# Adjuvant polychemotherapy in oestrogen-receptor-poor breast cancer: meta-analysis of individual patient data from the randomised trials

## The Lancet 2008; 371: 29-40

## Early Breast Cancer Trialists' Collaborative Group (EBCTCG)

## Web site figures

Each figure is in three parts, corresponding to the three endpoints: (i) recurrence, (ii) breast cancer mortality and (iii) death from any cause.

**Web Fig. 1** Polychemotherapy versus not in ER-poor disease, subdivided first by type of comparison (absence or presence of tamoxifen in both treatment groups) and then by age at randomisation: event rate ratios for recurrence, breast cancer mortality and death from any cause

**Web Fig. 2** Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of tamoxifen in both treatment groups): event rate ratios for recurrence, breast cancer mortality and death from any cause

**Web Fig. 3** Tamoxifen versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of chemotherapy in both treatment groups): event rate ratios for recurrence , breast cancer mortality and death from any cause

**Web Fig. 4** Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) and age at randomisation: 10-year probabilities of recurrence, breast cancer mortality and death from any cause

**Web Fig. 5** Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) for patients with entry age < 50: 10-year probabilities of recurrence, breast cancer mortality and death from any cause

**Web Fig. 6** Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) for patients with entry ages 50-69: 10-year probabilities of recurrence, breast cancer mortality and death from any cause

**Web Fig. 7** Polychemotherapy versus not in ER-poor disease, subdivided first by age at

randomisation and then by nodal status: event rate ratios for recurrence, breast cancer mortality and death from any cause

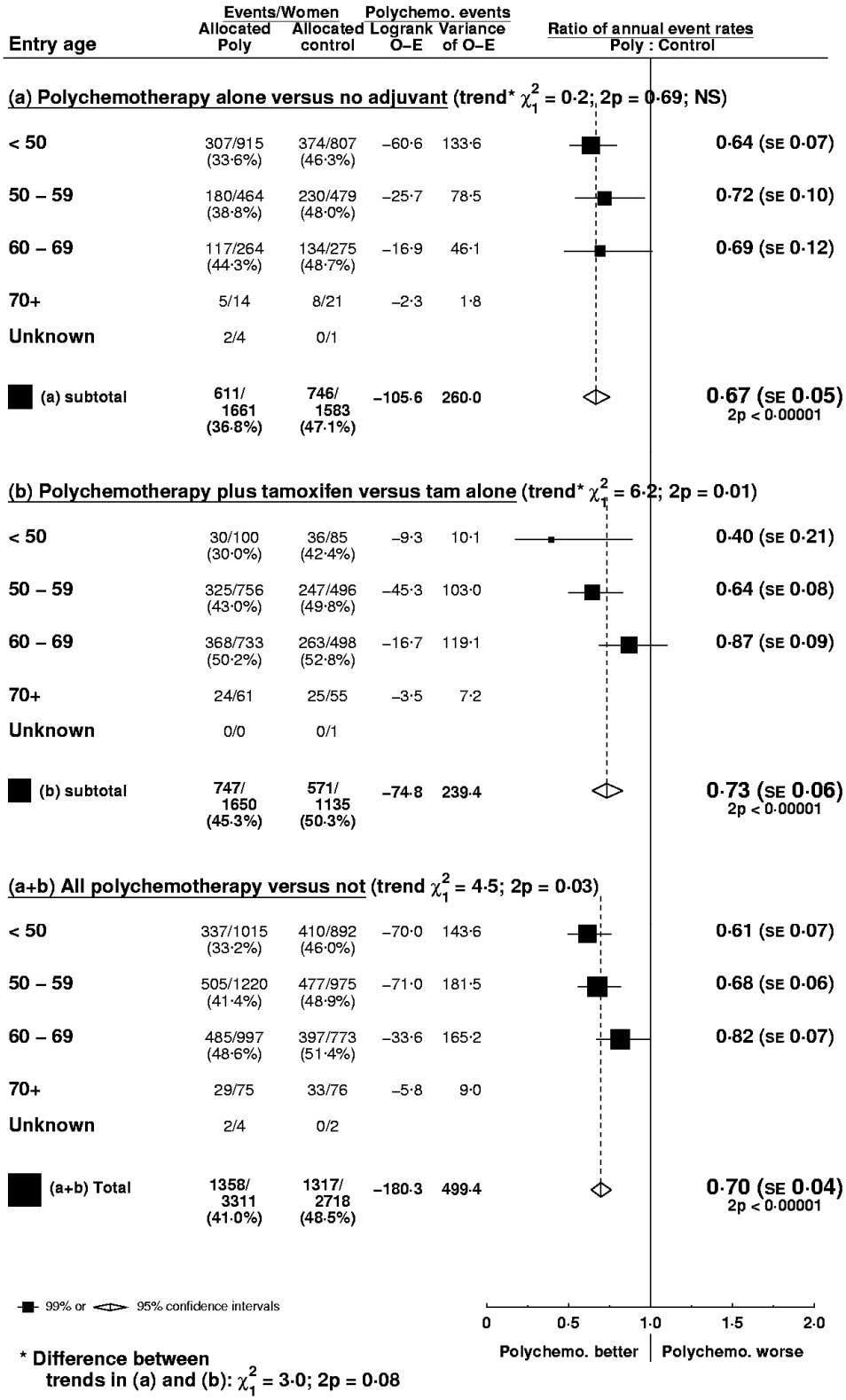
**Web Fig. 8** Polychemotherapy versus not in ER-poor disease, by various subgroups: event rate ratios for recurrence, breast cancer mortality and death from any cause

