



## Clinical trial results:

### **A Randomized, 3 Arm, Multicenter, Phase III Study to Evaluate the Efficacy and the Safety of T-DM1 Combined With Pertuzumab or T-DM1 Combined With Pertuzumab-Placebo (Blinded for Pertuzumab), Versus the Combination of Trastuzumab Plus Taxane, as First Line Treatment in HER2 Positive Progressive or Recurrent Locally Advanced or Metastatic Breast Cancer (MBC)**

#### Summary

EudraCT number	2009-017905-13
Trial protocol	AT ES DE FR SE DK HU CZ GB IT BE PT GR
Global end of trial date	16 September 2016

#### Results information

Result version number	v2 (current)
This version publication date	30 August 2017
First version publication date	07 January 2017
Version creation reason	

#### Trial information

##### Trial identification

Sponsor protocol code	BO22589
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##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT01120184
WHO universal trial number (UTN)	-

Notes:

#### Sponsors

Sponsor organisation name	Hoffmann-La Roche
Sponsor organisation address	Grenzacherstrasse 124, CH, Basel, Switzerland, Switzerland, 4070
Public contact	Medical Communications, Hoffmann-La Roche, +41 8008218590, genentech@druginfo.com
Scientific contact	Medical Communications, Hoffmann-La Roche, +41 8008218590, genentech@druginfo.com

Notes:

#### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

## Results analysis stage

Analysis stage	Final
Date of interim/final analysis	15 May 2016
Is this the analysis of the primary completion data?	No
Global end of trial reached?	Yes
Global end of trial date	16 September 2016
Was the trial ended prematurely?	No

Notes:

## General information about the trial

Main objective of the trial:

This randomized, three-arm, multicenter, Phase III study was designed to evaluate the efficacy and safety of trastuzumab emtansine with and without pertuzumab, versus the combination of trastuzumab with taxane therapy, among subjects with human epidermal growth factor receptor 2 (HER2)-positive locally advanced breast cancer (LABC) or metastatic breast cancer (MBC) who had not received prior chemotherapy for their metastatic disease.

Protection of trial subjects:

All investigators were trained according to applicable Sponsor Standard Operating Procedures (SOPs). Roche and the investigators strictly adhered to the stated provisions in these guidelines. This was documented by the investigator's signature on the protocol agreeing to carry out all of its terms in accordance with the applicable regulations and law and to follow International Conference on Harmonization (ICH) Good Clinical Practice (GCP) guidelines.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	29 June 2010
Long term follow-up planned	Yes
Long term follow-up rationale	Efficacy, Safety
Long term follow-up duration	67 Months
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

## Population of trial subjects

### Subjects enrolled per country

Country: Number of subjects enrolled	Germany: 41
Country: Number of subjects enrolled	Korea, Republic of: 79
Country: Number of subjects enrolled	Belgium: 20
Country: Number of subjects enrolled	Bahamas: 6
Country: Number of subjects enrolled	Portugal: 6
Country: Number of subjects enrolled	Colombia: 5
Country: Number of subjects enrolled	Panama: 5
Country: Number of subjects enrolled	Switzerland: 4
Country: Number of subjects enrolled	Greece: 2
Country: Number of subjects enrolled	Turkey: 2
Country: Number of subjects enrolled	Sweden: 2
Country: Number of subjects enrolled	United States: 131

Country: Number of subjects enrolled	Brazil: 88
Country: Number of subjects enrolled	Japan: 82
Country: Number of subjects enrolled	United Kingdom: 74
Country: Number of subjects enrolled	France: 72
Country: Number of subjects enrolled	Italy: 53
Country: Number of subjects enrolled	Russian Federation: 50
Country: Number of subjects enrolled	Spain: 43
Country: Number of subjects enrolled	Thailand: 39
Country: Number of subjects enrolled	Poland: 31
Country: Number of subjects enrolled	Bosnia and Herzegovina: 25
Country: Number of subjects enrolled	Canada: 23
Country: Number of subjects enrolled	Philippines: 23
Country: Number of subjects enrolled	Macedonia, the former Yugoslav Republic of: 21
Country: Number of subjects enrolled	Peru: 20
Country: Number of subjects enrolled	Czech Republic: 19
Country: Number of subjects enrolled	Hungary: 19
Country: Number of subjects enrolled	Australia: 18
Country: Number of subjects enrolled	Taiwan: 17
Country: Number of subjects enrolled	Mexico: 16
Country: Number of subjects enrolled	Guatemala: 12
Country: Number of subjects enrolled	Austria: 10
Country: Number of subjects enrolled	Malaysia: 10
Country: Number of subjects enrolled	New Zealand: 8
Country: Number of subjects enrolled	Denmark: 7
Country: Number of subjects enrolled	Romania: 6
Country: Number of subjects enrolled	Argentina: 6
Worldwide total number of subjects	1095
EEA total number of subjects	405

Notes:

### Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	912
From 65 to 84 years	179
85 years and over	4

## Subject disposition

### Recruitment

Recruitment details: -

### Pre-assignment

Screening details:

A total of 1629 subjects were screened, of whom 1095 were randomized. There were 534 subjects who failed screening, most often due to non-centrally confirmed HER2 status or abnormal laboratory results.

### Period 1

Period 1 title	Overall Study (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Investigator, Subject

Blinding implementation details:

The study was considered open-label with respect to trastuzumab and trastuzumab emtansine treatment; however, subjects and investigators were blinded with respect to pertuzumab or placebo.

### Arms

Are arms mutually exclusive?	Yes
<b>Arm title</b>	Trastuzumab + Taxane

Arm description:

Subjects received trastuzumab plus either docetaxel or paclitaxel. The regimen was chosen at the investigator's discretion. Option 1: trastuzumab 8 mg/kg via IV infusion on Day 1 of Cycle 1, then 6 mg/kg IV on Day 1 of each subsequent 3-week cycle; plus a minimum of 6 cycles with docetaxel 75 or 100 mg/m<sup>2</sup> IV on Day 1 of each 3-week cycle. Option 2: trastuzumab 4 mg/kg IV on Day 1 of Cycle 1, then 2 mg/kg IV weekly beginning on Day 8 of Cycle 1; plus a minimum of 18 weeks with paclitaxel 80 mg/m<sup>2</sup> IV weekly. Treatment continued until disease progression, unacceptable toxicity, or study termination. If trastuzumab or docetaxel were discontinued for toxicity, the other agent could be continued as monotherapy.

Arm type	Experimental
Investigational medicinal product name	Trastuzumab
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Trastuzumab was administered via IV infusion and dosed depending upon the taxane selected. Subjects received either 8 mg/kg on Day 1 of Cycle 1 followed by 6 mg/kg on Day 1 of each subsequent 3-week cycle, or 4 mg/kg on Day 1 of Cycle 1 followed by 2 mg/kg weekly beginning on Day 8 of Cycle 1.

Investigational medicinal product name	Docetaxel
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Docetaxel was administered via IV infusion as 75 or 100 mg/m<sup>2</sup> on Day 1 of each 3-week cycle.

Investigational medicinal product name	Paclitaxel
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

**Dosage and administration details:**

Paclitaxel was administered via IV infusion as 80 mg/m<sup>2</sup> weekly.

<b>Arm title</b>	Trastuzumab Emtansine + Placebo
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**Arm description:**

Subjects received trastuzumab emtansine plus pertuzumab-placebo. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the placebo IV infusion, on Day 1 of each 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Arm type	Experimental
Investigational medicinal product name	Trastuzumab emtansine
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

**Dosage and administration details:**

Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion on Day 1 of each 3-week cycle.

Investigational medicinal product name	Placebo
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

**Dosage and administration details:**

Subjects received the placebo equivalent to pertuzumab via IV infusion on Day 1 of each 3-week cycle.

<b>Arm title</b>	Trastuzumab Emtansine + Pertuzumab
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**Arm description:**

Subjects received trastuzumab emtansine plus pertuzumab. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the pertuzumab IV infusion, on Day 1 of each 3-week cycle. Pertuzumab was given as 840 mg IV on Day 1 of Cycle 1, then 420 mg IV on Day 1 of each subsequent 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Arm type	Experimental
Investigational medicinal product name	Pertuzumab
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

**Dosage and administration details:**

Pertuzumab was administered via IV infusion as 840 mg on Day 1 of Cycle 1, followed by 420 mg on Day 1 of each subsequent 3-week cycle.

Investigational medicinal product name	Trastuzumab emtansine
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

**Dosage and administration details:**

Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion on Day 1 of each 3-week cycle.

Number of subjects in period 1	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab
Started	365	367	363
Treated	355	365	360
Completed	0	0	0
Not completed	365	367	363
Physician decision	9	1	3
Adverse event, non-fatal	-	1	-
Death	170	176	169
Sponsor Decision to Terminate Study	133	144	143
Subject/ Guardian Decision to Withdraw	32	29	25
Lost to follow-up	13	13	11
Reason not Specified	8	3	12

## Baseline characteristics

### Reporting groups

Reporting group title	Trastuzumab + Taxane
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Reporting group description:

Subjects received trastuzumab plus either docetaxel or paclitaxel. The regimen was chosen at the investigator's discretion. Option 1: trastuzumab 8 mg/kg via IV infusion on Day 1 of Cycle 1, then 6 mg/kg IV on Day 1 of each subsequent 3-week cycle; plus a minimum of 6 cycles with docetaxel 75 or 100 mg/m<sup>2</sup> IV on Day 1 of each 3-week cycle. Option 2: trastuzumab 4 mg/kg IV on Day 1 of Cycle 1, then 2 mg/kg IV weekly beginning on Day 8 of Cycle 1; plus a minimum of 18 weeks with paclitaxel 80 mg/m<sup>2</sup> IV weekly. Treatment continued until disease progression, unacceptable toxicity, or study termination. If trastuzumab or docetaxel were discontinued for toxicity, the other agent could be continued as monotherapy.

