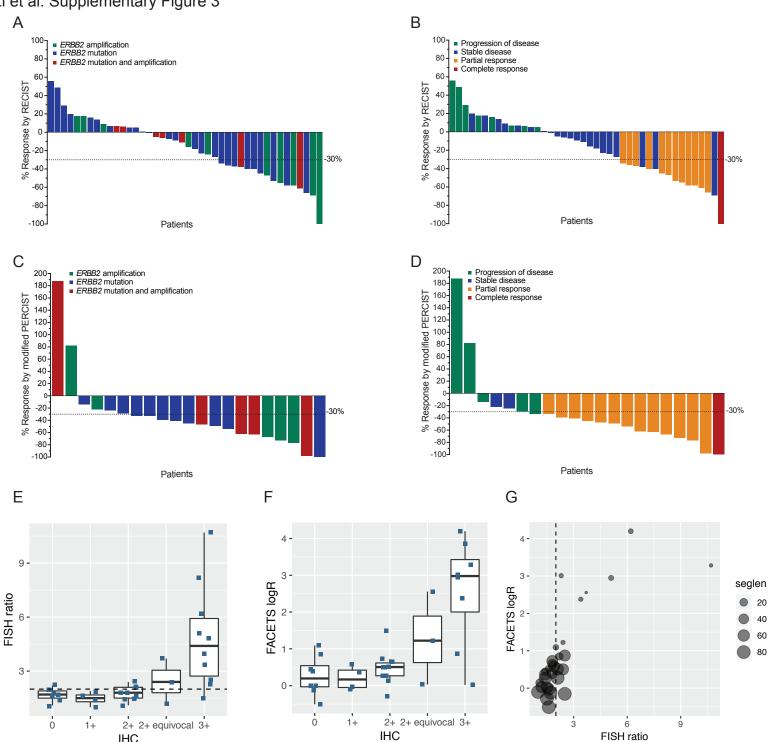
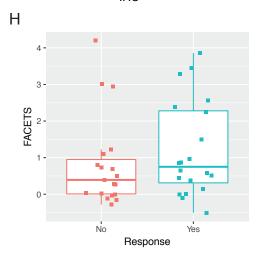
Li et al. Supplementary Figure 3





Supplementary Figure 3. Response to T-DM1 in NSCLC patients.

(A, B) Waterfall plot of 42-patient cohort response to T-DM1 treatment assessed by RECIST v1.1, sub-divided by ERBB2 alteration status (A) or best response category (B). Overall Response Rate (ORR) by RECIST: 33% (14/42) 95% confidence interval (CI): 20 – 50. (C, D) Waterfall plot of 22-patient cohort response to T-DM1 treatment assessed by PERCIST not depicting one patient who did not have measurable disease but evaluable for progression, sub-divided by ERBB2 alteration status (C) or best response category (D). Overall Response Rate (ORR) by PERCIST: 64% (14/22) 95% CI: 41 – 83. (E) Correlation between ERBB2 amplification detected by IHC with FISH ratio. Horizontal dashed line indicates FISH ratio cut off of 2.0. Spearman correlation 0.54 (pValue=0.0006). (F) Correlation between ERBB2 amplification detected by IHC with NGS copy number log-ratio (logR) calculated using the FACETS algorithm adjusting for tumor purity and ploidy. A logR value of 0 indicates no change, a logR value of 1 indicates 2-fold change and so on. Spearman correlation 0.60 (pValue=0.0002). (G) Correlation between ERBB2 amplification detected by NGS log-ratio with FISH ratio. Circle size is proportional to the size of the amplicon harboring ERBB2 (in Mb). Dashed vertical line indicates the FISH ratio cut-off of 2.0. Spearman correlation 0.74 (pValue<0.0001). (H) Correlation between the degree of ERBB2 amplification by FACETS with patient response shows a trend but does not reach statistical significance. Wilcoxon rank sum test: pValue=0.2.