**Web Fig. 9** Polychemotherapy versus not in ER-poor disease: trial details and recurrence, breast cancer mortality and all-cause mortality rate ratios in each of 46 separate trials

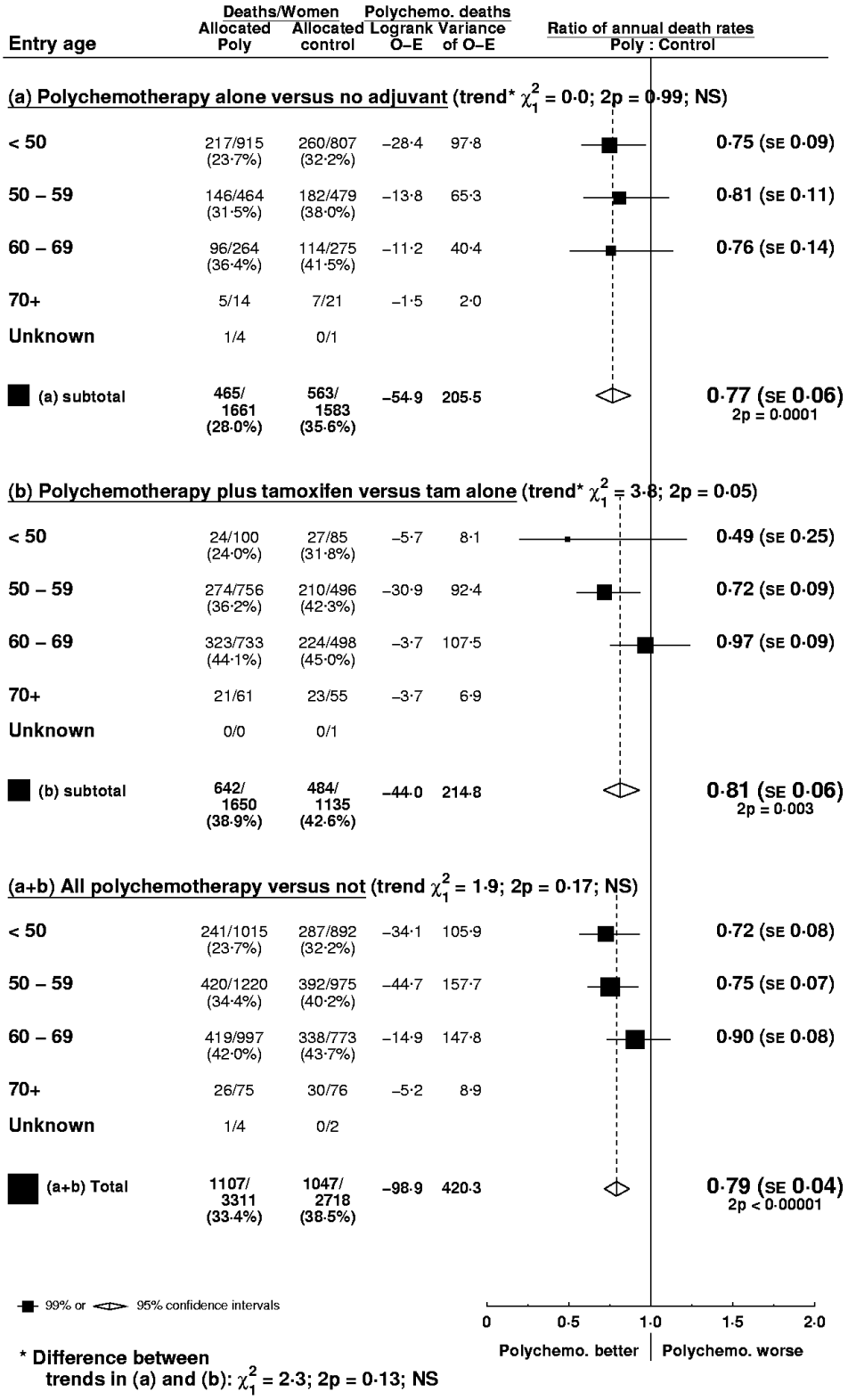
**Web Fig. 10** Tamoxifen versus not in ER-poor disease: trial details and recurrence, breast cancer mortality and all-cause mortality rate ratios in each of 50 separate trials

