SUPPLEMENTAL MATERIAL:

Exclusion Criteria:

- Recurrent disease within 12 months after completion of adjuvant chemotherapy containing a weekly taxane
- Active, untreated CNS metastases
- Pre-existing nephritic syndrome
- Serious concurrent medical or psychiatric illness
- Inadequately controlled hypertension (defined as systolic blood pressure >150 and/or diastolic blood pressure > 100 mmHg on antihypertensive medications)
- NHYA Grade II or greater CHF, significant vascular disease
- Symptomatic peripheral vascular disease
- Bleeding diathesis or coagulopathy
- Major surgery within 28 days prior to enrollment and or anticipated needed during the course of the study
- Minor surgery within 7 days prior to enrollment
- Serious non-healing wounds or bone fractures
- Proteinuria at screening (defined as urine protein: creatinine ratio >1.0 or urine dipstick with 2+ proteinuria)
- Any of the following within 6 months prior to study enrollment: myocardial infarction, unstable angina, stroke, transient ischemic attack, abdominal fistula, gastrointestinal perforation, or intra-abdominal abscess.

Supplemental Table 1: All Grade 3,4 Toxicities Definitely or Probably Related to Treatment

Grade 3,4 Toxicities	Induction (N=59) #, (% of patients)	Maintenance (N=30) #, (% of patients)
Allergic Reaction	1(1.7%)	
Anemia	2 (3.4%)	
Anorexia		1 (3.3%)
Constipation	1 (1.7%)	
Dehydration	2 (3.4%)	1 (3.3%)
Dermatology-Other	1 (1.7%)	
Diarrhea	1 (1.7%)	
Fatigue	11 (18.6%)	1 (3.3%)
Hemorrhage	1 (1.7%)	
Hypertension	1 (1.7%)	
Infection	1 (1.7%)	
Liver Function Test		
Abnormality		1 (3.3%)
Lymphopenia	5 (8.5%)	1 (3.3%)
Muscle Weakness	1 (1.7%)	
Nail Changes	2 (3.3%)	
Nausea/Vomiting	2 (3.3%)	
Neuropathy	7 (11.9%)	
Neutropenia	15 (25.4%)	
Pain	2 (3.3%)	1 (3.3%)
Patient Odor	1 (1.7%)	
Proteinuria	1 (1.7%)	
Rash		3 (10.0%)
Syncope	1 (1.7%)	

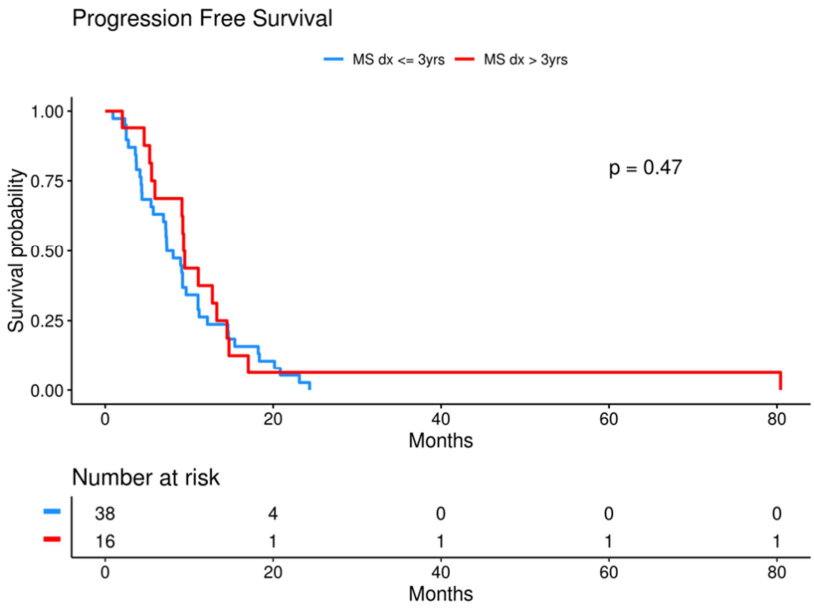
Supplemental Table 1: Summary of grade 3-4 toxicities during induction (N=59, safety cohort) and maintenance phase (N=30) reported using NCI CTC (Common Terminology Criteria) Version 3.0 (http://ctep.cancer.gov/protocolDevelopment/electronic_applications/docs/ ctcaev3.pdf). Toxicities that were either definitely or probably related to study drugs are shown above. The values in the Induction/Maintenance columns indicate the number and the percent of patients that experienced a given toxicity. There were no grade 5 toxicities.