Reporting group title	Trastuzumab Emtansine + Placebo
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Reporting group description:

Subjects received trastuzumab emtansine plus pertuzumab-placebo. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the placebo IV infusion, on Day 1 of each 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Reporting group title	Trastuzumab Emtansine + Pertuzumab
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Reporting group description:

Subjects received trastuzumab emtansine plus pertuzumab. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the pertuzumab IV infusion, on Day 1 of each 3-week cycle. Pertuzumab was given as 840 mg IV on Day 1 of Cycle 1, then 420 mg IV on Day 1 of each subsequent 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Reporting group values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab
Number of subjects	365	367	363
Age categorical Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	0	0	0
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	303	306	303
From 65-84 years	59	61	59
85 years and over	3	0	1
Age Continuous Units: years			
arithmetic mean	54.2	52.6	52.2
standard deviation	± 11.3	± 11.4	± 12
Gender, Male/Female Units: Subjects			
Female	362	365	361
Male	3	2	2

<b>Reporting group values</b>	Total		
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Number of subjects	1095		
Age categorical			
Units: Subjects			
In utero	0		
Preterm newborn infants (gestational age < 37 wks)	0		
Newborns (0-27 days)	0		
Infants and toddlers (28 days-23 months)	0		
Children (2-11 years)	0		
Adolescents (12-17 years)	0		
Adults (18-64 years)	912		
From 65-84 years	179		
85 years and over	4		
Age Continuous			
Units: years			
arithmetic mean			
standard deviation	-		
Gender, Male/Female			
Units: Subjects			
Female	1088		
Male	7		

## End points

### End points reporting groups

Reporting group title	Trastuzumab + Taxane
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Reporting group description:

Subjects received trastuzumab plus either docetaxel or paclitaxel. The regimen was chosen at the investigator's discretion. Option 1: trastuzumab 8 mg/kg via IV infusion on Day 1 of Cycle 1, then 6 mg/kg IV on Day 1 of each subsequent 3-week cycle; plus a minimum of 6 cycles with docetaxel 75 or 100 mg/m<sup>2</sup> IV on Day 1 of each 3-week cycle. Option 2: trastuzumab 4 mg/kg IV on Day 1 of Cycle 1, then 2 mg/kg IV weekly beginning on Day 8 of Cycle 1; plus a minimum of 18 weeks with paclitaxel 80 mg/m<sup>2</sup> IV weekly. Treatment continued until disease progression, unacceptable toxicity, or study termination. If trastuzumab or docetaxel were discontinued for toxicity, the other agent could be continued as monotherapy.

Reporting group title	Trastuzumab Emtansine + Placebo
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Reporting group description:

Subjects received trastuzumab emtansine plus pertuzumab-placebo. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the placebo IV infusion, on Day 1 of each 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Reporting group title	Trastuzumab Emtansine + Pertuzumab
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Reporting group description:

Subjects received trastuzumab emtansine plus pertuzumab. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the pertuzumab IV infusion, on Day 1 of each 3-week cycle. Pertuzumab was given as 840 mg IV on Day 1 of Cycle 1, then 420 mg IV on Day 1 of each subsequent 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Subject analysis set title	Trastuzumab + Taxane
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Subject analysis set type	Safety analysis
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Subject analysis set description:

Subjects received trastuzumab plus either docetaxel or paclitaxel. The regimen was chosen at the investigator's discretion. Option 1: trastuzumab 8 mg/kg via IV infusion on Day 1 of Cycle 1, then 6 mg/kg IV on Day 1 of each subsequent 3-week cycle; plus a minimum of 6 cycles with docetaxel 75 or 100 mg/m<sup>2</sup> IV on Day 1 of each 3-week cycle. Option 2: trastuzumab 4 mg/kg IV on Day 1 of Cycle 1, then 2 mg/kg IV weekly beginning on Day 8 of Cycle 1; plus a minimum of 18 weeks with paclitaxel 80 mg/m<sup>2</sup> IV weekly. Treatment continued until disease progression, unacceptable toxicity, or study termination. If trastuzumab or docetaxel were discontinued for toxicity, the other agent could be continued as monotherapy.

Subject analysis set title	Trastuzumab Emtansine + Placebo
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Subject analysis set type	Safety analysis
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Subject analysis set description:

Subjects received trastuzumab emtansine plus pertuzumab-placebo. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the placebo IV infusion, on Day 1 of each 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Subject analysis set title	Trastuzumab Emtansine + Pertuzumab
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Subject analysis set type	Safety analysis
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Subject analysis set description:

Subjects received trastuzumab emtansine plus pertuzumab. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the pertuzumab IV infusion, on Day 1 of each 3-week cycle. Pertuzumab was given as 840 mg IV on Day 1 of Cycle 1, then 420 mg IV on Day 1 of each subsequent 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

### Primary: Percentage of Subjects with Death or Disease Progression According to Independent Review Facility (IRF) Assessment

End point title	Percentage of Subjects with Death or Disease Progression According to Independent Review Facility (IRF) Assessment <sup>[1]</sup>
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End point description:

Tumor assessments were performed according to Response Evaluation Criteria in Solid Tumors (RECIST)

version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. Disease progression was defined as a greater than or equal to ( $\geq$ ) 20 percent (%) and 5-millimeter (mm) increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). The percentage of subjects with death or disease progression was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population (all subjects randomized in the study).

End point type	Primary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive statistics only

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: percentage of subjects				
number (not applicable)	63.3	64.3	59.8	

## Statistical analyses

No statistical analyses for this end point

### Primary: Progression-Free Survival (PFS) According to IRF Assessment

End point title	Progression-Free Survival (PFS) According to IRF Assessment
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. PFS was defined as the time from randomization to first documented disease progression or death from any cause. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). Median duration of PFS was estimated using Kaplan-Meier analysis, and corresponding confidence intervals (CIs) were computed using the Brookmeyer-Crowley method. Analysis was performed on ITT population (all subjects randomized in the study).

End point type	Primary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: months				
median (confidence interval 95%)	13.7 (12.4 to 14.9)	14.1 (10.9 to 16.8)	15.2 (12.5 to 18.8)	

## Statistical analyses

Statistical analysis title	Statistical Analysis 1
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Placebo versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	732
Analysis specification	Pre-specified
Analysis type	
P-value	= 0.3125 <sup>[2]</sup>
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.91
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.73
upper limit	1.13

### Notes:

[2] - Test and p-value apply for superiority test. Two-sided significance level of 2.5% was used to adjust for independent comparison between each of the trastuzumab emtansine-containing arms and the trastuzumab + taxane arm.

Statistical analysis title	Statistical Analysis 2
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Pertuzumab versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	728
Analysis specification	Pre-specified
Analysis type	
P-value	= 0.1407 <sup>[3]</sup>
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.87
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.69
upper limit	1.08

Notes:

[3] - Test and p-value apply for superiority test. Two-sided significance level of 2.5% was used to adjust for independent comparison between each of the trastuzumab emtansine-containing arms and the trastuzumab + taxane arm.

<b>Statistical analysis title</b>	Statistical Analysis 3
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab versus Trastuzumab Emtansine + Placebo. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab Emtansine + Placebo v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	730
Analysis specification	Pre-specified
Analysis type	
P-value	= 0.3075 [4]
Method	Logrank
Parameter estimate	Hazard ratio (HR)
Point estimate	0.91
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.73
upper limit	1.13

Notes:

[4] - Test and p-value apply for superiority test. Primary endpoint did not meet superiority of PFS for trastuzumab emtansine + pertuzumab versus trastuzumab + taxane (two-sided significance level 2.5%); thus, tests and p-value are considered descriptive.

### Secondary: Percentage of Subjects Who Died Prior to Clinical Cutoff

End point title	Percentage of Subjects Who Died Prior to Clinical Cutoff
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End point description:

The percentage of subjects who died prior to clinical cutoff was calculated as [number of subjects with event divided by the number analyzed multiplied by 100]. Analysis was performed on ITT population (all subjects randomized in the study).

End point type	Secondary
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End point timeframe:

Up to 70 months from randomization until clinical cutoff of 15-May-2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: percentage of subjects				
number (not applicable)	46.3	47.7	46.3	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Overall Survival (OS) at Clinical Cutoff

End point title	Overall Survival (OS) at Clinical Cutoff
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End point description:

OS was defined as the time from randomization to death from any cause. Median duration of OS was estimated using Kaplan-Meier analysis, and corresponding CIs were computed using the Brookmeyer-Crowley method. Here, "9999" represents that the value is not applicable because Median duration of OS was not reached due to insufficient follow-up. Analysis was performed on ITT population.

End point type	Secondary
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End point timeframe:

Up to 70 months from randomization until clinical cutoff of 15-May-2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: months				
median (confidence interval 95%)	50.86 (44.75 to 60.75)	53.68 (48.36 to 64.36)	51.78 (47.87 to 9999)	

## Statistical analyses

Statistical analysis title	Statistical Analysis 2
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
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Number of subjects included in analysis	728
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Analysis specification	Pre-specified
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Analysis type	
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Parameter estimate	Hazard ratio (HR)
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Point estimate	0.86
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Confidence interval

level	Other: 97.5 %
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sides	2-sided
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lower limit	0.67
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upper limit	1.11
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Statistical analysis title	Statistical Analysis 1
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**Statistical analysis description:**

Direction of comparison: Trastuzumab Emtansine + Placebo versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	732
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.93
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.73
upper limit	1.2

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**Secondary: Percentage of Subjects with Death or Disease Progression According to Investigator Assessment**

End point title	Percentage of Subjects with Death or Disease Progression According to Investigator Assessment
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## End point description:

Tumor assessments were performed by the investigator according to RECIST version 1.1. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). The percentage of subjects with death or disease progression was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population (all subjects randomized in the study).

End point type	Secondary
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## End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: percentage of subjects				
number (not applicable)	72.1	70.3	67.5	

**Statistical analyses**

No statistical analyses for this end point

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**Secondary: PFS According to Investigator Assessment**

End point title	PFS According to Investigator Assessment
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End point description:

Tumor assessments were performed by the investigator according to RECIST version 1.1. PFS was defined as the time from randomization to first documented disease progression or death from any cause. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). Median duration of PFS was estimated using Kaplan-Meier analysis, and corresponding CIs were computed using the Brookmeyer-Crowley method. Analysis was performed on ITT population (all subjects randomized in the study).

End point type	Secondary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: months				
median (confidence interval 95%)	12.5 (10.5 to 13.6)	14.1 (12.2 to 16.7)	14.8 (12.4 to 17.8)	

## Statistical analyses

<b>Statistical analysis title</b>	Statistical Analysis 1
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	732
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.85
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.69
upper limit	1.04

<b>Statistical analysis title</b>	Statistical Analysis 2
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	728
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.77
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.63
upper limit	0.95

### Secondary: Percentage of Subjects Experiencing Treatment Failure

End point title	Percentage of Subjects Experiencing Treatment Failure
End point description:	Treatment failure was defined as the discontinuation of all study medications in the treatment arm for any reason including disease progression, treatment toxicity, death, physician decision, or subject withdrawal. The percentage of subjects with treatment failure was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population (all subjects randomized in the study).
End point type	Secondary
End point timeframe:	Up to 48 months from randomization until clinical cutoff of 16-Sept-2014

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: percentage of subjects				
number (not applicable)	85.8	82.6	80.2	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Time to Treatment Failure (TTF)

End point title	Time to Treatment Failure (TTF)
End point description:	Treatment failure was defined as the discontinuation of all study medications in the treatment arm for any reason including disease progression, treatment toxicity, death, physician decision, or subject withdrawal. TTF was defined as the time from randomization to treatment failure. Median TTF was estimated using Kaplan-Meier analysis, and corresponding CIs were computed using the Brookmeyer-Crowley method. Analysis was performed on ITT population (all subjects randomized in the study).
End point type	Secondary

End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: months				
median (confidence interval 95%)	10.2 (9.2 to 11.8)	12.1 (9.9 to 13.9)	11.8 (9.9 to 14.2)	

### Statistical analyses

<b>Statistical analysis title</b>	Statistical Analysis 2
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	728
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.78
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.65
upper limit	0.95

