 to 1.46) [p=0.29] ^b

[* our note: this is likely IQR, not 95%CI]

The original authors offered several comments, which we are happy to reproduce, with our notes:

Comment by Lopez-Medina et al.	Note
My analysis of proportion of patients with symptoms persistence at 21 days was similar to yours. Remember that this was the primary outcome.	<p>The time to resolution of symptoms was declared as the primary endpoint (after the initially chosen endpoint did not produce enough events of interest).</p> <p>Table 2 and e Table 4 of the original paper also use “% symptoms resolved at 21 days” as a primary outcome measure.</p> <p>Due to the high rate of symptom resolution, we have used its complement “% symptom persistence” to reflect the parameter as used in other studies,⁹ which is a more sensitive measure of efficacy.</p>
[The rate ratio in favor of IVM (RR 1.14)] only became apparent after day 19 or so.	
Also, I do not think that clustering is the explanation for the difference in proportion of patients who resolved their symptoms during that period. If that was the case, we should have seen the effect throughout the “better placebo period” (RR 0.92 during this period in your analysis) and eFigure1 of the JAMA paper. Therefore, the title is not correct and a different explanation for the effect in that sub-sub-group should be sought.	<p>eFigure 1 does not provide any guidance as to whether or not there is a cluster effect because:</p> <ol style="list-style-type: none"> The IVM plot is a composite plot of IVM use in the two study periods. The placebo plot for period 2 (manufacturer’s placebo) includes all cluster arrangements that occurred in the study. The RR value of 0.92 for period 2 includes all cluster arrangements that occurred in the study. <p>To understand whether or not there is a cluster effect, we have requested the dataset that includes the 75 subjects from period 3, as well as details as to how all 473 subjects are clustered. This will permit comparisons between clusters whose members have all been assigned to one or the other treatment arm, as well as clusters that contain mixed assignments.</p>
	<p>Since receiving these comments, we have examined the occurrence of dizziness and blurred vision in the three study periods (see section 9).</p> <p>There appears to be a reciprocal reversal of the rate of dizziness between periods 1 and 2 for IVM (42 vs. 30%) and placebo (32 vs. 39%), against a 40% rate for IVM subjects in period 3. This suggests that in placebo period 2, where organoleptically-matched placebo was used, and when subjects in the same household could be differently assigned, drug assigned to one subject may have inadvertently been taken by a differently assigned subject. (There is much lower and more variable rate of rate of vision blurring).</p> <p>Accordingly, clustering may act not only to change the risk level of a patient to Covid-19, but may have led to dosing switches.</p>

9. Comparison of adverse events in the three study periods

Dizziness

	IVM			Placebo		
	No	Yes	%	No	Yes	%
All	132	68	34.0%	130	68	34.3%
Period 1	41	30	42.3%	91	43	32.1%
Period 2	91	38	29.5%	39	25	39.1%
Period 3	45	30	40.0%			

Blurred vision

	IVM			Placebo		
	No	Yes	%	No	Yes	%
All	177	23	11.5%	175	23	11.6%
Period 1	62	9	12.7%	118	16	11.9%
Period 2	115	14	10.9%	57	7	10.9%
Period 3	67	8	10.7%			

10. Onset and Duration of Blurred Vision and Dizziness

	Blurred vision				Dizziness			
	IVM	Placebo	IVM	Placebo	IVM	Placebo	IVM	Placebo
	Enrollment to onset		Duration		Enrollment to onset		Duration	
Median days	2.0	2.0	2.0	2.0	1.0	1.0	1.5	2.0
IQR25	1.0	1.0	1.0	1.0	1.0	0.75	1.0	1.0
IQR75	2.5	7.0	3.0	4.75	3.0	2.25	3.0	3.25
Mean	2.0	4.3	2.7	4.0	3.0	1.9	2.5	2.6
STD	2.0	4.6	2.7	4.1	4.2	2.1	2.5	2.5
N	23	21	23	22	68	68	68	68
n with AE >6d	1	6	2	4	8	3	5	3

11. Subjects reporting use of IVM, other than in study

ID	Tx	Symptom Resolution			When?	BI Visi	Dizz	
		Days	Y/N					
206	IVM	13	y	1 DOSIS	NS	0	0	Onset d1, duration d2
207	IVM	3	y	1 DOSIS.	NS	0	0	
569	IVM	7	y	1 DOSIS	-7d	0	1	
593	IVM	19	y	56 GOTAS DOSIS UNICA	-3d	0	0	
629	IVM	21	n	1 DOSIS	-5d	0	0	
632	Pla	21	n	147 GOTAS ORAL DU	+ 4d	0	0	

