

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Pagani O, Regan MM, Walley BA, et al. Adjuvant exemestane with ovarian suppression in premenopausal breast cancer. *N Engl J Med* 2014;371:107-18. DOI: 10.1056/NEJMoa1404037

(PDF updated September 2, 2014.)

Adjuvant Exemestane with Ovarian Suppression in Premenopausal Breast Cancer

Olivia Pagani, et al

SUPPLEMENTARY MATERIAL

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I. Acknowledgment

We thank the patients, physicians, nurses, trial coordinators and pathologists who participated in the TEXT and SOFT clinical trials. We acknowledge Drs. Larry Norton and Jeffrey Abrams whose leadership and support forged the international collaboration between IBCSG/BIG and the North American Breast Cancer Groups through the breast cancer committee of Cancer and Leukemia Group B (CALGB: now the Alliance for Clinical Trials in Oncology). TEXT and SOFT receive financial support for trial conduct from Pfizer, the International Breast Cancer Study Group and the US National Cancer Institute. Pfizer and Ipsen provide drug supply. Support for the coordinating group, IBCSG: Frontier Science and Technology Research Foundation, Swiss Group for Clinical Cancer Research (SAKK), US National Cancer Institute (NCI) (CA75362), Cancer Research Switzerland/Oncosuisse, and the Foundation for Clinical Cancer Research of Eastern Switzerland (OSKK). The pharmaceutical companies have no role in the reporting or interpretation of the trials, other than a minority representation on the Steering Committee. Grant support of cooperative groups: Australia and New Zealand Breast Cancer Trials Group (NHMRC 351161 and 510788); SWOG (US NIH CA32102); Alliance/CALGB (US NIH CA31946); ECOG-ACRIN (US NIH CA21115 and CA16116); NSABP/NRG (US NIH U10-CA-12027, U10-CA-69651, U10-CA-37377, U10-CA-69974); NCIC (US NIH CA077202 and CCSRI 015469 and 021039); ICR-CTSU on behalf of the National Cancer Research Institute (NCRI) Breast Clinical Studies Group United Kingdom (NCRI-BCSG – ICR-CTSU Partnership) was supported by CRUK, CRUKE/03/022, CRUKE/03/023, A15955, NIHR RM/ICR Biomedical Research Centre and by NIHR Cambridge Biomedical Research Centre.

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III. Supplementary Methods, Tables and Figures

Premenopausal status: Eligibility for both trials included premenopausal status, defined by regular menses without exogenous hormones during the prior six months and/or estradiol level in the premenopausal range; patients who had completed chemotherapy prior to entry into SOFT were required to have a premenopausal estradiol level.

Study procedures: Patients were assessed with physical examination, menstrual and medication documentation every three months for the first year, then every six months until year 6 and annually thereafter. Annual mammography and bone densitometry were recommended. Blood tests and additional imaging were performed if medically indicated or according to local practice. Targeted adverse events and other grade 3 or higher adverse events were collected using Common Terminology Criteria for Adverse Events (CTCAE) v3.0. Patients completed quality-of-life questionnaires consisting of linear analogue self-assessment (LASA) global and symptom-specific indicators at baseline, every six months for 2 years, and then annually in years 3 through 6.

Table S1. Patient, disease and treatment characteristics of 4690 patients randomized in TEXT and SOFT, overall and according to patient cohort as defined by trial and chemotherapy stratum. Number (%) of patients unless otherwise noted.

