

Supplemental Tables for:
Efficacy and Safety of Pertuzumab and Trastuzumab Administered in a Single Infusion Bag, Followed by Vinorelbine: VELVET Cohort 2 Final Results
Michael Andersson et al.

Table S1. Worst LVEF values while on treatment (safety population)

LVEF values	Cohort 2: Pertuzumab and trastuzumab followed by vinorelbine <i>N</i> = 107
LVEF >50%	98 (91.6)
LVEF decline of ≥10% from baseline to 45–50% ^a	4 (3.7)
LVEF decline to <45%	2 (1.9)

Data are presented as *n* (%).

^aOne patient experienced an LVEF of 45–50% but no decline from baseline data was available due to differing scans being used; ECHO at baseline and MUGA thereafter.

Abbreviations: ECHO, echocardiography; LVEF, left ventricular ejection fraction; MUGA, multigated acquisition.

Table S2. Anticancer treatments received by patients after discontinuing study treatment (safety population)

INN class/preferred term ^a	Cohort 2: Pertuzumab and trastuzumab followed by vinorelbine <i>N</i> = 107 ^b <i>n</i> = 76 ^c
HER2-targeted treatment^{d,e}	
Patients who received any treatment	62 (81.6)
ARRY-380	1 (1.3)
Lapatinib	17 (22.4)
Pertuzumab	20 (26.3)
Trastuzumab	45 (59.2)
Ado-trastuzumab emtansine	16 (21.1)
Alkylating agents	
Patients who received any treatment	5 (6.6)
Cyclophosphamide	5 (6.6)
Angiogenesis inhibitors	
Patients who received any treatment	2 (2.6)
Bevacizumab	2 (2.6)
Anti-estrogens	
Patients who received any treatment	5 (6.6)
Fulvestrant	3 (3.9)
Tamoxifen	2 (2.6)
Antimetabolites	
Patients who received any treatment	18 (23.7)
Capecitabine	17 (22.4)
Gemcitabine	3 (3.9)
Antineoplastic agents^f	
Patients who received any treatment	17 (22.4)
ARRY-380	1 (1.3)
Eribulin	2 (2.6)
Ado-trastuzumab emtansine	16 (21.1)
Aromatase inhibitors	
Patients who received any treatment	15 (19.7)
Anastrozole	2 (2.6)
Exemestane	5 (6.6)
Letrozole	8 (10.5)

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Cytotoxic antibiotics	
Patients who received any treatment	7 (9.2)
Doxorubicin	7 (9.2)
Gonadotrophin and analogs	
Patients who received any treatment	1 (1.3)
Leuprorelin	1 (1.3)
Immunosuppressants	
Patients who received any treatment	1 (1.3)
Everolimus	1 (1.3)
Monoclonal antibodies	
Patients who received any treatment	47 (61.8)
Denosumab	2 (2.6)
Pertuzumab	20 (26.3)
Trastuzumab	45 (59.2)
Penicillins	
Patients who received any treatment	1 (1.3)
Dicloxacillin	1 (1.3)
Platinum compounds	
Patients who received any treatment	4 (5.3)
Carboplatin	3 (3.9)
Cisplatin	1 (1.3)
Surgical and medical procedures	
Patients who received any treatment	13 (17.1)
Modified radical mastectomy	1 (1.3)
Radiotherapy	8 (10.5)
Radiotherapy to bone	1 (1.3)
Radiotherapy to brain	2 (2.6)
Radiotherapy to breast	1 (1.3)
Taxanes	
Patients who received any treatment	26 (34.2)
Docetaxel	8 (10.5)
Nanoparticle paclitaxel	2 (2.6)
Paclitaxel	16 (21.1)
Tyrosine kinase inhibitors	
Patients who received any treatment	18 (23.7)
Imatinib	1 (1.3)
Lapatinib	17 (22.4)
Vinca alkaloids	
Patients who received any treatment	7 (9.2)
Vinorelbine ^b	7 (9.2)
Combinations^d	
Patients who received any treatment	6 (7.9)
Dicloxacillin/doxorubicin	1 (1.3)
Bevacizumab/paclitaxel	1 (1.3)
Capecitabine/lapatinib	1 (1.3)
Cyclophosphamide/doxorubicin	1 (1.3)
Everolimus/exemestane	1 (1.3)
Pertuzumab/trastuzumab	1 (1.3)

Data are presented as *n* (%).

^aINN classes are presented alphabetically and preferred terms are sorted within INN classes alphabetically.

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^bNumber of patients in the safety population.

^cNumber of patients who received ≥ 1 anticancer treatment after discontinuing study treatment. Percentages are based on *n*. Patients may have received more than one anticancer treatment after discontinuing study treatment. Some therapies began before the last study treatment was received.

^dAll preferred terms within the “HER2-targeted treatment” and “Combinations” summaries are also included in their respective INN classes.

^eThe “HER2-targeted treatment” summary is a reclassification of specific preferred terms, identified by the medical team.

^fThe “Antineoplastic agents” summary includes any drug used to treat cancers that cannot be assigned to a more specific pharmacological class.

^gSeven patients had vinorelbine reintroduced after study treatment was discontinued: two patients who had stopped study treatment due to an adverse event/unacceptable toxicity, two patients who had stopped study treatment due to an investigator decision, two patients who had stopped study treatment due to disease progression, and one patient who had stopped study treatment for administrative/other reasons.

Abbreviations: HER2, human epidermal growth factor receptor 2; INN, international nonproprietary name.