<b>Statistical analysis title</b>	Statistical Analysis 1
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo versus Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
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Number of subjects included in analysis	732
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.8
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.66
upper limit	0.97

### Secondary: One-Year Survival Rate

End point title	One-Year Survival Rate
End point description:	The percentage of subjects alive at 1 year after randomization was estimated as the one-year survival rate using Kaplan-Meier analysis, and corresponding CIs were computed using Greenwood's estimate of the standard error. Analysis was performed on ITT population (all subjects randomized in the study).
End point type	Secondary
End point timeframe:	From randomization until 1 year

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: percentage probability of being alive				
number (confidence interval 95%)	91.4 (88.44 to 94.41)	92.4 (89.62 to 95.15)	91.9 (89 to 94.77)	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with Grade ≥3 Adverse Events

End point title	Percentage of Subjects with Grade ≥3 Adverse Events
End point description:	Adverse events were graded according to National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) version 4.0. Grade 3: Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care activity of daily living with inability to perform bathing, dressing and undressing, feeding self, using the toilet, taking medications but not bedridden. Grade 4: An immediate threat to life. Urgent medical intervention is required in order to maintain survival. Grade 5: Death. Analysis was performed on safety population.
End point type	Secondary

End point timeframe:

Up to 50 months from randomization until clinical cutoff of 16-Sept-2014 (continuously until 28 days after last dose ]

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	353	361	366	
Units: percentage of subjects				
number (not applicable)	54.1	45.4	46.2	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects Who Died at 2 Years

End point title	Percentage of Subjects Who Died at 2 Years
End point description:	Analysis was performed on ITT population (all subjects randomized in the study).
End point type	Secondary
End point timeframe:	From randomization until 2 years

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: percentage of subjects				
number (not applicable)	20.3	20.2	19.6	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Overall Survival Truncated at 2 Years

End point title	Overall Survival Truncated at 2 Years
End point description:	Overall Survival truncated at 2 years was defined as the time from the date of randomization to the date of death from any cause. Subjects who were alive at 2 years had been censored at 2 years. Overall survival truncated at 2 years was estimated using Kaplan-Meier analyses. Here, "9999" represents that data was not applicable because median was not reached at 2 years as most of the subjects were alive at that time point. Analysis was performed on ITT population.

End point type	Secondary
End point timeframe:	
From randomization until 2 years	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: months				
median (confidence interval 95%)	9999 (9999 to 9999)	9999 (9999 to 9999)	9999 (9999 to 9999)	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with Grade 5 Adverse Events

End point title	Percentage of Subjects with Grade 5 Adverse Events
End point description:	
Adverse events were graded according to NCI CTCAE version 4.0. Grade 5 adverse events are those events which led to death. Analysis was performed on safety population.	
End point type	Secondary
End point timeframe:	
Up to 50 months from randomization until clinical cutoff of 16-Sept-2014 (continuously until 28 days after last dose)	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	353	361	366	
Units: percentage of subjects				
number (not applicable)	1.7	1.1	1.9	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with Grade 3-4 Laboratory Parameters

End point title	Percentage of Subjects with Grade 3-4 Laboratory Parameters
End point description:	
Laboratory results were graded according to NCI CTCAE version 4.0. Grade 3: Severe or medically	

significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care activity of daily living with inability to perform bathing, dressing and undressing, feeding self, using the toilet, taking medications but not bedridden. Grade 4: An immediate threat to life. Urgent medical intervention is required in order to maintain survival. Analysis was performed on ITT population (all subjects randomized in the study).

End point type	Secondary
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End point timeframe:

Day 1, 8, and 15 of Cycle 1–3 and on Day 1 of each subsequent cycle up to 50 months from randomization until clinical cutoff of 16-Sept-2014

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	353	361	366	
Units: percentage of subjects				
number (not applicable)				
Hemoglobin-Low: Grade 3	4.3	5.8	6.9	
Neutrophils-Low: Grade 3	20.2	5.5	5	
Neutrophils-Low: Grade 4	43.8	1.9	0.8	
Platelets-Low: Grade 3	0.9	12.7	12.9	
Platelets-Low: Grade 4	0.3	2.8	2.5	
Alkaline Phosphate-High: Grade 3	1.1	3.9	3	
Alanine Transaminase-High: Grade 3	3.4	9.1	8	
Alanine Transaminase-High: Grade 4	0	0.3	0.6	
Aspartate Aminotransferase-High: Grade 3	1.1	11.9	6.9	
Aspartate Aminotransferase-High: Grade 4	0	0.3	0.3	
Creatinine-High: Grade 3	0.9	0.3	1.1	
Creatinine-High: Grade 4	0	0	0.3	
Potassium-Low: Grade 3	4.3	4.7	5.2	
Potassium-Low: Grade 4	0.6	1.7	0.6	
Total Bilirubin-High: Grade 3	0.3	0.3	0.3	

## Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Subjects with Decline of $\geq 2$ points from Baseline in Eastern Cooperative Oncology Group (ECOG) Performance Status

End point title	Percentage of Subjects with Decline of $\geq 2$ points from Baseline in Eastern Cooperative Oncology Group (ECOG) Performance Status
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End point description:

The ECOG performance status is a scale used to quantify cancer subjects' general well-being and activities of daily life. The scale ranges from 0 to 5, with 0 denoting perfect health and 5 indicating death. The 6 categories are 0=Asymptomatic (Fully active, able to carry on all predisease activities without restriction), 1=Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature), 2=Symptomatic, < 50% in bed during the day (Ambulatory and capable of all self-care but unable to carry out any work

activities. Up and about more than 50% of waking hours), 3=Symptomatic, > 50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours), 4=Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair), 5=Death. Analysis was performed on safety population.

End point type	Secondary
End point timeframe:	
Baseline, Day 1 of every Cycle up to Clinical Data Cut (up to 48 months)	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	353	361	366	
Units: percentage of subjects				
number (not applicable)	7.6	6.1	7.9	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Hospitalization Days

End point title	Hospitalization Days
End point description:	
Hospitalization was defined as a non-administration-related hospitalization due to serious adverse event, while on study treatment. Reported values represent number of days admitted per subjects. Analysis was performed on safety population. Number of subjects analyzed=subjects with hospitalization and data available for calculation of the parameter.	
End point type	Secondary
End point timeframe:	
Up to 48 months from randomization until clinical cutoff of 16-Sept-2014	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	353	361	366	
Units: days				
median (full range (min-max))	6 (1 to 50)	5 (1 to 117)	8 (1 to 381)	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with Hospitalization

End point title	Percentage of Subjects with Hospitalization
End point description: Hospitalization was defined as a non-administration-related hospitalization due to serious adverse event, while on study treatment. Analysis was performed on safety population.	
End point type	Secondary
End point timeframe: Up to 48 months from randomization until clinical cutoff of 16-Sept-2014	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	
Number of subjects analysed	353	361	366	
Units: percentage of subjects				
number (confidence interval 95%)	21.8 (17.62 to 26.36)	20.2 (16.2 to 24.71)	22.1 (18.03 to 26.7)	

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with Objective Response According to IRF Assessment

End point title	Percentage of Subjects with Objective Response According to IRF Assessment
End point description: Objective response was defined as having complete response (CR) or partial response (PR), assessed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. CR was defined as the disappearance of all target and non-target lesions and short-axis reduction in pathological lymph nodes to <10 mm. PR was defined as a ≥30% decrease in sum of diameters of target lesions, taking as reference the Baseline sum. Response was determined using 2 consecutive tumor assessments at least 4 weeks apart. The percentage of subjects with a best overall response of CR or PR (ie, the objective response rate [ORR]) was calculated as [number of subjects meeting the respective criteria divided by the number analyzed] multiplied by 100. Corresponding CIs computed using the Blyth-Still-Casella exact method. Analysis performed on ITT population with measurable disease by IRF at Baseline.	
End point type	Secondary
End point timeframe: Up to 46 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	287	303	299	
Units: percentage of subjects				
number (confidence interval 95%)	67.9 (62.26 to 73.31)	59.7 (54.07 to 65.3)	64.2 (58.62 to 69.65)	

## Statistical analyses

<b>Statistical analysis title</b>	Statistical Analysis 1
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Placebo versus Trastuzumab + Taxane	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	590
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Response Rate
Point estimate	-8.2
Confidence interval	
level	95 %
sides	2-sided
lower limit	-15.9
upper limit	-0.5

<b>Statistical analysis title</b>	Statistical Analysis 2
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab + Taxane	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	586
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Response Rate
Point estimate	-3.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	-11.4
upper limit	3.9

<b>Statistical analysis title</b>	Statistical Analysis 3
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab Emtansine + Placebo	
Comparison groups	Trastuzumab Emtansine + Placebo v Trastuzumab Emtansine + Pertuzumab

Number of subjects included in analysis	602
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Response Rate
Point estimate	4.5
Confidence interval	
level	95 %
sides	2-sided
lower limit	-3.3
upper limit	12.2

### Secondary: Percentage of Subjects with Objective Response According to Investigator Assessment

End point title	Percentage of Subjects with Objective Response According to Investigator Assessment
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End point description:

Objective response was defined as having CR or PR, assessed according to RECIST version 1.1, by investigator. CR was defined as the disappearance of all target and non-target lesions and short-axis reduction in pathological lymph nodes to <10 mm. PR was defined as a  $\geq 30\%$  decrease in sum of diameters of target lesions, taking as reference the Baseline sum. Response was determined using 2 consecutive tumor assessments at least 4 weeks apart. The percentage of subjects with a best overall response of CR or PR (ie, the ORR) was calculated as [number of subjects meeting the respective criteria divided by the number analyzed] multiplied by 100. Corresponding CIs were computed using the Blyth-Still-Casella exact method. Analysis was performed on ITT population (all subjects randomized in the study). Only subjects with measurable disease by investigator at Baseline were included.