Supplemental Table 2: Grade 3,4 Toxicities Possibly Related to Treatment

Grade 3,4 Toxicities	Induction (N=59) #, (% of patients)	Maintenance (N=30) #, (% of patients)
Anorexia	1 (1.7%)	
CHF		1 (3.3%)
Constitutional-Other	1 (1.7)	
Dysphagia	1 (1.7%)	
Fatigue	3 (5.1%)	
Hemorrhage	1 (1.7%)	
Hyperglycemia	1 (1.7%)	
Hypertension	1 (1.7%)	
Hyponatremia	2 (3.3%)	
Hypophosphatemia	1(1.7%)	
Hypoxia	1 (1.7%)	
Infection		2 (6.6%)
Neutropenia		1 (3.3%)
Pain	1 (1.7%)	1 (3.3%)
Rash		1 (3.3%)
Thrombocytopenia	2 (3.3%)	
Thrombosis	2 (3.3%)	

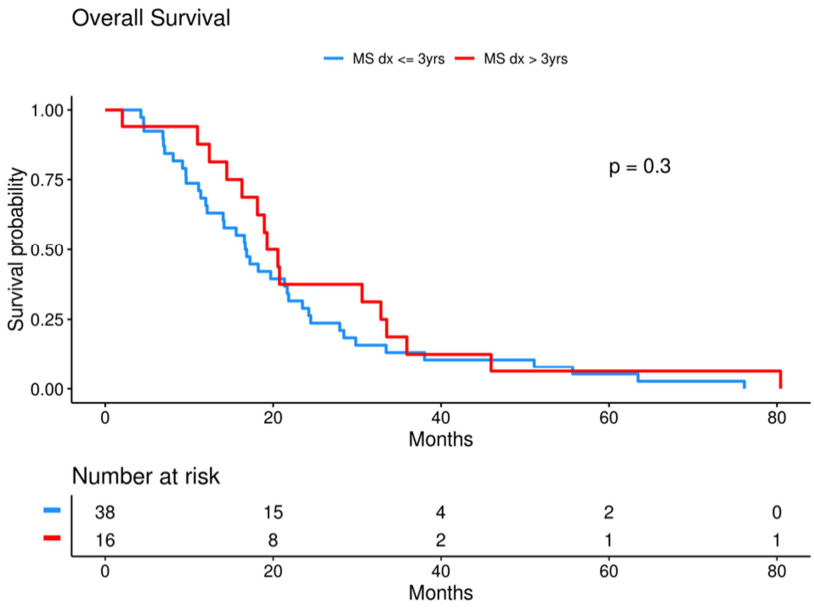
Supplemental Table 2: Summary of grade 3-4 toxicities during induction (N=59, safety cohort) and maintenance phase (N=30) reported using NCI CTC (Common Terminology Criteria) Version 3.0 (http://ctep.cancer.gov/protocolDevelopment/electronic_applications/docs/ ctcaev3.pdf). Toxicities that are possibly related to study drugs are shown above. The values in the Induction/Maintenance columns indicate the number and the percent of patients that experienced a given toxicity. There were no grade 5 toxicities.

