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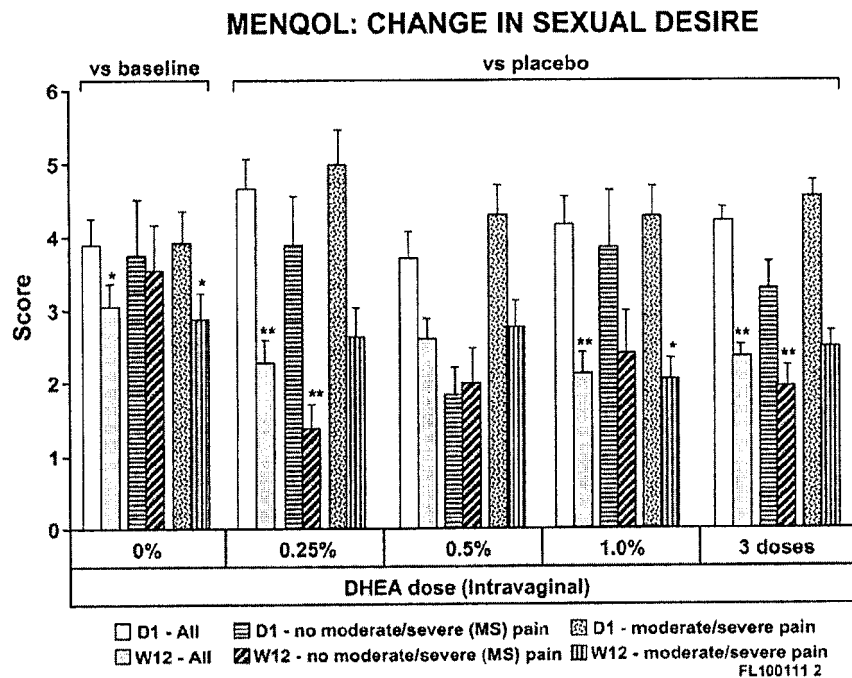


Figure 1: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of sexual desire of the Menopause-Specific Quality of Life (MENQOL) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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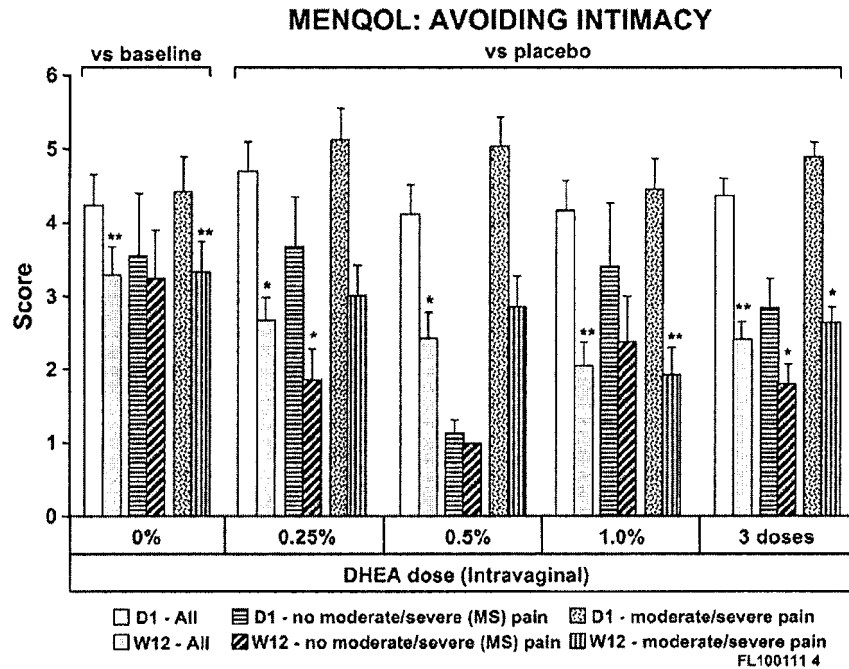