End point type	Secondary
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End point timeframe:

Up to 46 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	293	314	311	
Units: percentage of subjects				
number (confidence interval 95%)	69.3 (63.74 to 74.52)	64.6 (59.12 to 69.87)	67.5 (62.17 to 72.68)	

### Statistical analyses

Statistical analysis title	Statistical Analysis 1
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo v Trastuzumab + Taxane

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
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Number of subjects included in analysis	607
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Response Rate
Point estimate	-4.6
Confidence interval	
level	95 %
sides	2-sided
lower limit	-12.1
upper limit	2.8

<b>Statistical analysis title</b>	Statistical Analysis 2
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab + Taxane	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	604
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Response Rate
Point estimate	-1.8
Confidence interval	
level	95 %
sides	2-sided
lower limit	-9.2
upper limit	5.7

<b>Statistical analysis title</b>	Statistical Analysis 3
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab Emtansine + Placebo	
Comparison groups	Trastuzumab Emtansine + Placebo v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	625
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Response Rate
Point estimate	2.9
Confidence interval	
level	95 %
sides	2-sided
lower limit	-4.5
upper limit	10.3

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## Secondary: Duration of Response According to IRF Assessment

End point title	Duration of Response According to IRF Assessment
End point description: Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. Duration of response was defined as the time from confirmed PR or CR to first documented disease progression or death from any cause. CR was defined as the disappearance of all target lesions and non-target lesions and short-axis reduction in pathological lymph nodes to <10 mm. PR was defined as a $\geq 30\%$ decrease in sum of diameters of target lesions, taking as reference the Baseline sum. Response was determined using 2 consecutive tumor assessments at least 4 weeks apart. Median duration of response was estimated using Kaplan-Meier analysis, and corresponding CIs were computed using the Brookmeyer-Crowley method. Analysis was performed on ITT population. Only subjects achieving CR or PR were included in the analysis.	
End point type	Secondary
End point timeframe: Up to 46 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	195	181	192	
Units: months				
median (confidence interval 95%)	12.5 (10.5 to 16.6)	20.7 (14.8 to 25)	21.2 (15.8 to 29.3)	

## Statistical analyses

<b>Statistical analysis title</b>	Statistical Analysis 1
Statistical analysis description: Direction of comparison: Trastuzumab Emtansine + Placebo v Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	376
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.6
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.43
upper limit	0.84

<b>Statistical analysis title</b>	Statistical Analysis 2
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**Statistical analysis description:**

Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	387
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.62
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.45
upper limit	0.85

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**Secondary: Percentage of Subjects with a Best Overall Response of CR, PR, or Stable Disease (SD) According to IRF Assessment**

End point title	Percentage of Subjects with a Best Overall Response of CR, PR, or Stable Disease (SD) According to IRF Assessment
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**End point description:**

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. CR was defined as the disappearance of all target and non-target lesions and short-axis reduction in pathological lymph nodes to <10 mm. PR was defined as a  $\geq 30\%$  decrease in sum of diameters of target lesions, taking as reference the Baseline sum. SD was defined as neither sufficient shrinkage to qualify for PR nor sufficient (20%) increase to qualify for disease progression. Response was determined using 2 consecutive tumor assessments at least 4 weeks apart. The percentage of subjects with a best overall response of CR, PR, or SD was calculated as [number of subjects meeting the respective criteria divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population.

End point type	Secondary
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**End point timeframe:**

Up to 46 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	0 <sup>[5]</sup>	0 <sup>[6]</sup>	0 <sup>[7]</sup>	
Units: percentage of subjects				

**Notes:**

- [5] - This outcome was removed because it was redundant to another prespecified secondary endpoint.  
 [6] - This outcome was removed because it was redundant to another prespecified secondary endpoint.  
 [7] - This outcome was removed because it was redundant to another prespecified secondary endpoint.

**Statistical analyses**

## Secondary: Percentage of Subjects Experiencing a Clinically Significant Increase in Taxane-Related Treatment Symptoms as Measured by Taxane Subscale of the Functional Assessment of Cancer Therapy (FACT) Taxane (FACT-TaxS) Score

End point title	Percentage of Subjects Experiencing a Clinically Significant Increase in Taxane-Related Treatment Symptoms as Measured by Taxane Subscale of the Functional Assessment of Cancer Therapy (FACT) Taxane (FACT-TaxS) Score
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### End point description:

The FACT-Taxane is a self-reported instrument which measures the health-related quality of life (HRQOL) of subjects receiving taxane-containing chemotherapy. The FACT-TaxS consists of 16 items including 11 neurotoxicity-related questions and 5 additional questions assessing arthralgia, myalgia, and skin discoloration. Items are rated from 0 (not at all) to 4 (very much) and a total score is inversely derived. Scores may range from 0 to 64, with higher scores indicating fewer/no symptoms. A minimally clinically important difference in treatment-related symptoms was defined as a  $\geq 5\%$  decrease (ie, 3.2 points) in FACT-TaxS score from Baseline. The percentage of subjects with treatment-related symptoms was calculated using following formula: [number of subjects meeting the above threshold divided by the number analyzed] multiplied by 100. Corresponding CIs computed using the Blyth-Still-Casella exact method. Analysis included randomized subjects who entered after Protocol Amendment C.

End point type	Secondary
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### End point timeframe:

Up to 39 months from randomization until clinical cutoff of 16-Sept-2014 (at Baseline, on Day 1 of Cycles 2 to 8 and every even-numbered cycle thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	173	171	154	
Units: percentage of subjects				
number (confidence interval 95%)	93.1 (88.48 to 96.06)	60.8 (53.39 to 67.93)	68.8 (61.32 to 75.92)	

## Statistical analyses

Statistical analysis title	Statistical Analysis 1
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### Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo v Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	344
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Symptom Rate
Point estimate	-32.2

Confidence interval	
level	95 %
sides	2-sided
lower limit	-40
upper limit	-24

<b>Statistical analysis title</b>	Statistical Analysis 2
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	327
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Symptom Rate
Point estimate	-24.2
Confidence interval	
level	95 %
sides	2-sided
lower limit	-32
upper limit	-16

<b>Statistical analysis title</b>	Statistical Analysis 3
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab v Trastuzumab Emtansine + Placebo. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab Emtansine + Placebo v Trastuzumab Emtansine + Pertuzumab
Number of subjects included in analysis	325
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Difference in Symptom Rate
Point estimate	8
Confidence interval	
level	95 %
sides	2-sided
lower limit	-2.3
upper limit	18.4

## Secondary: Percentage of Subjects Reporting Nausea According to the Relevant

## Single Items of The FACT Colorectal Cancer (FACT-C) Module

End point title	Percentage of Subjects Reporting Nausea According to the Relevant Single Items of The FACT Colorectal Cancer (FACT-C) Module
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### End point description:

The FACT-C is a self-reported instrument which measures HRQOL pertaining to colorectal cancer. Response options on each question may range from 0 (not at all) to 4 (very much). The percentage of subjects with nausea was calculated using following formula: [number of subjects with any level of either symptom divided by the number analyzed] multiplied by 100. Analyses were performed on the Protocol Amendment C Subpopulation. Only subjects with a FACTC score at the designated visit (n) were included in the analysis.

End point type	Secondary
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### End point timeframe:

At Baseline, Day 8 of Cycle 1, and Days 1 and 8 of Cycle 2

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	173	171	154	
Units: percentage of subjects				
number (not applicable)				
Nausea, Baseline (n=166,166,150)	22.3	14.5	21.3	
Nausea, Cycle 1 Day 8 (n=121,114,95)	38	36	52.6	
Nausea, Cycle 2 Day 1 (n=147,151,138)	27.2	20.5	36.2	
Nausea, Cycle 2 Day 8 (n=122,121,105)	35.2	28.1	45.7	

## Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Subjects Reporting Diarrhea According to the Relevant Single Items of The FACT-C Module

End point title	Percentage of Subjects Reporting Diarrhea According to the Relevant Single Items of The FACT-C Module
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### End point description:

The FACT-C is a self-reported instrument which measures HRQOL pertaining to colorectal cancer. Response options on each question may range from 0 (not at all) to 4 (very much). The percentage of subjects with diarrhea was calculated using following formula: [number of subjects with any level of either symptom divided by the number analyzed] multiplied by 100. Analyses were performed on the Protocol Amendment C Subpopulation. Only subjects with a FACTC score at the designated visit (n) were included in the analysis.

End point type	Secondary
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### End point timeframe:

At Baseline, Day 8 of Cycle 1, and Days 1 and 8 of Cycle 2

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	173	171	154	
Units: percentage of subjects				
number (not applicable)				
Diarrhea, Baseline (n=173,170,153)	15	7.6	11.8	
Diarrhea, Cycle 1 Day 8 (n=124,117,98)	34.7	17.9	34.7	
Diarrhea, Cycle 2 Day 1 (n=161,160,144)	24.2	11.3	39.6	
Diarrhea, Cycle 2 Day 8 (n=125,123,107)	34.4	8.1	41.1	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with a Clinically Significant Deterioration in Health Related Quality of Life (HRQoL) as measured by FACT Breast (FACT-B) Trial Outcome Index-Physical Function Breast (TOI-PFB) Score

End point title	Percentage of Subjects with a Clinically Significant Deterioration in Health Related Quality of Life (HRQoL) as measured by FACT Breast (FACT-B) Trial Outcome Index-Physical Function Breast (TOI-PFB) Score
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End point description:

The FACT-B is a self-reported instrument which measures HRQOL of subjects with breast cancer. It consists of 5 subscales including physical well-being (PWB), social well-being (SWB), emotional well-being (EWB), functional well-being (FWB), and a breast cancer subscale (BCS). The TOI-PFB score is taken by adding the scores from the PWB (7 items), FWB (7 items), and BCS (9 items) subscales. Items are rated from 0 (not at all) to 4 (very much) and a total score is derived. Scores may range from 0 to 92, with higher scores indicating better HRQOL. A 5 point change has been identified as the clinically minimal important difference (CMID) on the FACT-TOI-PFB scale. The percentage of subjects with deterioration was calculated as [number of subjects meeting the above threshold divided by the number analyzed] multiplied by 100. Analysis was performed on the ITT population with baseline and at least one post baseline FACT-B TOI-PFB score.

End point type	Secondary
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End point timeframe:

Up to 39 months from randomization until clinical cutoff of 16-Sept-2014 (at Baseline, on Day 1 of Cycles 2 to 8 and every even-numbered cycle thereafter and/or up to 42 days after last dose)

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	327	352	338	
Units: percentage of subjects				
number (not applicable)	61.8	50.9	50.6	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Time to Deterioration in HRQoL as Assessed by FACT-B TOI-PFB Score

End point title	Time to Deterioration in HRQoL as Assessed by FACT-B TOI-PFB Score
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End point description:

The FACT-B is a self-reported instrument which measures HRQOL of subjects with breast cancer. It consists of 5 subscales including PWB, SWB, EWB, FWB, and BCS. The TOI-PFB score is taken by adding the scores from the PWB (7 items), FWB (7 items), and BCS (9 items) subscales. Items are rated from 0 (not at all) to 4 (very much) and a total score is derived. Scores may range from 0 to 92, with higher scores indicating better HRQOL. A 5 point change has been identified as the clinically minimal important difference (CMID) on the FACT-TOI-PFB scale. Time to deterioration was defined as the time from Baseline until the first decrease in FACT-B TOI-PFB score. Median time to deterioration was estimated using Kaplan-Meier analysis, and corresponding CIs were computed using the Brookmeyer-Crowley method. Analysis was performed on the ITT population with baseline and at least one post baseline FACT-B TOI-PFB score.