**Web Fig. 11** Perioperative polychemotherapy versus no adjuvant cytotoxic in ER-poor disease, subdivided by nodal and menopausal status: trial details and recurrence, breast cancer mortality and all-cause mortality rate ratios in each of 4 separate trials

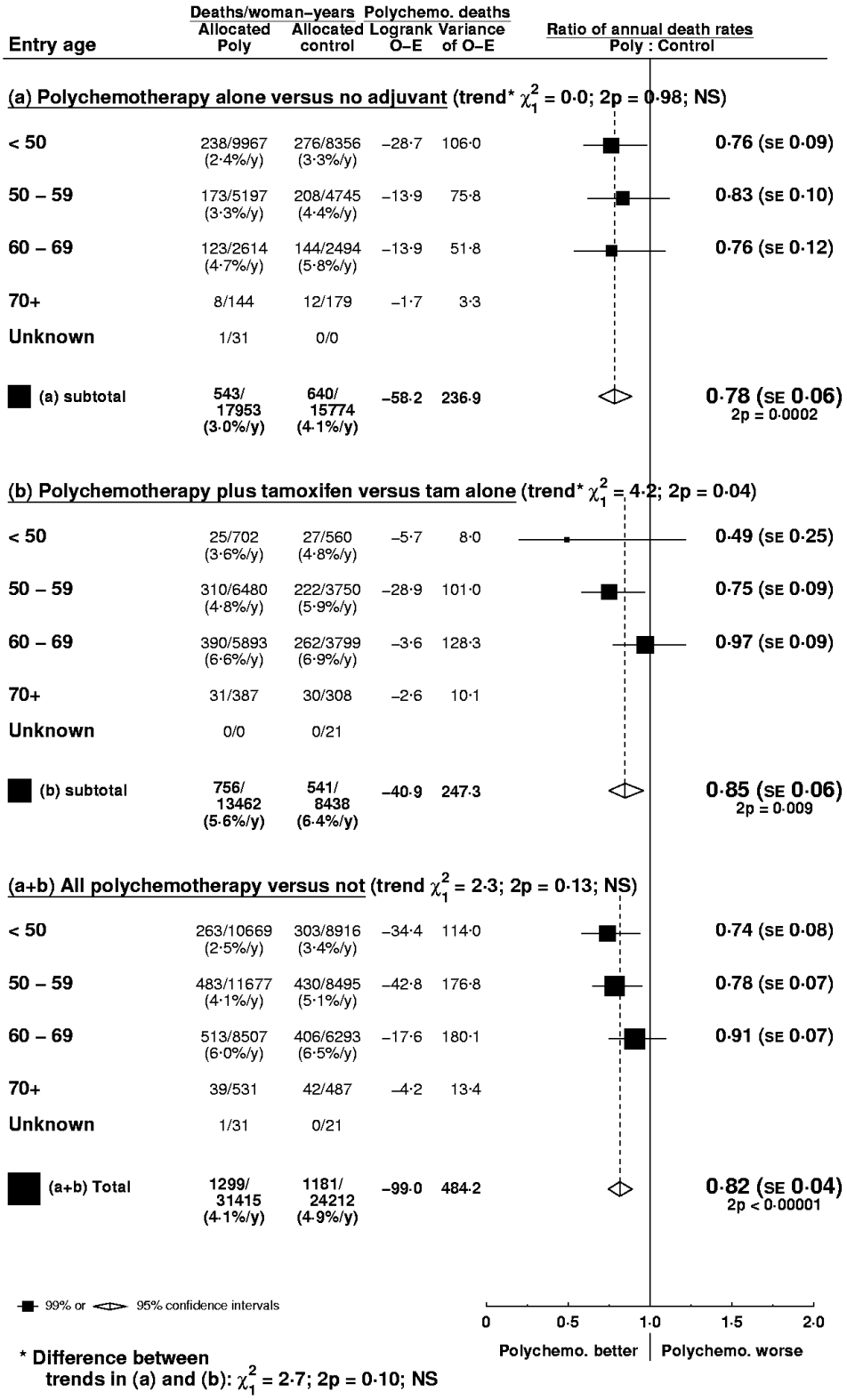
Web Fig. 1(i). Polychemotherapy versus not in ER-poor disease, subdivided first by type of comparison (absence or presence of tamoxifen in both treatment groups) and then by age at randomisation: event rate ratios for recurrence



