Screened

n=573

Randomized

n=532

Withdrawal from the trial before the start of treatment

n=2

Received treatment

(AST of original study1)

n=530

Lack of baseline PANSS evaluation

n=1

Cluster analysis

(AST of this study)

n=529

Cluster-P: n=75 (10 mg/day: n=32; 20 mg/day: n=22; placebo: n=21)

Cluster-N: n=151 (10 mg/day: n=41; 20 mg/day: n=53; placebo: n=57)

Cluster-L: n=303 (10 mg/day: n=102; 20 mg/day: n=105; placebo: n=96)

Lack of PANSS evaluation after baseline

n=4

Cluster analysis

(FAS)

n=525

Cluster-P: n=75 (10 mg/day: n=32; 20 mg/day: n=22; placebo: n=21)

Cluster-N: n=151 (10 mg/day: n=41; 20 mg/day: n=53; placebo: n=57)

Cluster-L: n=299 (10 mg/day: n=100; 20 mg/day: n=103; placebo: n=96)

**Supplementary figure 1**

 Patient disposition: numbers of patients who were screened, randomized to treatment, received treatment, and classified by Cluster analysis. In this study, the AST population differs from that of the original study1 as baseline PANSS evaluation is required to perform cluster analysis.

AST, all subject treatment; FAS, full analysis set; PANSS, positive and negative symptom scale.

Reference

1. Kinoshita T, Bai YM, Kim JH, *et al*. Efficacy and safety of asenapine in Asian patients with an acute exacerbation of schizophrenia: a multicenter, randomized, double-blind, 6-week, placebo-controlled study. *Psychopharmacol*. 2016; **233**: 2663-2674.