End point type	Secondary
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End point timeframe:

Baseline up to 39 months from randomization until clinical cutoff of 16-Sept-2014

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	327	352	338	
Units: months				
median (confidence interval 95%)	3.6 (3 to 4.4)	7.7 (6.2 to 11.9)	9 (5.1 to 14.5)	

## Statistical analyses

Statistical analysis title	Statistical Analysis 2
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Pertuzumab vs Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Pertuzumab
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Number of subjects included in analysis	665
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Analysis specification	Pre-specified
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Analysis type	
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Parameter estimate	Hazard ratio (HR)
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Point estimate	0.68
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Confidence interval	
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level	95 %
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sides	2-sided
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lower limit	0.55
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upper limit	0.84
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<b>Statistical analysis title</b>	Statistical Analysis 1
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Placebo vs Trastuzumab + Taxane. Stratified Analysis: Stratification factors included world region (United States, Western Europe/Canada/Australia-Pacific, Eastern Europe, Asia, others); prior adjuvant/neoadjuvant therapy (no, yes [trastuzumab and/or lapatinib], yes [no trastuzumab and/or lapatinib]), and visceral disease (present, absent).	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	679
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.7
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.57
upper limit	0.86

### Secondary: Change from Baseline in Rotterdam Symptom Checklist (RSCL) Activity Level Scale Score

End point title	Change from Baseline in Rotterdam Symptom Checklist (RSCL) Activity Level Scale Score
End point description:	
The RSCL is a self-reported instrument which consists of 4 domains including physical symptom distress, psychological distress, activity level, and overall global life quality. Only the activity level scale was collected and assessed. Scores may range from 0 to 100, with higher scores indicating increased burden of disease. Mean RSCL activity scale score changes were calculated as [mean score at the assessment visit minus mean score at Baseline]. The higher the score, the higher the level of impairment or burden. Analysis was performed on ITT population. Only subjects with available data at baseline and Cycle 7 (Week 18) were included.	
End point type	Secondary
End point timeframe:	
Baseline, Cycle 7 (Week 18)	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	365	367	363	
Units: units on a scale				
arithmetic mean (confidence interval 95%)				
Baseline (n=344,355,344)	85 (82.9 to 87.2)	85.5 (83.3 to 87.8)	85.7 (83.5 to 87.8)	
Change From Baseline at Cycle 7 (n=261,252,261)	-1.6 (-4.2 to 1)	2.3 (0.4 to 4.2)	-0.2 (-2.1 to 1.6)	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Change From Baseline in Work Productivity According to Work Productivity and Activity Impairment (WPAI) Questionnaire Score

End point title	Change From Baseline in Work Productivity According to Work Productivity and Activity Impairment (WPAI) Questionnaire Score
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#### End point description:

The WPAI is a patient-reported measure which assesses the effect of general health and symptom severity on work productivity and regular activities. The General Health questionnaire asks subjects to estimate the number of hours missed from work due to reasons related and unrelated to their health problems, as well as the total number of hours actually worked in the preceding 7-day period. The percentage of subjects reporting that they were employed (working for pay) was assessed at baseline along with Absenteeism (work time missed), Presenteeism (impairment at work / reduced on-the-job effectiveness), Work productivity loss (overall work impairment / absenteeism plus presenteeism), and Activity Impairment. The reported changes represent change from baseline at Cycle 7. The score range for the scales of the WPAI is between 0 (no effect) to 100% (max effect). Analysis was performed on ITT population.

End point type	Secondary
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#### End point timeframe:

Baseline, Cycle 7 (Week 18)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	67	64	67	
Units: percent of work				
arithmetic mean (confidence interval 95%)				
% Work Time Missed at Baseline (n=66,63,67)	15.3 (9.2 to 21.4)	9.5 (4.2 to 14.8)	13.6 (7.7 to 19.6)	
Change in % Work Time Missed (n=35,33,36)	0.4 (-7.3 to 8.2)	0 (-4.5 to 4.5)	-4.3 (-13 to 4.6)	
% Impairment While Working at Baseline(n=67,64,67)	20 (14.1 to 25.9)	15.3 (9.5 to 21.1)	19.9 (13.6 to 26.1)	
Change in % Impairment While Working (n=34,32,35)	8.8 (2 to 15.6)	-0.3 (-11 to 10.5)	-2.7 (-11 to 5.2)	
% Overall Work Impairment at Baseline (n=65,62,66)	28.5 (20.7 to 36.2)	21.2 (13.8 to 28.7)	28.1 (20.3 to 35.9)	
Change in % Overall Work Impairment (n=34,31,35)	9.1 (-0.4 to 18.6)	-1.1 (-13 to 11)	-4.6 (-14 to 5)	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Change From Baseline in Activity Impairment According to Work Productivity and Activity Impairment (WPAI) Questionnaire Score

End point title	Change From Baseline in Activity Impairment According to Work Productivity and Activity Impairment (WPAI) Questionnaire Score
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End point description:

The WPAI is a patient-reported measure which assesses the effect of general health and symptom severity on work productivity and regular activities. The General Health questionnaire asks subjects to estimate the number of hours missed from work due to reasons related and unrelated to their health problems, as well as the total number of hours actually worked in the preceding 7-day period. The percentage of subjects reporting that they were employed (working for pay) was assessed at baseline was assessed along with Absenteeism (work time missed), Presenteeism (impairment at work / reduced on-the-job effectiveness), Work productivity loss (overall work impairment / absenteeism plus presenteeism), and Activity Impairment. The reported changes represent change from baseline at Cycle 7. The score range for the scales of the WPAI is between 0 (no effect) to 100% (max effect). Analysis was performed on ITT population.

End point type	Secondary
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End point timeframe:

Baseline, Cycle 7 (Week 18)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	312	334	321	
Units: units on a scale				
arithmetic mean (confidence interval 95%)				
% Activity Impairment at Baseline (n=312,334,321)	32.9 (29.6 to 36.3)	33.6 (30.2 to 37)	32.7 (29.5 to 36)	
Change in % Activity Impairment (n=227,222,234)	4.5 (0.2 to 8.7)	-5.3 (-9.5 to -1.1)	-3.7 (-7.2 to -0.1)	

## Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Subjects with a Best Overall Response of CR or PR According to IRF Assessment Among Those with High Human Epidermal Growth Factor Receptor 2 (HER2) Messenger Ribonucleic Acid (mRNA) Levels

End point title	Percentage of Subjects with a Best Overall Response of CR or PR According to IRF Assessment Among Those with High Human Epidermal Growth Factor Receptor 2 (HER2) Messenger Ribonucleic Acid (mRNA) Levels
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. CR was defined as the disappearance of all target and non-target lesions and short-axis reduction in pathological lymph nodes to <10 mm. PR was defined as a  $\geq 30\%$  decrease in sum of diameters of target lesions, taking as reference the Baseline sum. Response was determined

using 2 consecutive tumor assessments at least 4 weeks apart. The percentage of subjects with a best overall response of CR or PR (ie, the ORR) was calculated as [number of subjects meeting the respective criteria divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population with above the median HER2 mRNA expression (value greater than [ $>$ ] 59.71). Only subjects with measurable disease at Baseline were included in the analysis.

End point type	Secondary
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End point timeframe:

Up to 46 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	132	136	147	
Units: percentage of subjects				
number (not applicable)	75	66.9	63.9	

## Statistical analyses

Statistical analysis title	Statistical Analysis 1
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo v Trastuzumab + Taxane

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	268
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Odds ratio (OR)
Point estimate	0.67
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.4
upper limit	1.15

## Secondary: Percentage of Subjects with a Best Overall Response of CR or PR According to IRF Assessment Among Those with Low HER2 mRNA Levels

End point title	Percentage of Subjects with a Best Overall Response of CR or PR According to IRF Assessment Among Those with Low HER2 mRNA Levels
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. CR was defined as the disappearance of all target and non-target lesions and short-axis reduction in pathological lymph nodes to  $<10$  mm. PR was defined as a  $\geq 30\%$  decrease in sum of diameters of target lesions, taking as reference the Baseline sum. Response was determined using 2 consecutive tumor assessments at least 4 weeks apart. The percentage of subjects with a best overall response of CR or PR (ie, the ORR) was calculated as [number of subjects meeting the respective criteria divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population

with below the median HER2 mRNA expression (value less than or equal to  $[\leq]$  59.71). Only subjects with measurable disease at Baseline were included in the analysis.

End point type	Secondary
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End point timeframe:

Up to 46 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	126	147	127	
Units: percentage of subjects				
number (not applicable)	61.9	51.7	66.1	

## Statistical analyses

<b>Statistical analysis title</b>	Statistical Analysis 1
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo" vs Trastuzumab + Taxane

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	273
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Odds ratio (OR)
Point estimate	0.66
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.41
upper limit	1.07

## Secondary: Percentage of Subjects with Death or Disease Progression According to IRF Assessment Among Those with High HER2 mRNA Levels

End point title	Percentage of Subjects with Death or Disease Progression According to IRF Assessment Among Those with High HER2 mRNA Levels
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). The percentage of subjects with death or disease progression was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT Population (High HER2 mRNA Subpopulation).

End point type	Secondary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	160	165	173	
Units: percentage of subjects				
number (not applicable)	59.4	57.6	56.1	

### Statistical analyses

No statistical analyses for this end point

### Secondary: PFS According to IRF Assessment Among Those with High HER2 mRNA Levels

End point title	PFS According to IRF Assessment Among Those with High HER2 mRNA Levels
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. PFS was defined as the time from randomization to first documented disease progression or death from any cause. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). Median duration of PFS was estimated using Kaplan-Meier analysis. Analysis was performed on ITT Population (High HER2 mRNA Subpopulation).

End point type	Secondary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

<b>End point values</b>	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	160	165	173	
Units: months				
median (full range (min-max))	15.9 (0.1 to 46.4)	18.6 (0.1 to 46)	18.7 (0.1 to 48.1)	

### Statistical analyses

<b>Statistical analysis title</b>	Statistical Analysis 1
Statistical analysis description:	
Direction of comparison: Trastuzumab Emtansine + Placebo v Trastuzumab + Taxane	
Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	325
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	0.9
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.65
upper limit	1.25

### Secondary: Percentage of Subjects with Death or Disease Progression According to IRF Assessment Among Those with Low HER2 mRNA Levels

End point title	Percentage of Subjects with Death or Disease Progression According to IRF Assessment Among Those with Low HER2 mRNA Levels
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). The percentage of subjects with death or disease progression was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT Population (Low HER2 mRNA Subpopulation).

End point type	Secondary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	170	174	157	
Units: percentage of subjects				
number (not applicable)	66.5	70.1	62.4	

### Statistical analyses

No statistical analyses for this end point

### Secondary: PFS According to IRF Assessment Among Those with Low HER2 mRNA Levels

End point title	PFS According to IRF Assessment Among Those with Low HER2 mRNA Levels
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End point description:

Tumor assessments were performed according to RECIST version 1.1, using radiographic images submitted to the IRF up to and including the confirmatory tumor assessment 4 to 6 weeks after study drug discontinuation. PFS was defined as the time from randomization to first documented disease progression or death from any cause. Disease progression was defined as a  $\geq 20\%$  and 5-mm increase in sum of diameters of target lesions, taking as reference the smallest sum obtained during the study, or appearance of new lesion(s). Median duration of PFS was estimated using Kaplan-Meier analysis. Analysis was performed on ITT Population (Low HER2 mRNA Subpopulation).