Characteristic	Cohort								Overall	
	No chemotherapy TEXT		No chemotherapy SOFT		Chemotherapy TEXT		Prior Chemotherapy SOFT			
	N	%	N	%	N	%	N	%	N	%
<i>N Patients</i>	1053	100	943	100	1607	100	1087	100	4690	100
Treatment assignment										
Exemestane+OFS	526	50.0	470	49.8	806	50.2	544	50.0	2346	50.0
Tamoxifen+OFS	527	50.0	473	50.2	801	49.8	543	50.0	2344	50.0
Age at randomization										
<35	41	3.9	14	1.5	191	11.9	224	20.6	470	10.0
35-39	123	11.7	68	7.2	289	18.0	312	28.7	792	16.9
40-44	362	34.4	259	27.5	561	34.9	341	31.4	1523	32.5
45-49	406	38.6	431	45.7	487	30.3	174	16.0	1498	31.9
≥ 50	121	11.5	171	18.1	79	4.9	36	3.3	407	8.7
Median [IQR]	45	[41-47]	46	[43-48]	43	[38-46]	40	[36-44]	43	[39-47]
Hormone receptor status										
ER+ / PgR+	983	93.4	882	93.5	1380	85.9	883	81.2	4128	88.0
ER+ / PgR-	61	5.8	28	3.0	186	11.6	145	13.3	420	9.0
ER+ / PgR unknown	1	0.1	14	1.5	7	0.4	19	1.7	41	0.9
ER- / PgR+	4	0.4	16	1.7	26	1.6	35	3.2	81	1.7
Other ¹	4	0.4	3	0.3	8	0.5	5	0.5	20	0.4
HER2 status										
Negative	990	94.0	891	94.5	1318	82.0	839	77.2	4038	86.1
Positive	54	5.1	30	3.2	272	16.9	211	19.4	567	12.1
Unknown/Not done	9	0.9	22	2.3	17	1.1	37	3.4	85	1.8
No. nodes positive	835	79.3	865	91.7	542	33.7	470	43.2	2712	57.8

Characteristic	Cohort								Overall	
	No chemo-therapy TEXT		No chemo-therapy SOFT		Chemo-therapy TEXT		Prior Chemo-therapy SOFT			
N0										
N 1-3	216	20.5	78	8.3	688	42.8	418	38.5	1400	29.9
N 4+	2	0.2	0	0.0	377	23.5	199	18.3	578	12.3
Tumor size										
<1 cm	206	19.6	234	24.8	86	5.4	80	7.4	606	12.9
1-2 cm	641	60.9	566	60.0	652	40.6	457	42.0	2316	49.4
>2-5 cm	188	17.9	130	13.8	756	47.0	441	40.6	1515	32.3
>5 cm	15	1.4	9	1.0	88	5.5	67	6.2	179	3.8
Unknown	3	0.3	4	0.4	25	1.6	42	3.9	74	1.6
Tumor grade										
1	269	25.5	357	37.9	188	11.7	153	14.1	967	20.6
2	651	61.8	506	53.7	821	51.1	549	50.5	2527	53.9
3	121	11.5	61	6.5	589	36.7	348	32.0	1119	23.9
Unknown	12	1.1	19	2.0	9	0.6	37	3.4	77	1.6
Months from surgery to randomization, median [IQR]	1.5	[1.1-1.9]	1.8	[1.3-2.4]	1.2	[0.9-1.6]	8.0	[5.7-10.1]	1.6	[1.1-2.7]
Local-regional treatment										
Mastectomy, no RT	272	25.8	233	24.7	406	25.3	219	20.1	1130	24.1
Mastectomy with RT	34	3.2	18	1.9	377	23.5	358	32.9	787	16.8
BCS with RT	727	69.0	670	71.0	797	49.6	492	45.3	2686	57.3
Other ²	20	1.9	22	2.3	27	1.7	18	1.7	87	1.9
Prior endocrine therapy ³										
No, not allowed	1053	100.0	--	--	1607	100.0	--	--	2660	56.7
No	--	--	899	95.3	--	--	634	58.3	1533	32.7
Yes	--	--	44	4.7	--	--	453	41.7	497	10.6
HER2-targeted therapy										
Not HER2+	999	94.9	913	96.8	1329	82.7	866	79.7	4107	87.6
HER2+, no therapy	45	4.3	28	3.0	130	8.1	70	6.4	273	5.8
HER2-targeted therapy	9	0.9	2	0.2	148	9.2	151	13.9	310	6.6

Abbreviations: BCS=breast-conserving surgery; ER=estrogen receptor; IQR=interquartile range;

PgR=progesterone receptor; OFS=ovarian function suppression; RT=radiotherapy,

¹Other includes ER- and PgR-unknown, ER-unknown/PgR-positive, or ER- and PgR-negative.

²Other includes BCS without RT, or RT unknown.

³Oral endocrine therapy prior to randomization was allowed in SOFT while premenopausal status was (re)established; 3 patients had aromatase inhibitor, all others tamoxifen. In the SOFT prior chemotherapy cohort, average duration was 16 weeks (IQR, 10-22 weeks); in the SOFT no chemotherapy cohort, average duration was 5 weeks (IQR, 2-8 weeks).

