

Supplementary Table 1. Median PFS and OS in previously published trials

			Median PFS, months (95% CI)	HR	Median OS, months (95% CI)	HR
FALCON^{a1}	All patients	Fulvestrant	16·6	0·797 (95% CI 0·637–0·999; p=0·0486)	-	0·88 (95% CI 0·63–1·22, p=0·43)
		Anastrozole	13·8		-	
	VM	Fulvestrant	13·8	0·99 (95% CI 0·74–1·33)	-	-
		Anastrozole	15·9		-	
	Non-VM	Fulvestrant	22·3	0·59 (95% CI 0·42–0·84)	-	-
		Anastrozole	13·8		-	
FIRST^{2·4}	All patients	Fulvestrant	23·4	0·66 (95% CI 0·47–0·92; p=0·01)	54·1	0·70 (95% CI 0·50–0·98; p=0·04)
		Anastrozole	13·1		48·4	
	VM	Fulvestrant	9·8	0·82 (95% CI 0·54–1·26)	32·1	0·86 (95% CI 0·56–1·34)
		Anastrozole	9·9		38·5	
	Non-VM	Fulvestrant	34·0	0·58 (95% CI 0·34–0·99)	76·6	0·68 (95% CI 0·40–1·18)
		Anastrozole	21·3		60·9	
PALOMA-1⁵	All patients	Palbociclib plus letrozole	20·2	0·488 (95% CI 0·319–0·748; p=0·0004)	37·5	0·90 (95% CI 0·62–1·29; p=0·28)
		Letrozole monotherapy	10·2		34·5	
	All patients	Palbociclib plus letrozole	24·8	0·58 (95% CI 0·46–0·72; p<0·001)	-	-
		Letrozole monotherapy	14·5		-	-
PALOMA-2⁶	VM	Palbociclib plus letrozole	-	0·63 (95% CI 0·47–0·85)	-	-
		Letrozole monotherapy	-		-	-
	Non-VM	Palbociclib plus letrozole	-	0·50 (95% CI 0·36–0·70)	-	-
		Letrozole monotherapy	-		-	-
	All patients	Palbociclib plus fulvestrant	9·2	0·42 (95% CI 0·32–0·56; p<0·001)	34·9	0·81 (95% CI 0·64–1·03; p=0·09)
		Fulvestrant plus placebo	3·8		28·0	
PALOMA-3^{7·8}	VM	Palbociclib plus fulvestrant	-	0·45 (95% CI 0·32–0·63)	27·6	0·85 (95% CI 0·64–1·13)

		Fulvestrant plus placebo	-		24·7	
Non-VM	Palbociclib plus fulvestrant	-	0·36 (95% CI 0·22–0·60)	-	-	-
MONARCH-2⁹	Fulvestrant plus placebo	-	0·553 (95% CI 0·449–0·681; p<0·001)	46·7	0·757 (95% CI 0·606–0·945; p=0·01)	-
	All patients	Fulvestrant plus abemaciclib		37·3		
MONALEESA-3^{10,11}	All patients	Fulvestrant plus ribociclib	20·5	0·593 (95% CI 0·480–0·732; p<0·001)	NR	0·724 (95% CI 0·568–0·924; p=0·00455)
	All patients	Fulvestrant plus placebo	12·8		40·0	
	First-line	Fulvestrant plus ribociclib	33·6	0·546 (95% CI 0·415–0·718)	NR	0·700 (95% CI 0·479–1·021)
		Fulvestrant plus placebo	19·2		45·1	

^aKaplan Meier curves and median overall survival could not be calculated due to insufficient follow-up time (31% maturity).