End point type	Secondary
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End point timeframe:

Up to 48 months from randomization until clinical cutoff of 16-Sept-2014 (at Screening, every 9 weeks for 81 weeks, then every 12 weeks thereafter and/or up to 42 days after last dose)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	170	174	157	
Units: months				
median (full range (min-max))	12.4 (0.1 to 47.3)	10.2 (0.1 to 43.6)	14.5 (0.1 to 40.7)	

### Statistical analyses

Statistical analysis title	Statistical Analysis 1
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Statistical analysis description:

Direction of comparison: Trastuzumab Emtansine + Placebo v Trastuzumab + Taxane

Comparison groups	Trastuzumab + Taxane v Trastuzumab Emtansine + Placebo
Number of subjects included in analysis	344
Analysis specification	Pre-specified
Analysis type	
Parameter estimate	Hazard ratio (HR)
Point estimate	1
Confidence interval	
level	Other: 97.5 %
sides	2-sided
lower limit	0.74
upper limit	1.34

### Secondary: Percentage of Subjects Who Died Prior to Clinical Cutoff Among Those with High HER2 mRNA Levels

End point title	Percentage of Subjects Who Died Prior to Clinical Cutoff Among Those with High HER2 mRNA Levels
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End point description:

The percentage of subjects who died prior to clinical cutoff was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population

(High HER2 mRNA Subpopulation).

End point type	Secondary
End point timeframe:	
Up to 70 months from randomization until clinical cutoff of 15-May-2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination)	

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	160	165	173	
Units: percentage of subjects				
number (not applicable)	38.8	41.2	45.1	

### Statistical analyses

No statistical analyses for this end point

### Secondary: OS at Clinical Cutoff Among Those with High HER2 mRNA Levels

End point title	OS at Clinical Cutoff Among Those with High HER2 mRNA Levels
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End point description:

OS was defined as the time from randomization to death from any cause. Median duration of OS was estimated using Kaplan-Meier analysis. Here, "9999" represents that the value is not applicable because Median duration of OS was not reached due to insufficient follow up. Analysis was performed on ITT population.

End point type	Secondary
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End point timeframe:

Up to 70 months from randomization until clinical cutoff of 15-May-2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	160	165	173	
Units: months				
median (full range (min-max))	9999 (50.86 to 9999)	65.97 (54.54 to 67.98)	55.39 (45.23 to 9999)	

### Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Subjects Who Died Prior to Clinical Cutoff Among Those with Low HER2 mRNA Levels

End point title	Percentage of Subjects Who Died Prior to Clinical Cutoff Among Those with Low HER2 mRNA Levels
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End point description:

The percentage of subjects who died prior to clinical cutoff was calculated as [number of subjects with event divided by the number analyzed] multiplied by 100. Analysis was performed on ITT population.

End point type	Secondary
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End point timeframe:

Up to 70 months from randomization until clinical cutoff of 15-May-2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	170	174	157	
Units: percentage of subjects				
number (not applicable)	51.8	52.9	45.2	

## Statistical analyses

No statistical analyses for this end point

## Secondary: OS at Clinical Cutoff Among Those with Low HER2 mRNA Levels

End point title	OS at Clinical Cutoff Among Those with Low HER2 mRNA Levels
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End point description:

OS was defined as the time from randomization to death from any cause. Median duration of OS was estimated using Kaplan-Meier analysis. Reported upper bound of confidence interval for "Trastuzumab Emtansine + Placebo" and confidence interval values for "Trastuzumab + Taxane" and "Trastuzumab Emtansine + Pertuzumab" are censored values. Here, "9999" represents that the value is not applicable because Median duration of OS was not reached due to insufficient follow up. Analysis was performed on ITT population.

End point type	Secondary
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End point timeframe:

Up to 70 months from randomization until clinical cutoff of 15-May-2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination)

End point values	Trastuzumab + Taxane	Trastuzumab Emtansine + Placebo	Trastuzumab Emtansine + Pertuzumab	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	170	174	157	
Units: months				
median (full range (min-max))	43.96 (37.19 to 54.87)	47.84 (42.09 to 53.85)	53.29 (46.75 to 9999)	

## **Statistical analyses**

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No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

Up to 70 months from randomization until clinical cutoff of 16 September 2016 (every 3 months until death, loss to follow-up, withdrawal, or study termination).

Adverse event reporting additional description:

Safety Population: All randomized subjects who received at least one dose of study treatment. Subjects were analyzed based on the treatment received.

Assessment type	Non-systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	19.0
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### Reporting groups

Reporting group title	Trastuzumab Emtansine + Placebo
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Reporting group description:

Subjects received trastuzumab emtansine plus pertuzumab-placebo. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the placebo IV infusion, on Day 1 of each 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

Reporting group title	Trastuzumab + Taxane
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Reporting group description:

Subjects received trastuzumab plus either docetaxel or paclitaxel. The regimen was chosen at the investigator's discretion. Option 1: trastuzumab 8 mg/kg via IV infusion on Day 1 of Cycle 1, then 6 mg/kg IV on Day 1 of each subsequent 3-week cycle; plus a minimum of 6 cycles with docetaxel 75 or 100 mg/m<sup>2</sup> IV on Day 1 of each 3-week cycle. Option 2: trastuzumab 4 mg/kg IV on Day 1 of Cycle 1, then 2 mg/kg IV weekly beginning on Day 8 of Cycle 1; plus a minimum of 18 weeks with paclitaxel 80 mg/m<sup>2</sup> IV weekly. Treatment continued until disease progression, unacceptable toxicity, or study termination. If trastuzumab or docetaxel were discontinued for toxicity, the other agent could be continued as monotherapy.

Reporting group title	Trastuzumab Emtansine + Pertuzumab
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Reporting group description:

Subjects received trastuzumab emtansine plus pertuzumab. Trastuzumab emtansine was administered as 3.6 mg/kg via IV infusion, following completion of the pertuzumab IV infusion, on Day 1 of each 3-week cycle. Pertuzumab was given as 840 mg IV on Day 1 of Cycle 1, then 420 mg IV on Day 1 of each subsequent 3-week cycle. Treatment continued until disease progression, unacceptable toxicity, or study termination.

<b>Serious adverse events</b>	Trastuzumab Emtansine + Placebo	Trastuzumab + Taxane	Trastuzumab Emtansine + Pertuzumab
Total subjects affected by serious adverse events			
subjects affected / exposed	86 / 361 (23.82%)	81 / 353 (22.95%)	93 / 366 (25.41%)
number of deaths (all causes)	174	170	170
number of deaths resulting from adverse events			
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Acute leukaemia			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Breast neoplasm</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Chronic myeloid leukaemia</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Colon neoplasm</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Lung adenocarcinoma</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Myelodysplastic syndrome</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Squamous cell carcinoma of the cervix</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Tumour haemorrhage</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Uterine leiomyoma</b>			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Basal Cell Carcinoma</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Intracranial Tumour Haemorrhage</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Vascular disorders</b>			
<b>Hypertension</b>			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Haematoma</b>			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Haemorrhage</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
<b>Hypertensive crisis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hypotension</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Aneurysm</b>			

subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hypovolaemic Shock			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Orthostatic Hypotension			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	2 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
General disorders and administration site conditions			
Pyrexia			
subjects affected / exposed	4 / 361 (1.11%)	2 / 353 (0.57%)	5 / 366 (1.37%)
occurrences causally related to treatment / all	3 / 5	0 / 2	2 / 6
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Fatigue			
subjects affected / exposed	1 / 361 (0.28%)	3 / 353 (0.85%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 1	2 / 3	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Non-cardiac chest pain			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Death			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
General physical health deterioration			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
Pain			

subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Asthenia</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Catheter site haematoma</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Malaise</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Oedema</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Peripheral swelling</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Adverse Drug Reaction</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Sudden Death</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
<b>Immune system disorders</b>			
<b>Hypersensitivity</b>			

subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	1 / 2	0 / 0	3 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Anaphylactic reaction</b>			
subjects affected / exposed	0 / 361 (0.00%)	2 / 353 (0.57%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	2 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Cytokine release syndrome</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Anaphylactic Shock</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Anaphylactoid Reaction</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Reproductive system and breast disorders</b>			
<b>Menorrhagia</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Endometrial hypertrophy</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Vaginal haemorrhage</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Respiratory, thoracic and mediastinal disorders</b>			

Pleural effusion			
subjects affected / exposed	1 / 361 (0.28%)	3 / 353 (0.85%)	3 / 366 (0.82%)
occurrences causally related to treatment / all	0 / 1	2 / 3	1 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pulmonary embolism			
subjects affected / exposed	2 / 361 (0.55%)	4 / 353 (1.13%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 2	1 / 4	1 / 1
deaths causally related to treatment / all	0 / 0	1 / 1	0 / 0
Dyspnoea			
subjects affected / exposed	1 / 361 (0.28%)	2 / 353 (0.57%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 1	0 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Epistaxis			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	3 / 366 (0.82%)
occurrences causally related to treatment / all	0 / 1	0 / 0	2 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Interstitial lung disease			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 1	1 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	1 / 1	0 / 0
Pneumothorax			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Acute respiratory failure			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Alveolitis allergic			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Chronic obstructive pulmonary disease			

subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hypoxia</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Nasal turbinate hypertrophy</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Pneumonitis</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Pulmonary fibrosis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
<b>Respiratory failure</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
<b>Acute Pulmonary Oedema</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	1 / 1	0 / 0	0 / 0
<b>Psychiatric disorders</b>			
<b>Confusional state</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Depression</b>			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Anxiety</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Suicide Attempt</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
<b>Mental Status Changes</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Product issues</b>			
<b>Device Breakage</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Investigations</b>			
<b>Alanine aminotransferase increased</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Aspartate aminotransferase increased</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Body temperature increased</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

International normalised ratio increased			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Oxygen saturation decreased			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Injury, poisoning and procedural complications			
Infusion related reaction			
subjects affected / exposed	7 / 361 (1.94%)	1 / 353 (0.28%)	13 / 366 (3.55%)
occurrences causally related to treatment / all	8 / 9	1 / 1	13 / 13
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Femur fracture			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	3 / 366 (0.82%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pubis fracture			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Arterial injury			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Contusion			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Fall			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Femoral neck fracture			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastrointestinal stoma complication			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hip fracture			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Radiation retinopathy			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Spinal compression fracture			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Subdural haematoma			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Wound secretion			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Abdominal Injury			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Foot Fracture			

subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Fracture			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Stomal Hernia			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Uncoded serious adverse event	Additional description: Per investigator, this serious adverse event was, "gamma nail implant broke (status after femur fracture)."		
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac disorders			
Atrial fibrillation			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac failure			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac failure congestive			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Myocardial infarction			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	1 / 1	0 / 0
Pericardial effusion			

subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Supraventricular tachycardia			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ventricular tachycardia			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Acute Myocardial Infarction			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Nervous system disorders			
Headache			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Syncope			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 2	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
Haemorrhage intracranial			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
Cerebrovascular accident			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cognitive disorder			

subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Depressed level of consciousness			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Guillain-Barre syndrome			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Lacunar infarction			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Paraparesis			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Peripheral sensory neuropathy			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Presyncope			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Somnolence			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Vascular dementia			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Cerebral Haemorrhage</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Epilepsy</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Neuropathy Peripheral</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Sciatica</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Seizure</b>			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Blood and lymphatic system disorders</b>			
<b>Febrile neutropenia</b>			
subjects affected / exposed	0 / 361 (0.00%)	13 / 353 (3.68%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	15 / 15	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Anaemia</b>			
subjects affected / exposed	5 / 361 (1.39%)	1 / 353 (0.28%)	6 / 366 (1.64%)
occurrences causally related to treatment / all	3 / 6	0 / 1	3 / 7
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Neutropenia</b>			

subjects affected / exposed	0 / 361 (0.00%)	5 / 353 (1.42%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	5 / 5	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Thrombocytopenia			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	2 / 2	0 / 0	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hypercoagulation			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Leukopenia			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ear and labyrinth disorders			
Vertigo			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 3
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Eye disorders			
Blindness transient			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Macular hole			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ocular hypertension			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastrointestinal disorders			