Figure 2: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of avoiding intimacy of the Menopause-Specific Quality of Life (MENQOL) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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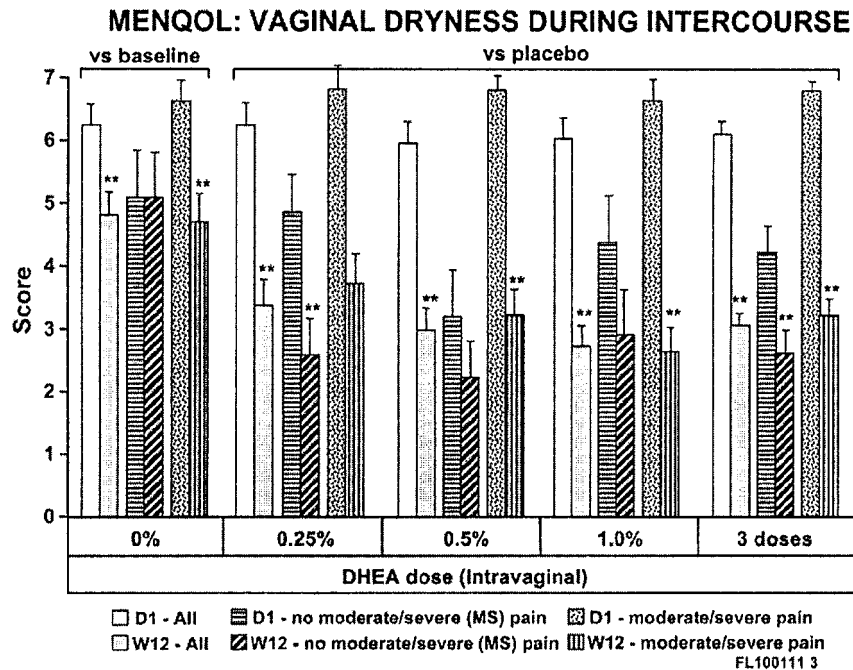


Figure 3: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of vaginal dryness during intercourse of the Menopause-Specific Quality of Life (MENQOL) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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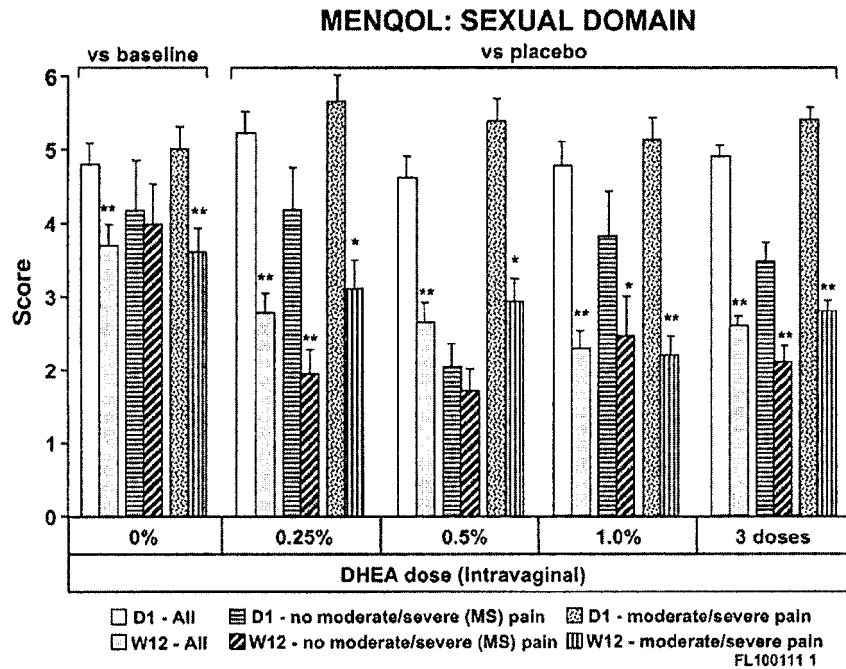