Table S2. Patient, disease and treatment characteristics of 4690 patients randomized in TEXT and SOFT, overall and according to treatment assignment. Number (%) of patients unless otherwise noted.

Characteristic	Treatment Assignment				Overall	
	Exemestane +OFS		Tamoxifen +OFS			
	N	%	N	%	N	%
<i>N Patients</i>	2346	100	2344	100	4690	100
Age at randomization						
< 35	231	9.8	239	10.2	470	10.0
35-39	419	17.9	373	15.9	792	16.9
40-44	748	31.9	775	33.1	1523	32.5
45-49	731	31.2	767	32.7	1498	31.9
≥ 50	217	9.2	190	8.1	407	8.7
Median [IQR]	43	[39-47]	43	[39-47]	43	[39-47]
Hormone receptor status						
ER+ / PgR+	2061	87.9	2067	88.2	4128	88.0
ER+ / PgR-	207	8.8	213	9.1	420	9.0
ER+ / PgR unknown	22	0.9	19	0.8	41	0.9
ER- / PgR+	44	1.9	37	1.6	81	1.7
Other ¹	12	0.5	8	0.3	20	0.4
HER2 status						
Negative	2017	86.0	2021	86.2	4038	86.1
Positive	288	12.3	279	11.9	567	12.1
Unknown/Not done	41	1.7	44	1.9	85	1.8
No. nodes positive						
N0	1362	58.1	1350	57.6	2712	57.8
N 1-3	685	29.2	715	30.5	1400	29.9
N 4+	299	12.7	279	11.9	578	12.3
Tumor size						
<1 cm	299	12.7	307	13.1	606	12.9
1-2 cm	1165	49.7	1151	49.1	2316	49.4
>2-5 cm	759	32.4	756	32.3	1515	32.3
>5 cm	88	3.8	91	3.9	179	3.8
Unknown	35	1.5	39	1.7	74	1.6
Tumor grade						
1	478	20.4	489	20.9	967	20.6
2	1269	54.1	1258	53.7	2527	53.9
3	563	24.0	556	23.7	1119	23.9
Unknown	36	1.5	41	1.7	77	1.6
Local-regional treatment						
Mastectomy, no RT	560	23.9	570	24.3	1130	24.1
Mastectomy with RT	387	16.5	400	17.1	787	16.8
BCS with RT	1351	57.6	1335	57.0	2686	57.3
Other ²	48	2.0	39	1.7	87	1.9
Cohort						
No chemotherapy TEXT	526	22.4	527	22.5	1053	22.5
No chemotherapy SOFT	470	20.0	473	20.2	943	20.1
Chemotherapy TEXT	806	34.4	801	34.2	1607	34.3
Prior chemotherapy SOFT	544	23.2	543	23.2	1087	23.2

Characteristic	Treatment Assignment				Overall	
	Exemestane +OFS		Tamoxifen +OFS			
HER2-directed therapy						
Not HER2+	2046	87.2	2061	87.9	4107	87.6
HER2+, no therapy	133	5.7	140	6.0	273	5.8
HER2-directed therapy	167	7.1	143	6.1	310	6.6

Abbreviations: BCS=breast-conserving surgery; ER=estrogen receptor; IQR=interquartile range; PgR=progesterone receptor; OFS=ovarian function suppression; RT=radiotherapy,

¹Other includes ER- and PgR-unknown, ER-unknown/PgR-positive, or ER- and PgR-negative.

²Other includes BCS without RT, or RT unknown.

Table S3. Sites of first disease-free survival event, overall and according to treatment assignment, after a median follow-up of 68 months.

Sites of First Disease-free Survival Event	Treatment Assignment				Overall	
	Exemestane+OFS		Tamoxifen+OFS		N	%
	N	%	N	%		
<i>N Patients</i>	2346	100.0	2344	100.0	4690	100.0
N disease-free survival events	216	9.2	298	12.7	514	11.0
Local	23	1.0	28	1.2	51	1.1
Contralateral breast	9	0.4	27	1.2	36	0.8
Regional ± above	9	0.4	30	1.3	39	0.8
Soft tissue / distant lymph nodes ± above	4	0.2	6	0.3	10	0.2
Bone ± above	54	2.3	65	2.8	119	2.5
Viscera ± above	75	3.2	105	4.5	180	3.8
Second (non-breast) invasive cancer*	38	1.6	32	1.4	70	1.5
Death without prior cancer event	2	0.1	5	0.2	7	0.1
Death without prior cancer event, recurrence suspected	2	0.1	-	-	2	0.0

Abbreviations: OFS=ovarian function suppression

*Gynecologic cancer occurred in 7 patients assigned to exemestane+OFS and 9 assigned to tamoxifen+OFS, including endometrial cancer in 2 and 5 patients, respectively.