Supplementary Figure 1: Clinical outcomes for VM versus non-VM by endocrine agent and study

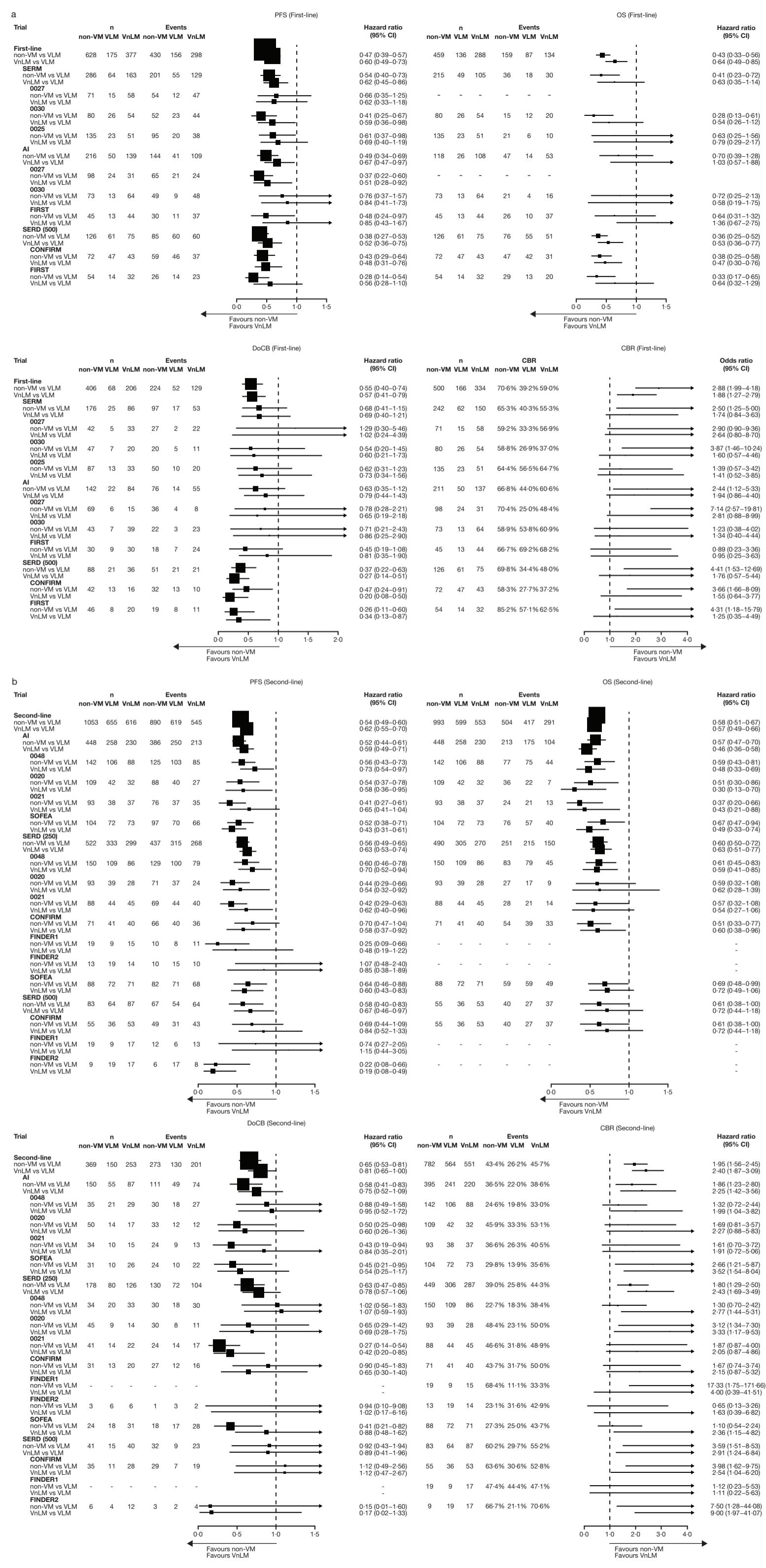
a Forest plots of PFS, OS, DoCB and CBR in the first-line setting. **b** Forest plots of PFS, OS, DoCB and CBR in the second-line setting.