Diarrhoea			
subjects affected / exposed	0 / 361 (0.00%)	4 / 353 (1.13%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	4 / 6	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Vomiting			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	4 / 366 (1.09%)
occurrences causally related to treatment / all	0 / 0	1 / 1	1 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Abdominal pain			
subjects affected / exposed	1 / 361 (0.28%)	2 / 353 (0.57%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	1 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastritis			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Rectal haemorrhage			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Anal fistula			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Colitis			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Diverticulum			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastric haemorrhage			

subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Gastric ulcer</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Gastritis erosive</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Large intestine perforation</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Lower gastrointestinal haemorrhage</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Mallory-Weiss syndrome</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Mouth haemorrhage</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Nausea</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Splenic artery aneurysm</b>			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Umbilical hernia			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Upper gastrointestinal haemorrhage			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	1 / 1
Abdominal Discomfort			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ascites			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastrointestinal Haemorrhage			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Haemorrhoidal Haemorrhage			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hepatobiliary disorders			
Cholecystitis			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hepatic Fibrosis			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hepatic Haematoma</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Skin and subcutaneous tissue disorders</b>			
<b>Rash</b>			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Dermatomyositis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Peau d'orange</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Cutaneous Lupus Erythematosus</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Renal and urinary disorders</b>			
<b>Calculus urinary</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 6	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Musculoskeletal and connective tissue disorders</b>			
<b>Arthralgia</b>			
subjects affected / exposed	2 / 361 (0.55%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Back pain			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 1	0 / 2	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Bone pain			
subjects affected / exposed	1 / 361 (0.28%)	2 / 353 (0.57%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Intervertebral disc protrusion			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Exostosis			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Musculoskeletal chest pain			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Musculoskeletal pain			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Neck pain			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pain in extremity			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pathological fracture			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Rotator cuff syndrome</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Tenosynovitis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Infections and infestations</b>			
<b>Pneumonia</b>			
subjects affected / exposed	3 / 361 (0.83%)	4 / 353 (1.13%)	5 / 366 (1.37%)
occurrences causally related to treatment / all	2 / 3	2 / 4	1 / 6
deaths causally related to treatment / all	1 / 1	0 / 0	1 / 1
<b>Cellulitis</b>			
subjects affected / exposed	3 / 361 (0.83%)	3 / 353 (0.85%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 4	1 / 3	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Sepsis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	4 / 366 (1.09%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 1
<b>Device related infection</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Gastroenteritis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	2 / 366 (0.55%)
occurrences causally related to treatment / all	0 / 0	0 / 1	2 / 2
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Infection</b>			

subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	1 / 2	0 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Neutropenic sepsis</b>			
subjects affected / exposed	0 / 361 (0.00%)	3 / 353 (0.85%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	4 / 4	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Septic shock</b>			
subjects affected / exposed	1 / 361 (0.28%)	2 / 353 (0.57%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 1	1 / 2	1 / 1
deaths causally related to treatment / all	0 / 0	1 / 2	0 / 0
<b>Bronchitis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	3 / 366 (0.82%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 4
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Herpes zoster</b>			
subjects affected / exposed	0 / 361 (0.00%)	2 / 353 (0.57%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Upper respiratory tract infection</b>			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Urinary tract infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	2 / 353 (0.57%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Wound infection</b>			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 3	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Arthritis infective</b>			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Atypical pneumonia</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Breast abscess</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Chorioretinitis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Clostridium difficile colitis</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Clostridium difficile infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Cystitis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Empyema</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Erysipelas</b>			

subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Escherichia sepsis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Gastroenteritis viral</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Influenza</b>			
subjects affected / exposed	1 / 361 (0.28%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Klebsiella sepsis</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Localised infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Lower respiratory tract infection</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Lung infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Mastitis</b>			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Nasopharyngitis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Pneumonia pneumococcal</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Rectal abscess</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Respiratory tract infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Streptococcal sepsis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Tooth infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Urosepsis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Abscess Limb</b>			

subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Appendicitis Perforated</b>			
subjects affected / exposed	1 / 361 (0.28%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Catheter Site Infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Skin Infection</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Metabolism and nutrition disorders</b>			
<b>Dehydration</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 1	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hyperglycaemia</b>			
subjects affected / exposed	2 / 361 (0.55%)	0 / 353 (0.00%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 3	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Decreased appetite</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Diabetic ketoacidosis</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hypercalcaemia</b>			

subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hypokalaemia</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Hyponatraemia</b>			
subjects affected / exposed	0 / 361 (0.00%)	1 / 353 (0.28%)	0 / 366 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Diabetes Mellitus</b>			
subjects affected / exposed	0 / 361 (0.00%)	0 / 353 (0.00%)	1 / 366 (0.27%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Frequency threshold for reporting non-serious adverse events: 5 %

<b>Non-serious adverse events</b>	Trastuzumab Emtansine + Placebo	Trastuzumab + Taxane	Trastuzumab Emtansine + Pertuzumab
Total subjects affected by non-serious adverse events			
subjects affected / exposed	352 / 361 (97.51%)	342 / 353 (96.88%)	352 / 366 (96.17%)
<b>Vascular disorders</b>			
<b>Hypertension</b>			
subjects affected / exposed	37 / 361 (10.25%)	19 / 353 (5.38%)	43 / 366 (11.75%)
occurrences (all)	87	27	70
<b>Hot flush</b>			
subjects affected / exposed	16 / 361 (4.43%)	27 / 353 (7.65%)	12 / 366 (3.28%)
occurrences (all)	22	32	19
<b>Lymphoedema</b>			
subjects affected / exposed	7 / 361 (1.94%)	27 / 353 (7.65%)	8 / 366 (2.19%)
occurrences (all)	8	35	10
<b>General disorders and administration site conditions</b>			

Fatigue			
subjects affected / exposed	120 / 361 (33.24%)	128 / 353 (36.26%)	130 / 366 (35.52%)
occurrences (all)	273	247	276
Pyrexia			
subjects affected / exposed	96 / 361 (26.59%)	59 / 353 (16.71%)	118 / 366 (32.24%)
occurrences (all)	156	85	184
Asthenia			
subjects affected / exposed	62 / 361 (17.17%)	57 / 353 (16.15%)	63 / 366 (17.21%)
occurrences (all)	205	163	211
Chills			
subjects affected / exposed	55 / 361 (15.24%)	14 / 353 (3.97%)	97 / 366 (26.50%)
occurrences (all)	69	15	125
Oedema peripheral			
subjects affected / exposed	37 / 361 (10.25%)	98 / 353 (27.76%)	35 / 366 (9.56%)
occurrences (all)	56	177	44
Mucosal inflammation			
subjects affected / exposed	29 / 361 (8.03%)	40 / 353 (11.33%)	36 / 366 (9.84%)
occurrences (all)	46	56	54
Influenza like illness			
subjects affected / exposed	31 / 361 (8.59%)	17 / 353 (4.82%)	32 / 366 (8.74%)
occurrences (all)	49	33	73
Non-cardiac chest pain			
subjects affected / exposed	25 / 361 (6.93%)	24 / 353 (6.80%)	27 / 366 (7.38%)
occurrences (all)	36	29	35
Pain			
subjects affected / exposed	26 / 361 (7.20%)	29 / 353 (8.22%)	19 / 366 (5.19%)
occurrences (all)	29	38	24
Oedema			
subjects affected / exposed	11 / 361 (3.05%)	31 / 353 (8.78%)	3 / 366 (0.82%)
occurrences (all)	14	51	5
Reproductive system and breast disorders			
Breast pain			
subjects affected / exposed	13 / 361 (3.60%)	18 / 353 (5.10%)	16 / 366 (4.37%)
occurrences (all)	13	27	19
Respiratory, thoracic and mediastinal disorders			

Epistaxis			
subjects affected / exposed	113 / 361 (31.30%)	53 / 353 (15.01%)	127 / 366 (34.70%)
occurrences (all)	266	85	295
Cough			
subjects affected / exposed	72 / 361 (19.94%)	74 / 353 (20.96%)	79 / 366 (21.58%)
occurrences (all)	103	132	118
Dyspnoea			
subjects affected / exposed	42 / 361 (11.63%)	56 / 353 (15.86%)	53 / 366 (14.48%)
occurrences (all)	73	89	74
Oropharyngeal pain			
subjects affected / exposed	31 / 361 (8.59%)	29 / 353 (8.22%)	30 / 366 (8.20%)
occurrences (all)	36	36	41
Rhinorrhoea			
subjects affected / exposed	21 / 361 (5.82%)	26 / 353 (7.37%)	32 / 366 (8.74%)
occurrences (all)	26	43	36
Psychiatric disorders			
Insomnia			
subjects affected / exposed	51 / 361 (14.13%)	51 / 353 (14.45%)	52 / 366 (14.21%)
occurrences (all)	77	62	77
Anxiety			
subjects affected / exposed	26 / 361 (7.20%)	22 / 353 (6.23%)	33 / 366 (9.02%)
occurrences (all)	33	42	41
Depression			
subjects affected / exposed	34 / 361 (9.42%)	17 / 353 (4.82%)	20 / 366 (5.46%)
occurrences (all)	42	18	23
Investigations			
Aspartate aminotransferase increased			
subjects affected / exposed	54 / 361 (14.96%)	9 / 353 (2.55%)	28 / 366 (7.65%)
occurrences (all)	80	11	56
Alanine aminotransferase increased			
subjects affected / exposed	41 / 361 (11.36%)	10 / 353 (2.83%)	35 / 366 (9.56%)
occurrences (all)	67	12	57
Weight decreased			
subjects affected / exposed	24 / 361 (6.65%)	7 / 353 (1.98%)	30 / 366 (8.20%)
occurrences (all)	44	10	41
Ejection fraction decreased			

