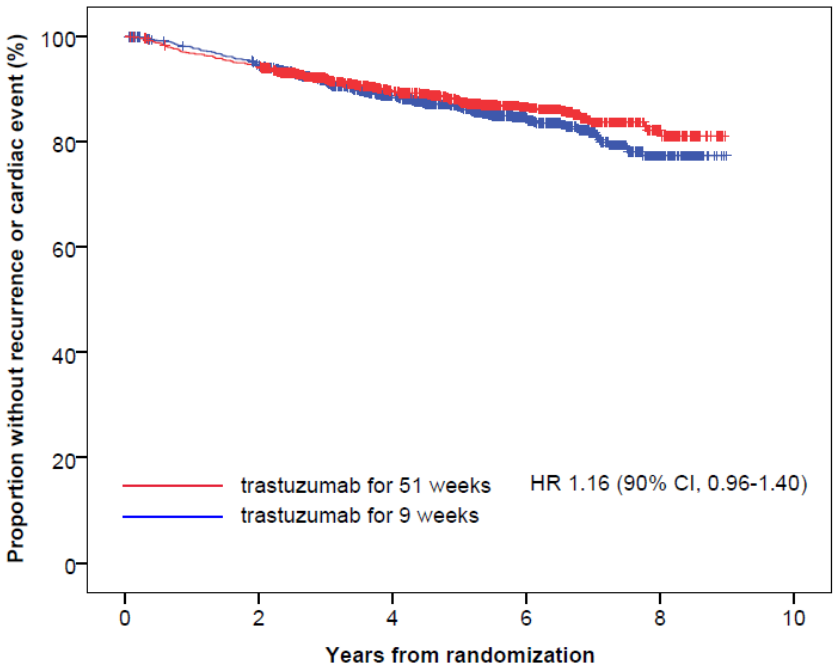
Supplementary Online Content

Joensuu H, Fraser J, Wildiers H, et al. Effect of adjuvant trastuzumab for a duration of 9 weeks vs 1 year with concomitant chemotherapy for early human epidermal growth factor receptor 2–positive breast cancer: the SOLD randomized clinical trial. *JAMA Oncol*. Published online May 31, 2018. doi:10.1001/jamaoncol.2018.1380

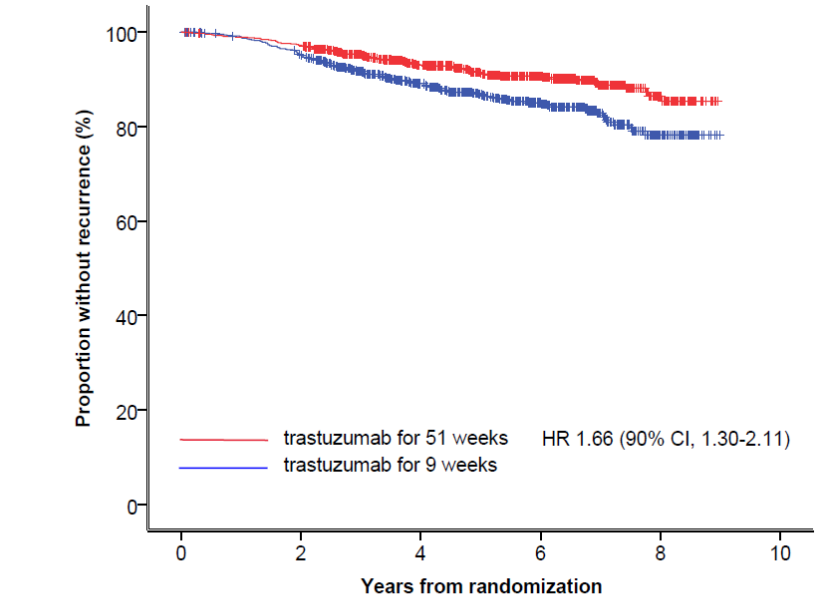
This supplementary material has been provided by the authors to give readers additional information about their work.