AI, aromatase inhibitor; CBR, clinical benefit rate; DoCB, duration of clinical benefit; HR, hazard ratio; n, number of patients; non-VM, non-visceral metastases; PFS, progression-free survival; OR, odds ratio; OS, overall survival; SERD, selective estrogen receptor degrader; SERM, selective estrogen receptor modulator; VLM, visceral liver metastases; VM, visceral metastases; VnLM, visceral non-liver metastases.

Supplementary Figure 2: Clinical outcomes for VnLM and VLM by endocrine agent and study

a Forest plots of PFS, OS, DoCB and CBR in the first-line setting. **b** Forest plots of PFS, OS, DoCB and CBR second-line setting.

AI, aromatase inhibitor; CBR, clinical benefit rate; DoCB, duration of clinical benefit; HR, hazard ratio; n, number of patients; non-VM, non-visceral metastases; PFS, progression-free survival; OR, odds ratio; OS, overall survival; SERD, selective estrogen receptor degrader; SERM, selective estrogen receptor modulator; VLM, visceral liver metastases; VM, visceral metastases; VnLM, visceral non-liver metastases.



Supplementary Figure 3: Clinical outcomes for non-VM and VnLM versus VLM by endocrine agent

a Forest plots of PFS, OS, DoCB and CBR in the first-line setting. **b** Forest plots of PFS, OS, DoCB and CBR in the second-line setting.

AI, aromatase inhibitor; CBR, clinical benefit rate; DoCB, duration of clinical benefit; HR, hazard ratio; n, number of patients; non-VM, non-visceral metastases; PFS, progression-free survival; OR, odds ratio; OS, overall survival; SERD, selective estrogen receptor degrader; SERM, selective estrogen receptor modulator; VLM, visceral liver metastases; VM, visceral metastases; VnLM, visceral non-liver metastases.

Patients with postmenopausal, ER/PR+, HER2-, MBC without prior ET for advanced disease (first-line), or with progression following prior ET (second-line)

VM

Non-VM
or
VnLM

VLM

First-line

Combination therapy

1. Fulvestrant plus CDK4/6 inhibitor
2. AI + CDK4/6 inhibitor

Endocrine monotherapy

1. Selective ER degrader (fulvestrant 500 mg)
2. AI
3. Tamoxifen

Combination therapy

1. Fulvestrant plus CDK4/6 inhibitor
2. AI + CDK4/6 inhibitor

Endocrine monotherapy

Only with frequent monitoring in patients with:

- Response to prior (neo)adjuvant ET (mono or combination ET)
- Significant comorbidity
- Limited life expectancy
- Considered unsuitable for combination therapy

Chemotherapy
(patients with
visceral crisis)

Second-line

Combination therapy

1. Fulvestrant plus CDK4/6 inhibitor*
 2. AI + CDK4/6 inhibitor*
- Other: ET plus everolimus

*Only in patients not receiving a CDK4/6 inhibitor in the first-line

Endocrine monotherapy

- In patients with:
- Response to prior ET (mono or combination ET)
 - Significant comorbidity
 - Limited life expectancy
 - Considered unsuitable for combination therapy

Combination therapy

1. Fulvestrant plus CDK4/6 inhibitor*
2. AI + CDK4/6 inhibitor*

*Only in patients not receiving a CDK4/6 inhibitor in the first-line

Endocrine monotherapy

1. SERD (fulvestrant 500 mg)
2. AI

3. Tamoxifen
Only with frequent monitoring in patients with:

- Response to prior ET (mono or combination ET)
- Significant comorbidity
- Limited life expectancy
- Considered unsuitable for combination therapy

Chemotherapy

Supplementary Figure 4: Potential first- and second-line treatment options in patients with HR+ ABC with or without VM

ABC, advanced breast cancer; AI, aromatase inhibitor; CDK, cyclin-dependent kinase; ER+, estrogen receptor-positive; ET, endocrine therapy; HER2-, human epidermal growth factor 2-negative; HR+, hormone receptor-positive; PR+, progesterone receptor-positive; SERD, selective estrogen receptor degrader; VLM, visceral liver metastases; VM, visceral metastases; VnLM, visceral non-liver metastases.

Supplementary References

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