Table S4. Status of patients on protocol-assigned treatment after 68 months median follow-up, overall and according to cohort and treatment assignment. After median follow-up 68 months, 14% of patients have stopped all protocol-assigned treatment early (including those who never started).

Status of Protocol-assigned Treatment	Cohort								Treatment Assignment		Overall
	No chemotherapy TEXT		No chemotherapy SOFT		Chemotherapy TEXT		Prior Chemotherapy SOFT		E+OFS	T+OFS	
	E+OFS	T+OFS	E+OFS	T+OFS	E+OFS	T+OFS	E+OFS	T+OFS			
	%	%	%	%	%	%	%	%	%	%	
<i>N Patients</i>	<i>N=526</i>	<i>N=527</i>	<i>N=470</i>	<i>N=473</i>	<i>N=806</i>	<i>N=801</i>	<i>N=544</i>	<i>N=543</i>	<i>N=2346</i>	<i>N=2344</i>	<i>N=4690</i>
Status overall											
Continuing	27.0	28.8	34.9	39.3	21.0	24.2	39.3	36.3	29.4	31.1	30.2
Completed	58.4	60.5	41.9	48.0	64.1	64.9	47.4	52.7	54.5	57.7	56.1
Stopped early	13.5	10.4	21.3	11.4	13.8	10.1	12.5	10.7	14.9	10.6	12.8
Never started	1.1	0.2	1.9	1.3	1.1	0.7	0.7	0.4	1.2	0.6	0.9

Notes for Table S4:

E+OFS=exemestane (Aromasin® [Pfizer]) 25 mg orally daily with ovarian function suppression.

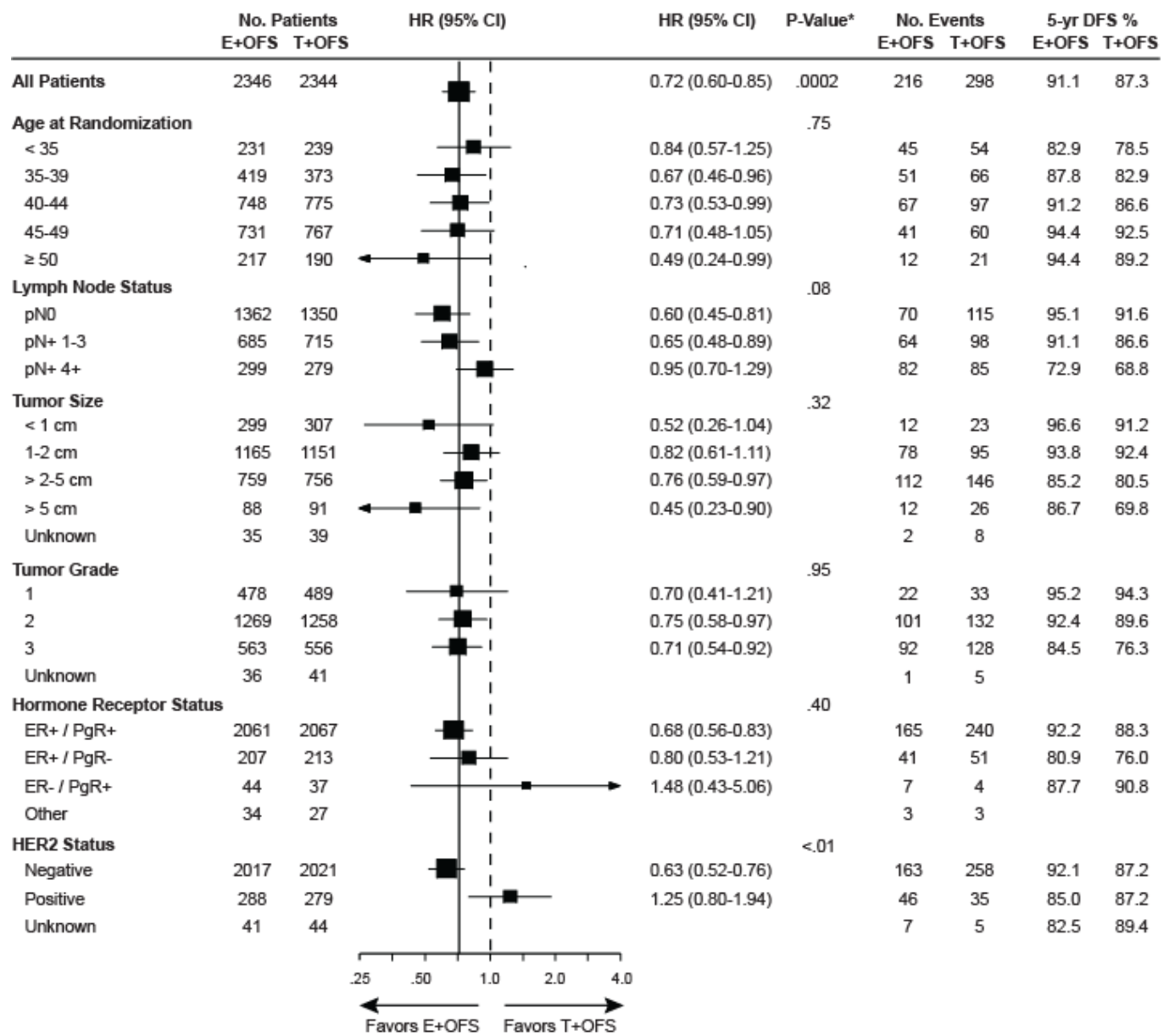
T+OFS=tamoxifen 20 mg orally daily with ovarian function suppression.