Figure 4: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the summary score of the Menopause-Specific Quality of Life (MENQOL) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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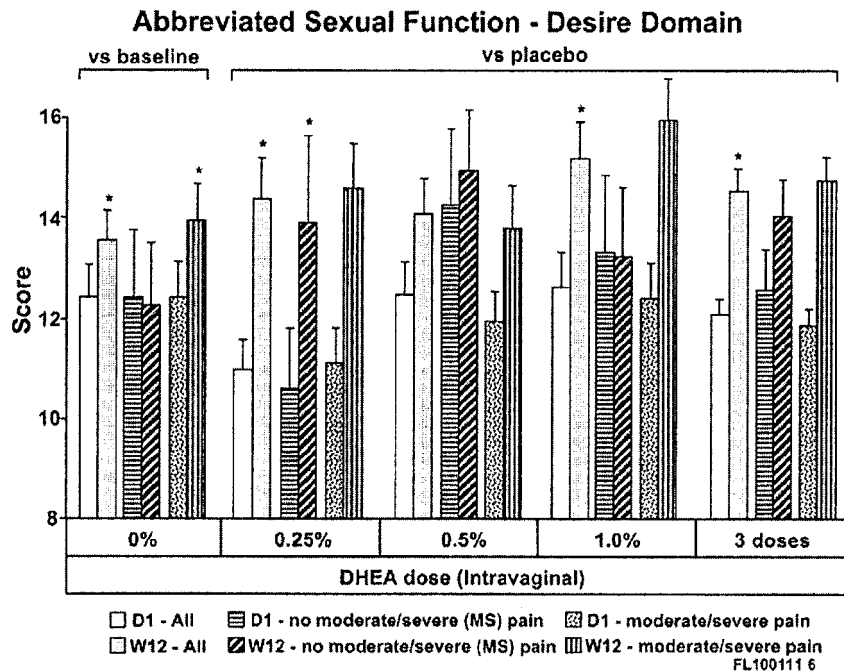


Figure 5: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of desire domain of the Abbreviated Sexual Function (ASF) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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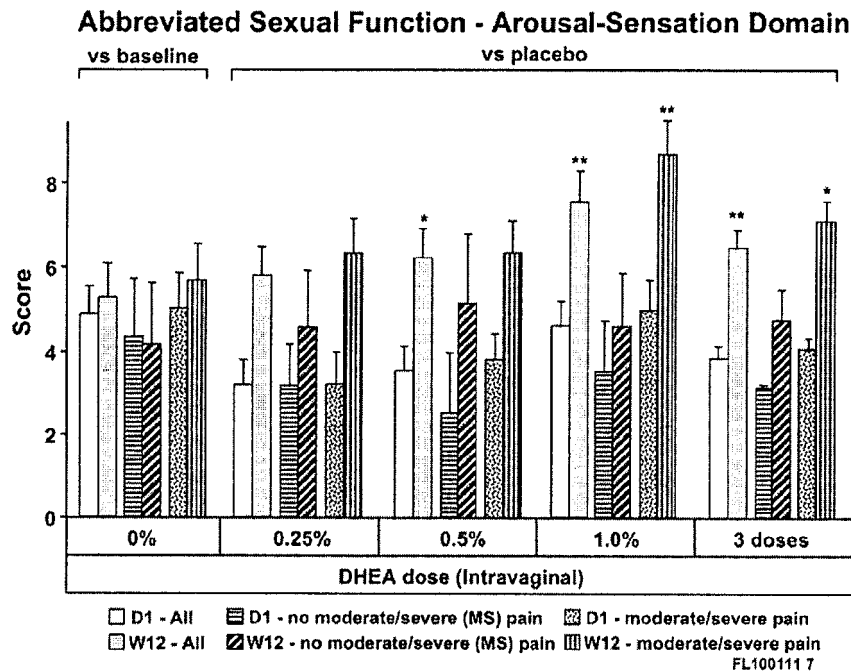