eFigure 1. Cardiac Disease-Free Survival

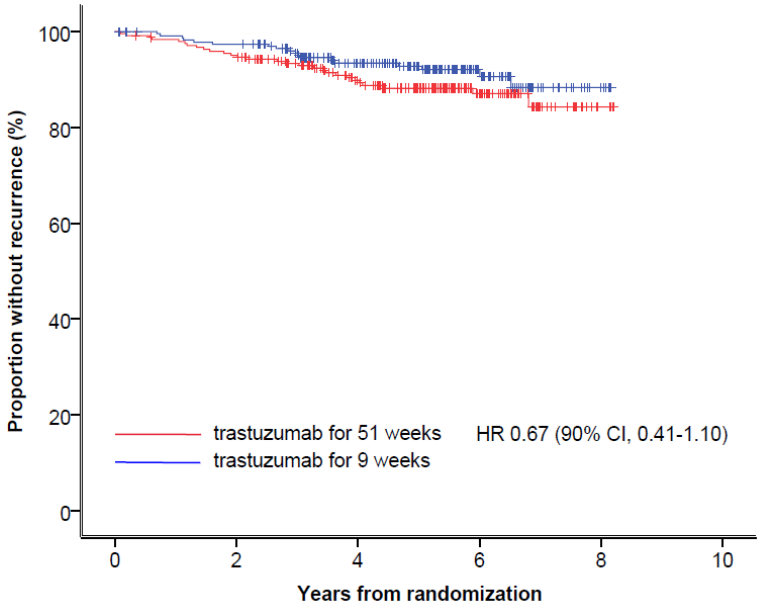


Number at risk						
9 weeks	1085	1003	699	362	71	0
51 weeks	1089	1021	722	380	78	0

eFigure 2. Kaplan-Meier Estimates of Disease-Free Survival Stratified by the Scheduled Docetaxel Dose



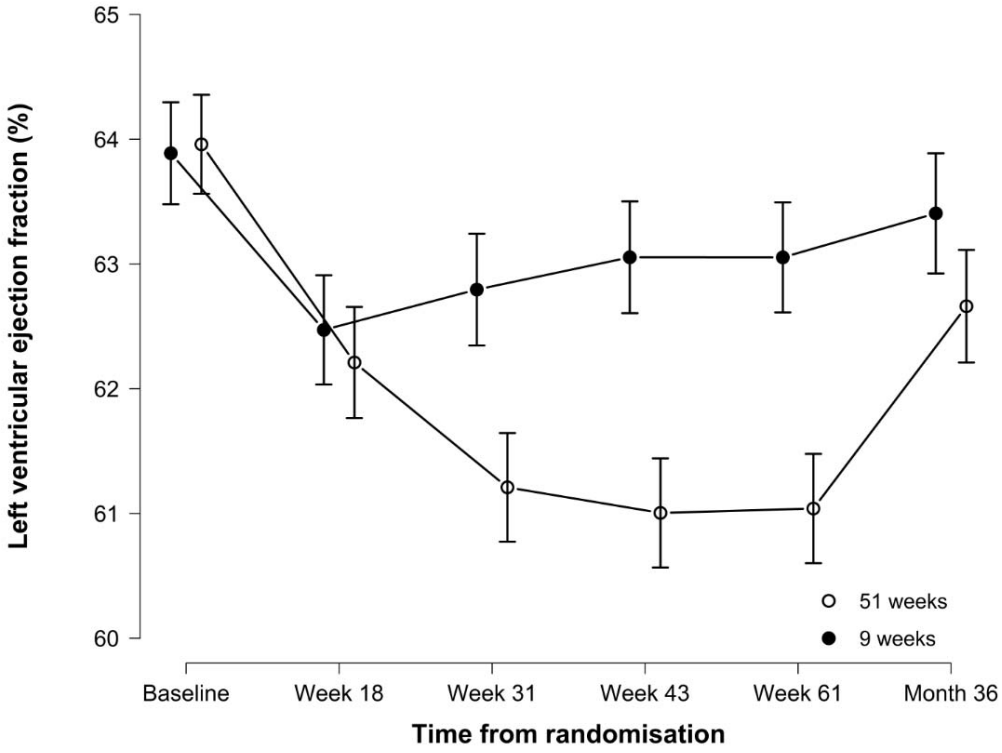
Number at risk						
9 weeks	843	785	545	309	70	0
51 weeks	835	808	568	317	77	0



Number at risk						
9 weeks	235	228	159	63	5	0
51 weeks	245	231	168	72	4	0

Upper panel, docetaxel dose 80 mg/m^2; lower panel, docetaxel dose 100 mg/m^2.
Sixteen patients who did not complete the first docetaxel infusion (9-week group, 7; 51-week group 9) are excluded from the analysis.

