

Supplementary Table S1. Updated objective response rate for the ITT population.

	Abemaciclib + Trastuzumab + Fulvestrant (Arm A) (N=79)		Abemaciclib + Trastuzumab (Arm B) (N=79)		Trastuzumab + Chemotherapy (Arm C) (N=79)		Stratified Odds Ratio (95% CI) ^b		Stratified p-value ^c	
	n (%)	(95% CI) ^a	n (%)	(95% CI) ^a	n (%)	(95% CI) ^a	Arm A/ Arm C	Arm B/ Arm C	Arm A vs Arm C	Arm B vs Arm C
Best Overall Response										
CR	1 (1.3)	(0.0- 3.7)	0 (0.0)	N/A	1 (1.3)	(0.0- 3.7)				
PR	27 (34.2)	(23.7- 44.6)	11 (13.9)	(6.3- 21.6)	10 (12.7)	(5.3- 20.0)				
SD	34 (43.0)	(32.1- 54.0)	48 (60.8)	(50.0- 71.5)	42 (53.2)	(42.2- 64.2)				
SD persistent for ≥ 6 month	18 (22.8)	(13.5- 32.0)	25 (31.6)	(21.4- 41.9)	19 (24.1)	(14.6- 33.5)				
PD	10 (12.7)	(5.3- 20.0)	13 (16.5)	(8.3- 24.6)	14 (17.7)	(9.3- 26.1)				
Objective PD	10 (12.7)	(5.3- 20.0)	13 (16.5)	(8.3- 24.6)	14 (17.7)	(9.3- 26.1)				
NE	7 (8.9)	(2.6- 15.1)	7 (8.9)	(2.6- 15.1)	12 (15.2)	(7.3- 23.1)				
ORR	28 (35.4)	(24.9- 46.0)	11 (13.9)	(6.3- 21.6)	11 (13.9)	(6.3- 21.6)	3.5 (1.6- 7.8)	0.9 (0.4- 2.4)	0.001	1.000
DCR	62 (78.5)	(69.4- 87.5)	59 (74.7)	(65.1- 84.3)	53 (67.1)	(56.7- 77.5)	2.1 (1.0- 4.3)	1.4 (0.7- 2.8)	0.065	0.376
CBR	46 (58.2)	(47.4- 69.1)	36 (45.6)	(34.6- 56.6)	30 (38.0)	(27.3- 48.7)	2.7 (1.4- 5.3)	1.3 (0.7- 2.5)	0.003	0.413

Abbreviations: Arm A = abemaciclib 150mg + trastuzumab 8mg/kg + fulvestrant 500mg; Arm B = abemaciclib 150mg + trastuzumab 8mg/kg; Arm C = trastuzumab 8mg/kg + chemotherapy. CBR: clinical benefit rate (CR/PR/SD persistent for ≥ 6 month); CR: complete response; CI: confidence interval; DCR: disease control rate (CR/PR/SD) N: number of subjects in population; n: number of subjects; NE: non evaluable; ORR: overall response rate (CR/PR); PD: progressive disease; PR: partial response; SD: stable disease. Response criteria used was RECIST 1.1.

^aCIs are based on the normal approximation.

^b Stratified by number of previous systemic regimens, measurable disease at baseline

^cp-value is calculated by Exact Cochran-Mantel-Haenszel test stratified by the randomization strata number of previous systemic regimens, measurable disease at baseline.