Figure 6: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of the arousal-sensation domain of the Abbreviated Sexual Function (ASF) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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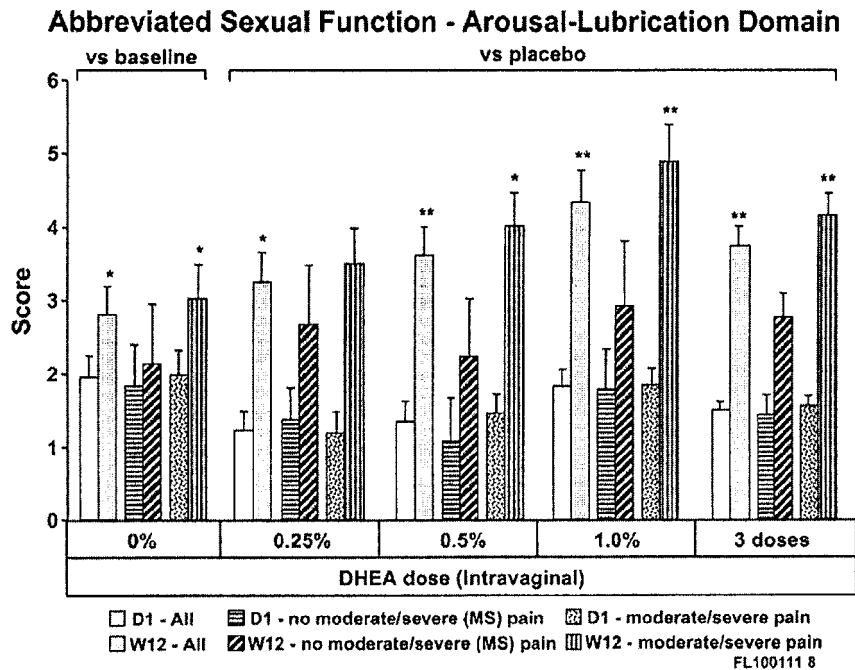


Figure 7: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of the arousal-lubrication domain of the Abbreviated Sexual Function (ASF) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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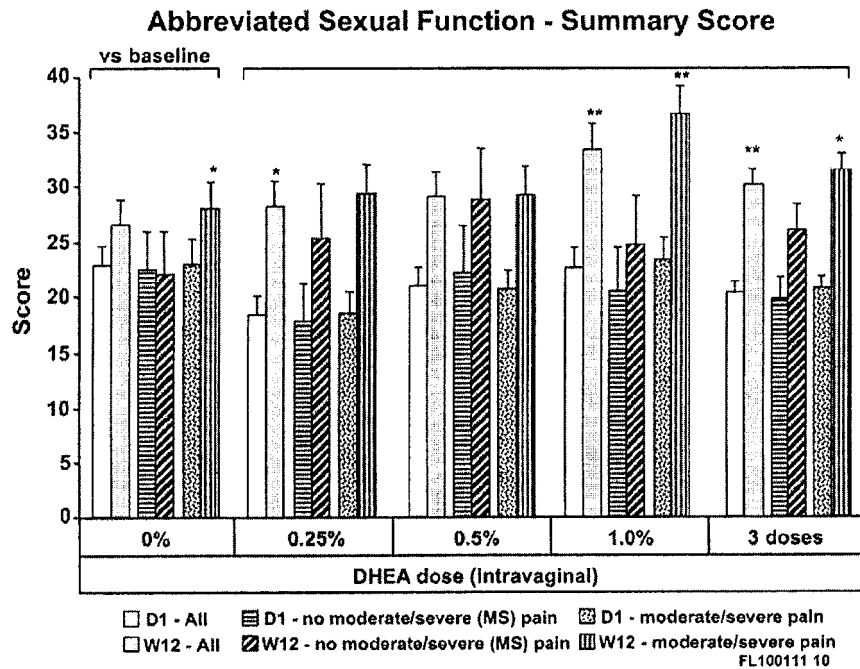