Subjects reporting ex-protocol use of IVM at time before (-) or after (+) enrollment. Outcome and occurrence of blurred vision or dizziness shown. Day intervals subject to confirmation

12. Relationship between blurred vision and body weight, BMI

	IVM		Placebo	
	Blurred Vision			
	No	Yes	No	Yes
N	177	23	175	23
Body weight kg				
Mean	72.3	74.7	71.3	73.5
SD	16.2	17.0	16.7	11.5
BMI				
Mean	26.6	28.2	25.4	27.6
SD	5.1	5.4	10.5	4.0

13. Relationship between dizziness and body weight, BMI

	IVM		Placebo	
	Dizziness			
	No	Yes	No	Yes
N	132	68	130	68
Body weight kg				
Average	72.2	73.4	71.1	72.2
SD	15.0	18.4	16.7	14.9
BMI				
Average	26.7	26.9	25.1	26.7
SD	5.0	5.5	11.9	4.2

14. Days to Symptom Resolution

14.1. Days to Symptom Resolution – by age

	<35		35-49		>50	
	IVM	Placebo	IVM	Placebo	IVM	Pla
Median	10	13	10	10.5	12.5	10
IQR25	6	6	4.5	5	5.75	6.5
IQR75	18	19	19	18	21	19
Mean	11.5	12.6	11.4	11.6	12.5	11.7
STD	6.5	6.6	7.3	6.9	7.3	6.8
N	97	87	59	68	44	43

14.2. Days to Symptom Resolution – by vision changes

	Blurred Vision				Any Vision Change			
	IVM		Placebo		IVM		Placebo	
	Yes blur	No blur	Yes blur	No blur	Yes Vis	No Vis	Yes Vis	No Vis
Median	19	10	19	12	17	10	19	12
IQR25	11	5	7	6	10	5	6.75	6
IQR75	21	18	21	18	21	18	21	18
Mean	15.3	11.2	15.2	11.7	14.5	11.1	15.1	11.6
STD	6.4	6.8	7.1	6.6	6.7	6.8	7.3	6.5
N	23	177	23	175	33	167	28	170

14.3. Days to Symptom Resolution – by dizziness

	IVM		Placebo	
	Yes dizzy	No dizzy	Yes dizzy	No dizzy
Median	15.5	9	14	10
IQR25	8.8	4	7	5
IQR75	20.3	18	21	18
Mean	13.7	10.6	13.8	11.1
STD	6.6	6.8	6.7	6.6
N	68	132	68	130

15. % Symptom resolution at 21 days, as symptom persistence – various subgroups

15.1. % Symptom persistence – by age

		IVM			Placebo						
		Yes	No	%	Yes	No	%	RR	CI Low	CI Up	p
All		36	164	0.18	42	156	0.21	0.85	0.57	1.27	
Age from	to										
18	35	14	77	0.15	20	70	0.22	0.69	0.37	1.28	0.26
35	50	11	55	0.17	12	51	0.19	0.88	0.42	1.84	
50	82	11	32	0.26	10	35	0.22	1.15	0.55	2.43	

15.2. % Symptom persistence – by gender

Gender	IVM			Placebo			RR	CI Low	CI Up	p
	Yes	No	%	Yes	No	%				
Male	14	64	0.18	17	72	0.19	0.94	0.50	1.78	
Female	22	100	0.18	25	84	0.23	0.79	0.47	1.31	

15.3. % Symptom persistence – by blurred vision or dizziness

	IVM			Placebo			RR	CI Low	CI Up	p
	Yes	No	%	Yes	No	%				
Blurred Vision only (all)										
No	29	148	0.16	32	143	0.18	0.90	0.57	1.42	
Yes	7	16	0.30	10	13	0.43	0.70	0.32	1.52	0.54
Vision changes (any)										
No	26	141	0.16	29	141	0.17	0.91	0.56	1.48	
Yes	10	23	0.30	13	15	0.46	0.65	0.34	1.25	0.29
Dizziness (all)										
No	20	112	0.15	19	111	0.15	1.04	0.58	1.85	
Yes	16	52	0.24	23	45	0.34	0.70	0.40	1.20	0.25

15.4. % Symptom persistence – by blurred vision or dizziness, in various combinations

	IVM			Placebo			RR	CI Low	CI Up	p
	Yes	No	%	Yes	No	%				
No blurring or dizziness	16	108	0.13	16	106	0.13	0.98	0.52	1.88	
Blurring only	4	4	0.50	3	5	0.38	1.33	0.43	4.13	
Dizzy only	13	40	0.25	16	37	0.30	0.81	0.43	1.52	
Blurring + dizziness	3	12	0.20	7	8	0.47	0.43	0.14	1.35	
Either	17	44	0.28	19	42	0.31	0.89	0.52	1.55	
Both+either	20	56	0.26	26	50	0.34	0.77	0.47	1.25	0.49