subjects affected / exposed occurrences (all)	7 / 361 (1.94%) 8	31 / 353 (8.78%) 36	16 / 366 (4.37%) 18
Gamma- glutamyltranseferase increased subjects affected / exposed occurrences (all)	30 / 361 (8.31%) 38	1 / 353 (0.28%) 1	17 / 366 (4.64%) 23
<b>Nervous system disorders</b>			
Headache subjects affected / exposed occurrences (all)	116 / 361 (32.13%) 281	80 / 353 (22.66%) 165	120 / 366 (32.79%) 261
Neuropathy peripheral subjects affected / exposed occurrences (all)	52 / 361 (14.40%) 84	99 / 353 (28.05%) 171	69 / 366 (18.85%) 129
Peripheral sensory neuropathy subjects affected / exposed occurrences (all)	47 / 361 (13.02%) 69	70 / 353 (19.83%) 125	46 / 366 (12.57%) 74
Dysgeusia subjects affected / exposed occurrences (all)	30 / 361 (8.31%) 44	54 / 353 (15.30%) 67	50 / 366 (13.66%) 81
Paraesthesia subjects affected / exposed occurrences (all)	31 / 361 (8.59%) 51	41 / 353 (11.61%) 57	43 / 366 (11.75%) 74
Dizziness subjects affected / exposed occurrences (all)	38 / 361 (10.53%) 67	35 / 353 (9.92%) 48	38 / 366 (10.38%) 77
<b>Blood and lymphatic system disorders</b>			
Neutropenia subjects affected / exposed occurrences (all)	44 / 361 (12.19%) 186	74 / 353 (20.96%) 174	37 / 366 (10.11%) 152
Anaemia subjects affected / exposed occurrences (all)	48 / 361 (13.30%) 74	39 / 353 (11.05%) 61	59 / 366 (16.12%) 142
Thrombocytopenia subjects affected / exposed occurrences (all)	52 / 361 (14.40%) 145	0 / 353 (0.00%) 0	61 / 366 (16.67%) 185
<b>Ear and labyrinth disorders</b>			

Vertigo subjects affected / exposed occurrences (all)	17 / 361 (4.71%) 33	11 / 353 (3.12%) 15	21 / 366 (5.74%) 28
Eye disorders Lacrimation increased subjects affected / exposed occurrences (all)	13 / 361 (3.60%) 19	48 / 353 (13.60%) 58	19 / 366 (5.19%) 22
Dry eye subjects affected / exposed occurrences (all)	25 / 361 (6.93%) 26	13 / 353 (3.68%) 14	24 / 366 (6.56%) 28
Vision Blurred alternative assessment type: Systematic subjects affected / exposed occurrences (all)	13 / 361 (3.60%) 15	10 / 353 (2.83%) 15	19 / 366 (5.19%) 24
Gastrointestinal disorders Nausea subjects affected / exposed occurrences (all)	174 / 361 (48.20%) 526	131 / 353 (37.11%) 308	192 / 366 (52.46%) 633
Diarrhoea subjects affected / exposed occurrences (all)	92 / 361 (25.48%) 151	173 / 353 (49.01%) 466	178 / 366 (48.63%) 550
Vomiting subjects affected / exposed occurrences (all)	80 / 361 (22.16%) 136	69 / 353 (19.55%) 146	111 / 366 (30.33%) 215
Constipation subjects affected / exposed occurrences (all)	82 / 361 (22.71%) 150	72 / 353 (20.40%) 119	71 / 366 (19.40%) 138
Stomatitis subjects affected / exposed occurrences (all)	37 / 361 (10.25%) 51	57 / 353 (16.15%) 76	42 / 366 (11.48%) 65
Dyspepsia subjects affected / exposed occurrences (all)	33 / 361 (9.14%) 55	38 / 353 (10.76%) 48	48 / 366 (13.11%) 94
Abdominal pain upper subjects affected / exposed occurrences (all)	39 / 361 (10.80%) 62	31 / 353 (8.78%) 53	46 / 366 (12.57%) 70

Dry mouth subjects affected / exposed occurrences (all)	52 / 361 (14.40%) 74	13 / 353 (3.68%) 21	45 / 366 (12.30%) 55
Abdominal pain subjects affected / exposed occurrences (all)	35 / 361 (9.70%) 51	31 / 353 (8.78%) 44	41 / 366 (11.20%) 70
Gingival bleeding subjects affected / exposed occurrences (all)	31 / 361 (8.59%) 50	4 / 353 (1.13%) 5	25 / 366 (6.83%) 44
Haemorrhoids subjects affected / exposed occurrences (all)	12 / 361 (3.32%) 20	9 / 353 (2.55%) 9	22 / 366 (6.01%) 44
<b>Skin and subcutaneous tissue disorders</b>			
Alopecia subjects affected / exposed occurrences (all)	26 / 361 (7.20%) 28	212 / 353 (60.06%) 250	33 / 366 (9.02%) 34
Rash subjects affected / exposed occurrences (all)	62 / 361 (17.17%) 109	86 / 353 (24.36%) 150	89 / 366 (24.32%) 139
Pruritus subjects affected / exposed occurrences (all)	28 / 361 (7.76%) 46	32 / 353 (9.07%) 40	51 / 366 (13.93%) 85
Nail disorder subjects affected / exposed occurrences (all)	11 / 361 (3.05%) 12	39 / 353 (11.05%) 45	19 / 366 (5.19%) 20
Dry skin subjects affected / exposed occurrences (all)	24 / 361 (6.65%) 26	24 / 353 (6.80%) 30	29 / 366 (7.92%) 41
Erythema subjects affected / exposed occurrences (all)	13 / 361 (3.60%) 14	24 / 353 (6.80%) 37	20 / 366 (5.46%) 27
Dermatitis acneiform subjects affected / exposed occurrences (all)	16 / 361 (4.43%) 16	6 / 353 (1.70%) 6	27 / 366 (7.38%) 41
Palmar-plantar erythrodysesthesia syndrome			

subjects affected / exposed occurrences (all)	6 / 361 (1.66%) 7	26 / 353 (7.37%) 29	11 / 366 (3.01%) 14
Nail discolouration subjects affected / exposed occurrences (all)	5 / 361 (1.39%) 5	25 / 353 (7.08%) 25	1 / 366 (0.27%) 1
Onychoclasia subjects affected / exposed occurrences (all)	19 / 361 (5.26%) 24	13 / 353 (3.68%) 16	17 / 366 (4.64%) 20
Musculoskeletal and connective tissue disorders			
Arthralgia subjects affected / exposed occurrences (all)	83 / 361 (22.99%) 138	91 / 353 (25.78%) 145	71 / 366 (19.40%) 103
Myalgia subjects affected / exposed occurrences (all)	66 / 361 (18.28%) 152	82 / 353 (23.23%) 163	61 / 366 (16.67%) 117
Back pain subjects affected / exposed occurrences (all)	60 / 361 (16.62%) 77	46 / 353 (13.03%) 65	63 / 366 (17.21%) 87
Pain in extremity subjects affected / exposed occurrences (all)	53 / 361 (14.68%) 82	48 / 353 (13.60%) 67	54 / 366 (14.75%) 77
Muscle spasms subjects affected / exposed occurrences (all)	32 / 361 (8.86%) 42	15 / 353 (4.25%) 20	62 / 366 (16.94%) 106
Musculoskeletal pain subjects affected / exposed occurrences (all)	30 / 361 (8.31%) 38	23 / 353 (6.52%) 29	37 / 366 (10.11%) 50
Bone pain subjects affected / exposed occurrences (all)	17 / 361 (4.71%) 21	33 / 353 (9.35%) 51	29 / 366 (7.92%) 69
Musculoskeletal chest pain subjects affected / exposed occurrences (all)	13 / 361 (3.60%) 16	17 / 353 (4.82%) 21	20 / 366 (5.46%) 21
Neck Pain			

subjects affected / exposed occurrences (all)	12 / 361 (3.32%) 13	12 / 353 (3.40%) 13	24 / 366 (6.56%) 31
<b>Infections and infestations</b>			
Upper respiratory tract infection subjects affected / exposed occurrences (all)	50 / 361 (13.85%) 85	55 / 353 (15.58%) 104	66 / 366 (18.03%) 147
Nasopharyngitis subjects affected / exposed occurrences (all)	52 / 361 (14.40%) 87	49 / 353 (13.88%) 100	66 / 366 (18.03%) 147
Urinary tract infection subjects affected / exposed occurrences (all)	31 / 361 (8.59%) 55	29 / 353 (8.22%) 43	41 / 366 (11.20%) 72
Rhinitis subjects affected / exposed occurrences (all)	25 / 361 (6.93%) 29	18 / 353 (5.10%) 23	24 / 366 (6.56%) 32
Influenza subjects affected / exposed occurrences (all)	22 / 361 (6.09%) 24	14 / 353 (3.97%) 19	25 / 366 (6.83%) 36
Paronychia subjects affected / exposed occurrences (all)	8 / 361 (2.22%) 11	22 / 353 (6.23%) 31	30 / 366 (8.20%) 56
Pharyngitis subjects affected / exposed occurrences (all)	19 / 361 (5.26%) 21	14 / 353 (3.97%) 14	17 / 366 (4.64%) 18
Conjunctivitis subjects affected / exposed occurrences (all)	14 / 361 (3.88%) 18	21 / 353 (5.95%) 25	17 / 366 (4.64%) 20
Bronchitis alternative assessment type: Systematic subjects affected / exposed occurrences (all)	9 / 361 (2.49%) 9	14 / 353 (3.97%) 15	20 / 366 (5.46%) 22
<b>Metabolism and nutrition disorders</b>			
Decreased appetite subjects affected / exposed occurrences (all)	84 / 361 (23.27%) 164	76 / 353 (21.53%) 129	84 / 366 (22.95%) 156
Hypokalaemia			

subjects affected / exposed	19 / 361 (5.26%)	15 / 353 (4.25%)	30 / 366 (8.20%)
occurrences (all)	23	18	40

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
07 March 2011	Updates to the protocol included truncation of OS at 2 years as a secondary endpoint, addition of several quality of life assessments including FACT instruments, changes in the assessment schedule, clarification of the study population and eligibility criteria, and addition of treatment guidelines for cases of study drug discontinuation.
11 October 2011	The protocol was amended to remove an interim futility analysis and to specify the new nonproprietary name 'trastuzumab emtansine' (formerly T-DM1).
29 May 2013	The protocol was revised in order to allow for formal comparison of both trastuzumab emtansine arms, specify statistical assumptions, evaluate OS within high and low HER2 mRNA subsets, remove the clinical benefit rate (CR/PR/SD) as a redundant secondary endpoint, clarify committee procedures, further update the schedule of assessments, and add the option for subjects to cross over to the best treatment arm if OS was more favorable in one of the trastuzumab emtansine arms.
01 November 2013	The protocol was modified to add safety guidance on hepatotoxicity, including updated language for hemorrhage and Hy's Law.

Notes:

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### Interruptions (globally)

Were there any global interruptions to the trial? No

### Limitations and caveats

None reported