Figure 8: Effect of daily intravaginal application of 0.0%, 0.25%, 0.5% and 1.0% dehydroepiandrosterone (DHEA; Prasterone) for 12 weeks on the score of the orgasm domain of the Abbreviated Sexual Function (ASF) questionnaire in postmenopausal women without or with moderate or severe pain at sexual activity at baseline. Data are also presented for the sum of the three prasterone doses. Data are expressed as means $\pm$ SEM; the p values are comparisons with placebo at all prasterone doses except for the placebo group (0% prasterone) which is compared to baseline.

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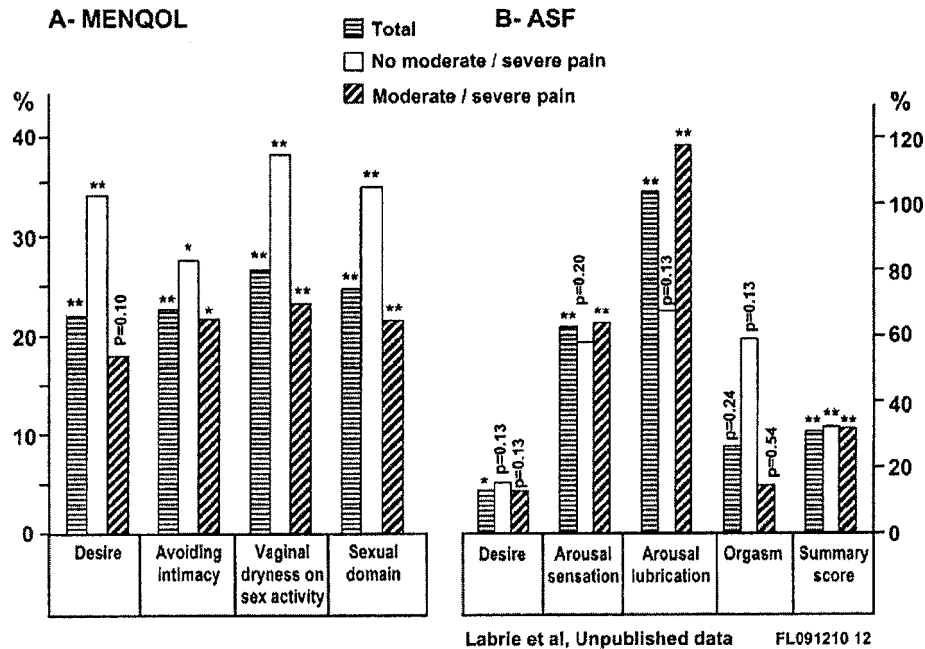
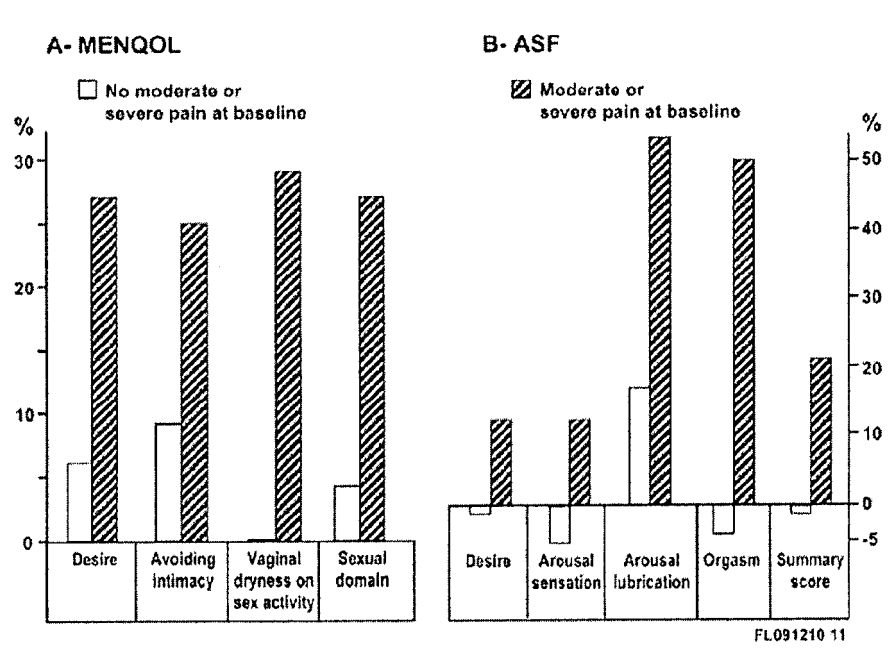