OFS: GnRH analogue (triptorelin 3.75 mg by intramuscular injection every 28±3 days), bilateral oophorectomy or bilateral ovarian irradiation (with biochemical confirmation of cessation of ovarian function after 2 months); 16% of patients have opted to undergo bilateral oophorectomy or bilateral ovarian irradiation at some point during adjuvant therapy.

In TEXT, all patients started OFS with GnRH analogue triptorelin for at least 6 months, after which patients could opt to undergo bilateral oophorectomy or ovarian irradiation at any time. If chemotherapy was administered, then triptorelin and chemotherapy started concomitantly; oral endocrine therapy started after chemotherapy was completed. If chemotherapy was not administered, then oral endocrine therapy started 6 to 8 weeks after initiation of triptorelin, to allow for a decline in ovarian estrogen production.

In SOFT, tamoxifen was to start at randomization, and exemestane was to begin 6 to 8 weeks after initiation of OFS; patients who had been taking tamoxifen at the time of randomization and were assigned to exemestane+OFS were permitted to continue tamoxifen until exemestane was initiated. The use of GnRH analogue, bilateral oophorectomy or bilateral ovarian irradiation was by patient preference and patients who began with GnRH analogue could opt to undergo surgery or irradiation at any time.

Figure S1. Cox proportional hazards model results of disease-free survival treatment comparison for all patients and according to subgroups. Median follow-up is 68 months. The solid vertical line is placed at 0.72, the hazard ratio estimate for all patients. The x-axis is scaled according to the natural logarithm of the hazard ratio. The size of the box is inversely proportional to the standard error of the hazard ratio.



*P-Value for “All Patients” is the stratified log-rank test; for other variables, P-Value is test of heterogeneity of the treatment effect across subgroups, using test of treatment-by-variable interaction from stratified Cox model, with “Unknown” or “Other” group omitted from the test.

Abbreviations: CI denotes confidence interval, E exemestane, ER estrogen receptor, HR hazard ratio, OFS ovarian function suppression, PgR progesterone receptor, T tamoxifen.

Figure S2. Kaplan-Meier estimates of (A,D) disease-free survival, (B,E) breast-cancer free interval and distant recurrence-free interval (C,F), according to treatment assignment, among cohorts of patients who did not receive chemotherapy. Median follow-up is 68 months. Abbreviations: CI=confidence interval; E=exemestane; HR=hazard ratio; OFS=ovarian function suppression; pts=patients; T=tamoxifen.