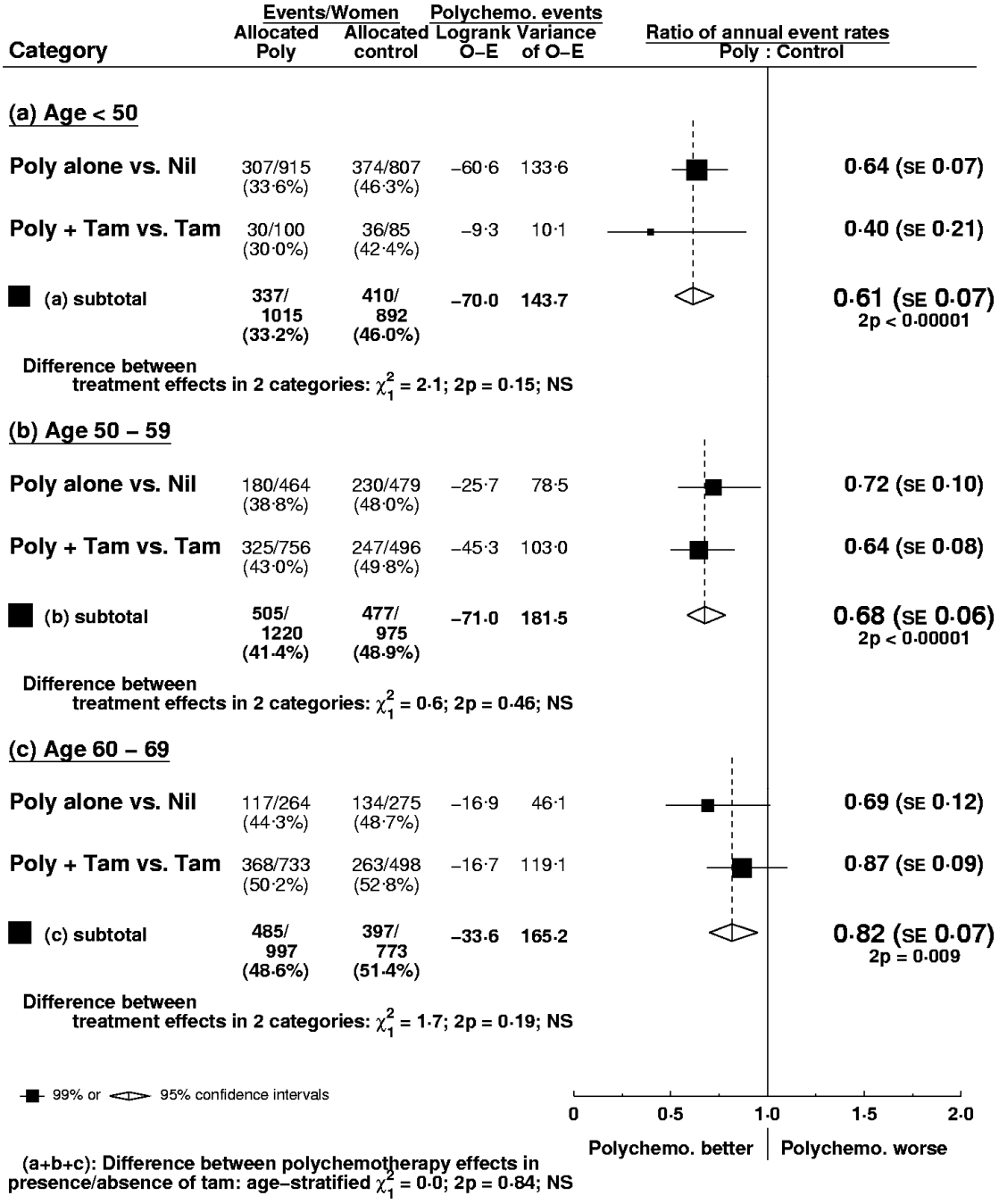
Web Fig. 1(ii). Polychemotherapy versus not in ER-poor disease, subdivided first by type of comparison (absence or presence of tamoxifen in both treatment groups) and then by age at randomisation: event rate ratios for breast cancer mortality