eFigure 3. Mean Cardiac Ejection Fractions Stratified by the Treatment Group



The bars denote the 95% confidence intervals. *P* <.001 between the groups.

eTable 1. Most Frequent Adverse Events in the Safety Population During Docetaxel Plus Trastuzumab Administration (Cycles 1 to 3)

Event[a]	9-week Group		1-Year Group	
	Any Grade No. (%)	Grade 3 or 4[b] No. (%)	Any Grade No. (%)	Grade 3 or 4[b] No. (%)
Any event[c]	1078 (100)	610 (56)	1081 (100)	625 (58)
Alopecia	994 (93)	-	984 (92)	-
Neutropenia[c]	555 (51)	482 (45)	569 (53)	495 (46)
Fatigue	903 (84)	42 (4)	913 (85)	40 (4)
Infection with neutropenia	196 (18)	161 (15)	209 (19)	161 (15)
Febrile neutropenia	144 (13)	144 (13)	129 (12)	128 (12)
Myalgia	40 (4)	2 (0)	44 (4)	2 (0)
Pain	690 (64)	37 (4)	717 (67)	38 (4)
Diarrhea	512 (48)	33 (3)	507 (47)	31 (3)
Nail changes	282 (26)	0 (0)	236 (22)	1 (0)
Infection, no neutropenia	213 (20)	52 (5)	244 (23)	61 (6)
Stomatitis	597 (55)	7 (1)	588 (55)	8 (1)
Dyspnoea	38 (4)	3 (0)	35 (3)	1 (0)
Vomiting	100 (9)	5 (1)	103 (10)	6 (1)
Nausea	436 (40)	10 (1)	410 (38)	6 (1)
Thrombocytopenia[c]	89 (8)	5 (1)	91 (8)	2 (0)
Elevation of serum ALT	295 (27)	3 (0)	294 (27)	8 (1)

Abbreviation: ALT, alanine aminotransferase.

[a]Adverse events were graded with Common Terminology Criteria for Adverse Events (CTCAE) version 3.0.

[b]None of the patients died during docetaxel chemotherapy in the 9-week group, and 2 died in the 1-year group (1 from septic shock, 1 from acute respiratory distress syndrome).

[c]Based on the nadir counts. The nadir counts were not required to be measured in all study centers.

eTable 2. Most Frequent Adverse Events in the Safety Population During Fluorouracil, Epirubicin, and Cyclophosphamide (FEC) Administration (Cycles 4 to 6)

Event[a]	9-week Group		1-Year Group	
	Any Grade No. (%)	Grade 3 or 4[b] No. (%)	Any Grade No. (%)	Grade 3 or 4[b] No. (%)
Any event[c]	1048 (100)	535 (51)	1051 (100)	593 (56)
Alopecia	966 (92)	-	966 (92)	-
Neutropenia[c]	647 (62)	463 (44)	656 (62)	508 (48)
Fatigue	917 (88)	35 (3)	913 (87)	54 (5)
Infection with neutropenia	76 (7)	48 (5)	81 (8)	50 (5)
Febrile neutropenia	40 (4)	40 (4)	38 (4)	38 (4)
Myalgia	12 (1)	0 (0)	9 (1)	0 (0)
Pain	435 (42)	7 (1)	431 (41)	8 (1)
Diarrhea	265 (25)	7 (1)	255 (24)	6 (1)
Nail changes	540 (52)	4 (0)	511 (49)	5 (1)
Infection, no neutropenia	147 (14)	24 (2)	166 (16)	29 (3)
Stomatitis	338 (32)	3 (0)	357 (34)	1 (0)
Dyspnoea	32 (3)	3 (0)	44 (4)	0 (0)
Vomiting	226 (22)	11 (1)	208 (20)	11 (1)
Nausea	737 (70)	15 (1)	746 (71)	13 (1)
Thrombocytopenia[c]	142 (14)	3 (0)	156 (15)	6 (1)
Elevation of serum ALT	209 (20)	4 (0)	233 (22)	1 (0)

Abbreviation: ALT, alanine aminotransferase.

[a]Adverse events were graded with Common Terminology Criteria for Adverse Events (CTCAE) version 3.0.

[b]Two patients died during FEC chemotherapy in 9-week group (1 from pneumonitis, 1 from multiorgan failure), and none in the 1-year group.

[c]Based on the nadir counts. The nadir counts were not required to be measured in all study centers.