Figure 9: Average changes over placebo of the severity scores of the MENQOL (A) and ASF (B) questions/domains induced by the daily intravaginal administration of 0.25%, 0.5% and 1.0% prasterone in the total groups (all women) and in women without and with moderate or severe pain at sexual activity at baseline.

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Figure 10



5 **Figure 10:** Comparison of the effect of daily intravaginal application of a placebo suppository for 12 weeks on the sexual domain of the MENQOL and the domains of the Abbreviated Sexual Function (ASF) questionnaires in postmenopausal women without and with moderate/severe pain at sexual activity at baseline.

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Figure 11A

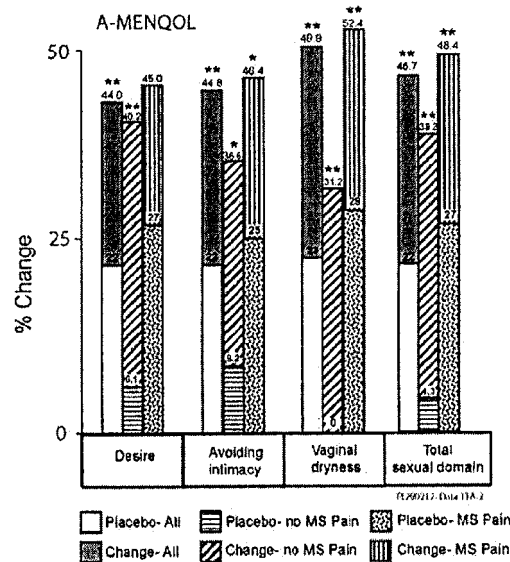
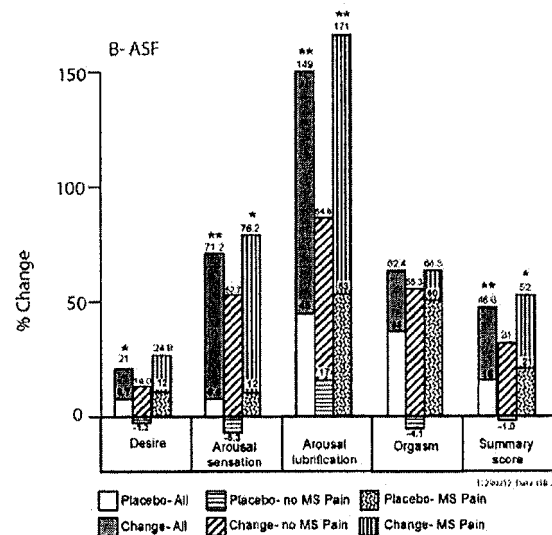


Figure 11B



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Figure 11: Comparison of the placebo effects and changes over placebo in the non MS and MS groups at baseline (total of all women with and without MS pain at baseline are included for comparison) for the various questions/domains of the MENQOL (A) and ASF (B) questionnaires. Data are from Tables 1, 2 and 3; *, $p < 0.05$ over placebo and ** $p < 0.01$ over placebo (prasterone effect).

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