15.5. % Symptom persistence – by any vision change or dizziness, in various combinations

	IVM			Placebo			RR	CI Low	CI Up	p
	Yes	No	%	Yes	No	%				
No any vision or dizziness	16	105	0.13	14	105	0.12	1.12	0.57	2.20	
Vision only	4	7	0.36	5	6	0.45	0.80	0.29	2.21	
Dizzy only	10	36	0.22	15	36	0.29	0.74	0.37	1.48	
Any vision+ Ddizzy	6	16	0.27	8	9	0.47	0.58	0.25	1.35	
either any vis or Diz	14	43	0.25	20	42	0.32	0.76	0.43	1.36	
Both+either	20	59	0.25	28	51	0.35	0.71	0.44	1.16	0.225

15.6. % Symptom persistence – by days of symptom onset before enrollment

From days	To days	IVM			Placebo			RR	CI Low	CI Up
		Yes	No	%	Yes	No	%			
0	1	0	1	0.00	1	1	0.50	0.00		
1	2	3	2	0.60	2	7	0.22	2.70	0.65	11.13
2	3	3	17	0.15	5	17	0.23	0.66	0.18	2.41
3	4	10	29	0.26	9	31	0.23	1.14	0.52	2.50
4	5	12	50	0.19	14	38	0.27	0.72	0.37	1.42
5	6	6	38	0.14	6	26	0.19	0.73	0.26	2.05
6	7	2	27	0.07	5	36	0.12	0.57	0.12	2.72

15.7. % Symptom persistence – by number of comorbidities (including smoking)

	IVM			Placebo			RR	CI Low	CI Up
	Yes	No	%	Yes	No	%			
0	29	124	0.19	34	120	0.22	0.86	0.55	1.34
1	5	30	0.14	5	25	0.17	0.86	0.27	2.68
2	2	9	0.18	2	6	0.25	0.73	0.13	4.13
3	0	1	0.00	1	3	0.25	0.00		
4	0	0		0	1	0.00			
>=2	2	10	0.17	3	10	0.23	0.72	0.14	3.61

16. Placebo performance

(% symptom persistence at 21 days)

16.1. Comparison of placebo groups within various subgroups

	Placebo - all			Dextrose/Saline			Revised placebo		
	Yes	No	%	Yes	No	%	Yes	No	%
All	42	156	0.21	15	49	0.23	27	107	0.20
Male	17	72	0.19	7	26	0.21	10	46	0.18
Female	25	84	0.23	8	23	0.26	17	61	0.22
No vision change	29	141	0.17	8	44	0.15	21	97	0.18
Any Vision Changes	13	15	0.46	7	5	0.58	6	10	0.38
No blurred vision	32	143	0.18	11	46	0.19	21	97	0.18
Any blurred vision	10	13	0.43	4	3	0.57	6	10	0.38
No dizziness	19	111	0.15	8	31	0.21	11	80	0.12
Any dizziness	23	45	0.34	7	18	0.28	16	27	0.37

17. Concomitant Medications

(% symptom persistence at 21 days)

	IVM			Placebo			RR	CI Low	CI Up	p
	Yes	No	%	Yes	No	%				
NSAID	10	47	0.18	17	44	0.279	0.63	0.31	1.26	0.197
no NSAID	26	117	0.18	25	112	0.182	1.00	0.61	1.64	
Antipyretics nonNSAID	3	23	0.12	8	15	0.348	0.33	0.10	1.10	0.086
No Antipyretics nonNSAID	33	141	0.19	34	141	0.194	0.98	0.63	1.50	
Macrolides	5	22	0.19	6	16	0.273	0.68	0.24	1.93	0.51
no Macrolides	31	142	0.18	36	140	0.205	0.88	0.57	1.35	
non-macrolide antibiotics	3	10	0.23	4	7	0.364	0.63	0.18	2.24	0.66
no non-macrolide antibiotics	33	154	0.18	38	149	0.203	0.87	0.57	1.32	
Steroids	2	4	0.33	4	8	0.333	1.00	0.25	4.00	
no Steroids	34	160	0.18	38	148	0.204	0.86	0.57	1.30	
Other	5	36	0.12	9	29	0.237	0.51	0.19	1.40	0.24
no other	31	128	0.19	33	127	0.206	0.95	0.61	1.47	

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