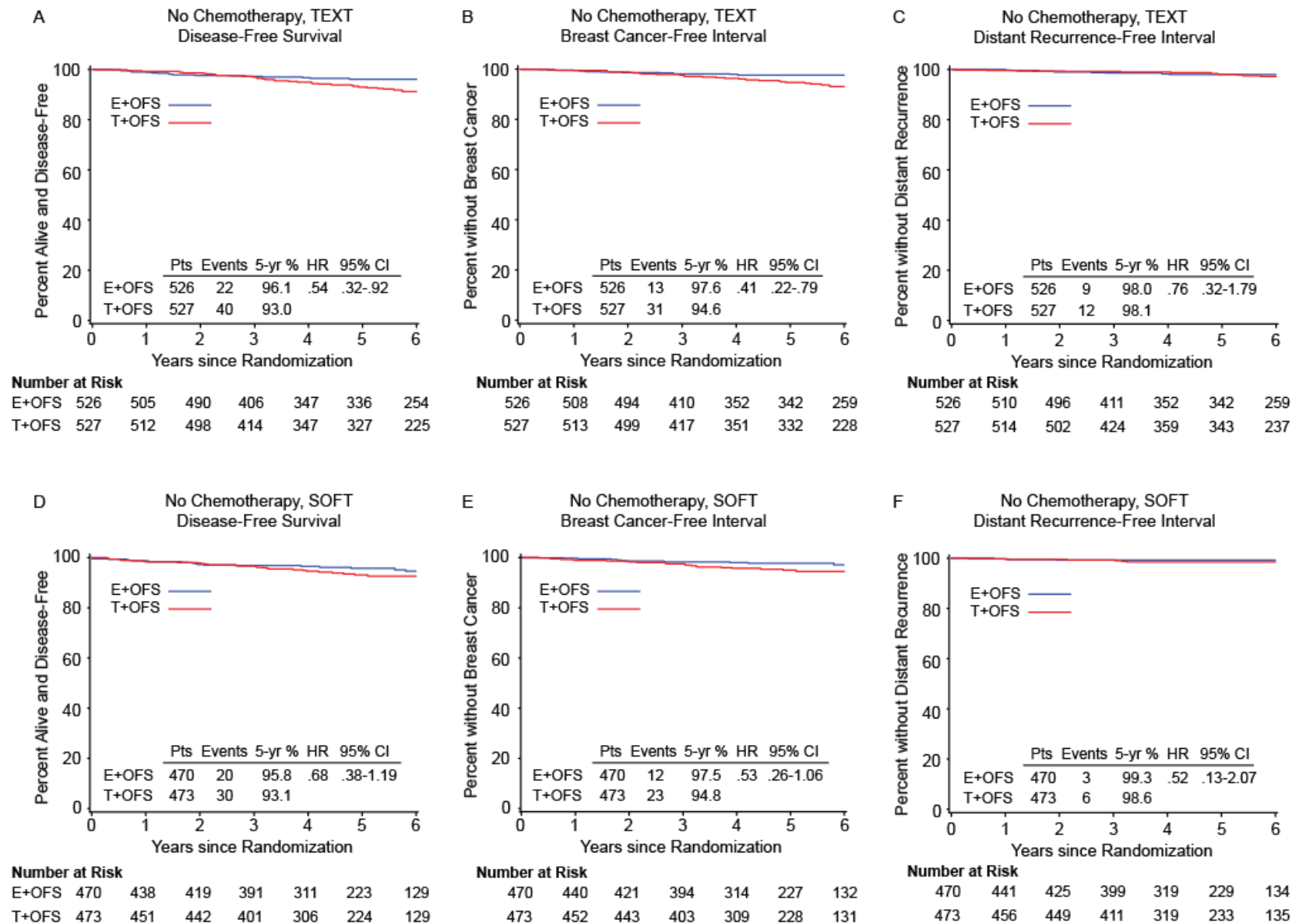


Figure S3. Kaplan-Meier estimates of (A,D) disease-free survival, (B,E) breast-cancer free interval and distant recurrence-free interval (C,F), according to treatment assignment, among cohorts of patients who were selected to receive chemotherapy. Median follow-up is 68 months. Abbreviations: CI=confidence interval; E=exemestane; HR=hazard ratio; OFS=ovarian function suppression; pts=patients; T=tamoxifen.