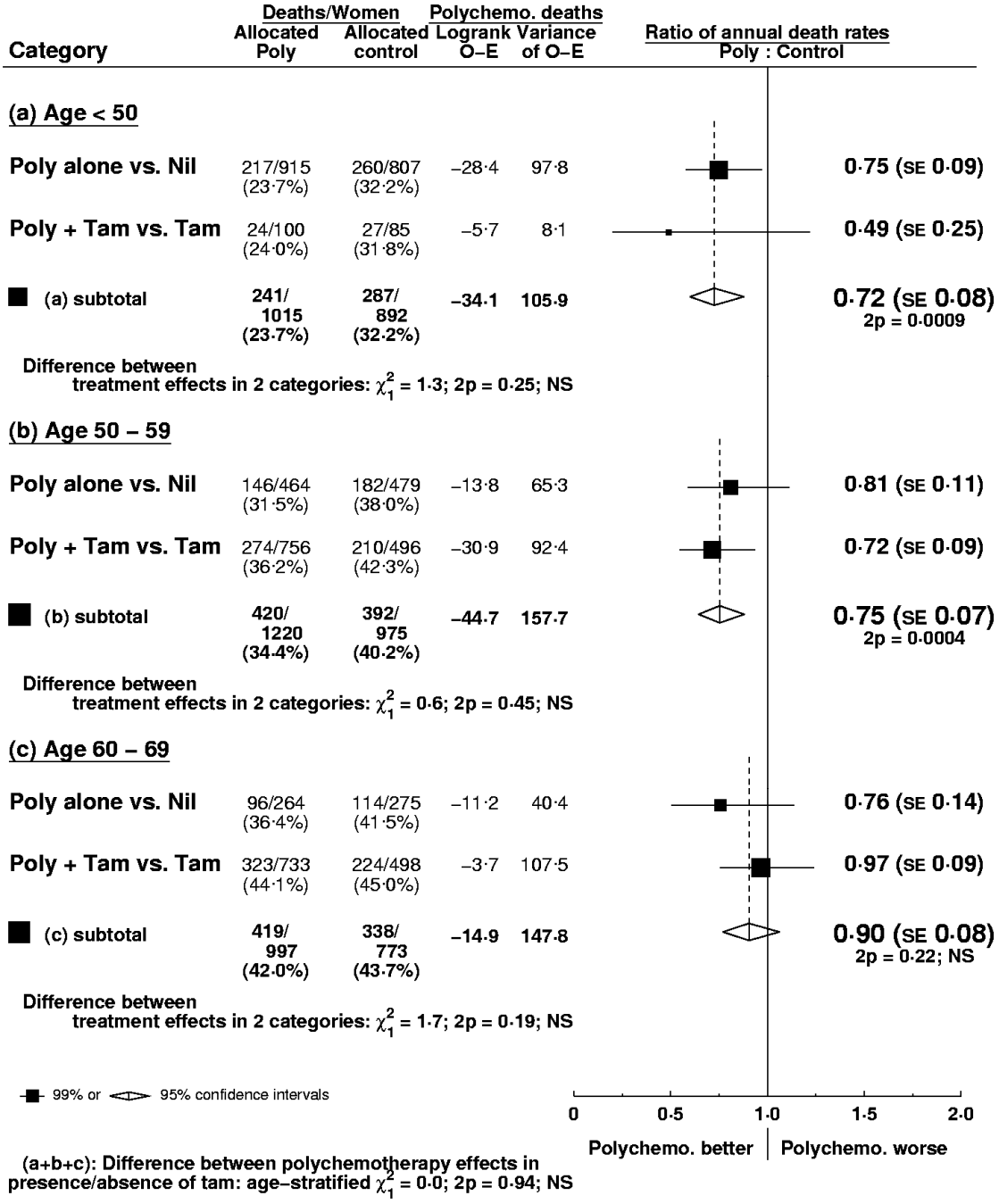
Web Fig. 1(iii). Polychemotherapy versus not in ER-poor disease, subdivided first by type of comparison (absence or presence of tamoxifen in both treatment groups) and then by age at randomisation: event rate ratios for death from any cause



