

Supplementary Table S5. Clinical activity in patients with and without measurable disease at baseline

	<i>PIK3CA</i> -mutated (<i>n</i> = 20)	<i>PIK3CA</i> -MND (<i>n</i> = 27)	<i>PIK3CA</i> mutation status unknown ^a (<i>n</i> = 13)	All patients (<i>N</i> = 60)
<i>n</i> (%)				
Best confirmed response				
Responders	5 (25.0)	3 (11.1)	2 (15.4)	10 (16.7)
95% CI for response rate	8.7–49.1	2.4–29.2	1.9–45.4	8.3–28.5
Non-responders	15 (75.0)	24 (88.9)	11 (84.6)	50 (83.3)
Complete response	0	0	0	0
95% CI	0.0–16.8	0.0–12.8	0.0–24.7	0.0–6.0
Partial response	5 (25.0)	3 (11.1)	2 (15.4)	10 (16.7)
95% CI	8.7–49.1	2.4–29.2	1.9–45.4	8.3–28.5
Clinical benefit rate	5 (25.0)	5 (18.5)	3 (23.1)	13 (21.7)
95% CI	8.7–49.1	6.3–38.1	5.0–53.8	12.1–34.2
Median duration of response, months	8.8	18.5	30.5	19.6
95% CI	3.7–36.1	17.4–19.6	NE	8.8–31.4
Patients with disease progression	2 (10.0)	10 (37.0)	3 (23.1)	15 (25.0)

^aOne patient had missing or unavailable response data; they died prior to receiving a post-baseline tumor assessment, as a result of pericardial effusion and disease progression. 95% CI for median duration of response was calculated using the method of Brookmeyer and Crowley; all others used the Clopper–Pearson method. Patients were classified as missing or NE if no post–baseline response assessments were available or all post–baseline response assessments were unevaluable. Clinical benefit was defined as an objective response or stable disease lasting for ≥24 weeks since first study treatment.

CI, confidence interval; MND, mutation not detected; *PIK3CA*, phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit- α ; NE, not evaluable.