Supplemental Figure 1: Progression Free Survival



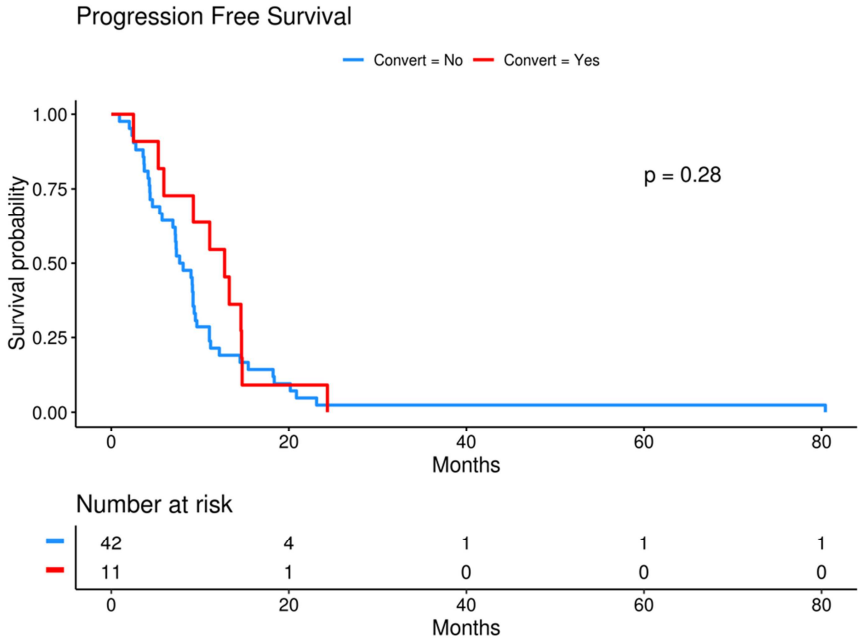
Supplemental Figure 1: Difference in PFS based on time to metastasis defined as greater or less than 3 years (=0.47)

Supplemental Figure 2: Overall Survival



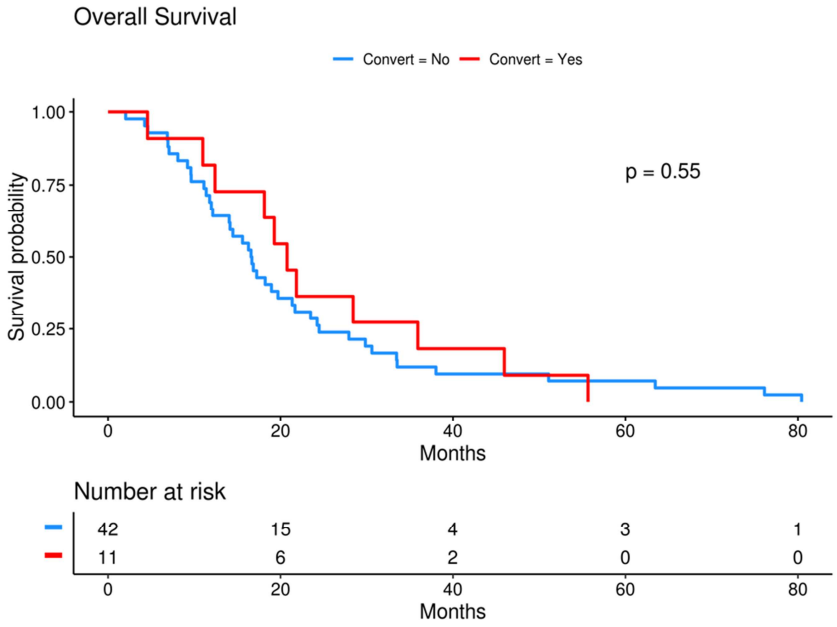
Supplemental Figure 2: Difference in overall survival based on time to metastasis defined as greater or less than 3 years (=0.3)

Supplemental Figure 3: Progression Free Survival



Supplemental Figure 3: Difference in PFS based on whether patients presented with TNBC or converted from another subtype (p=0.28).

Supplemental Figure 4: Overall Survival



Supplemental Figure 4: Difference in OS based on whether patients presented with TNBC or converted from another subtype (p=0.55)