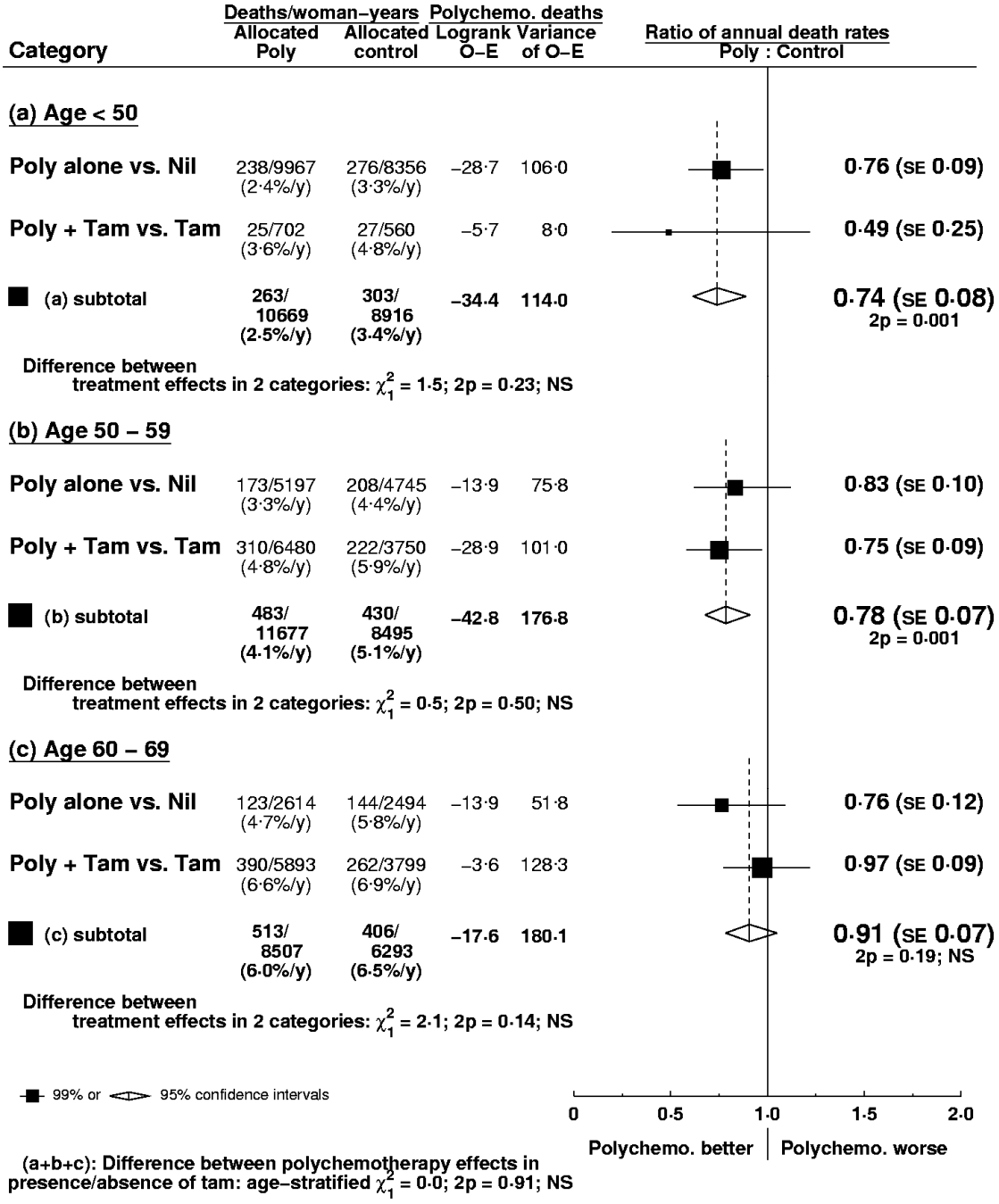
Web Fig. 2(i). Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of tamoxifen in both treatment groups): event rate ratios for recurrence



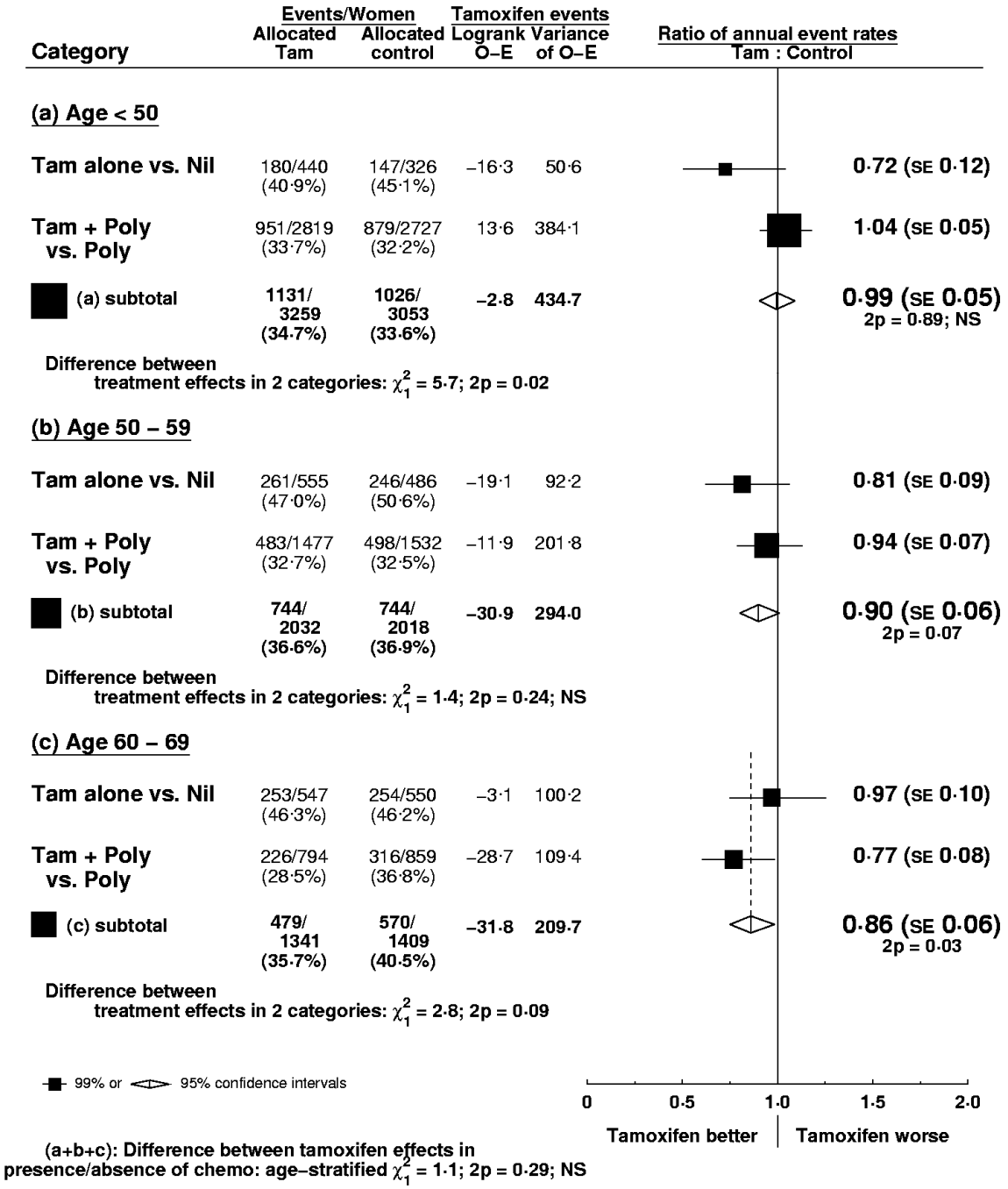
Web Fig. 2(ii). Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of tamoxifen in both treatment groups): event rate ratios for breast cancer mortality



Web Fig. 2(iii). Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of tamoxifen in both treatment groups): event rate ratios for death from any cause

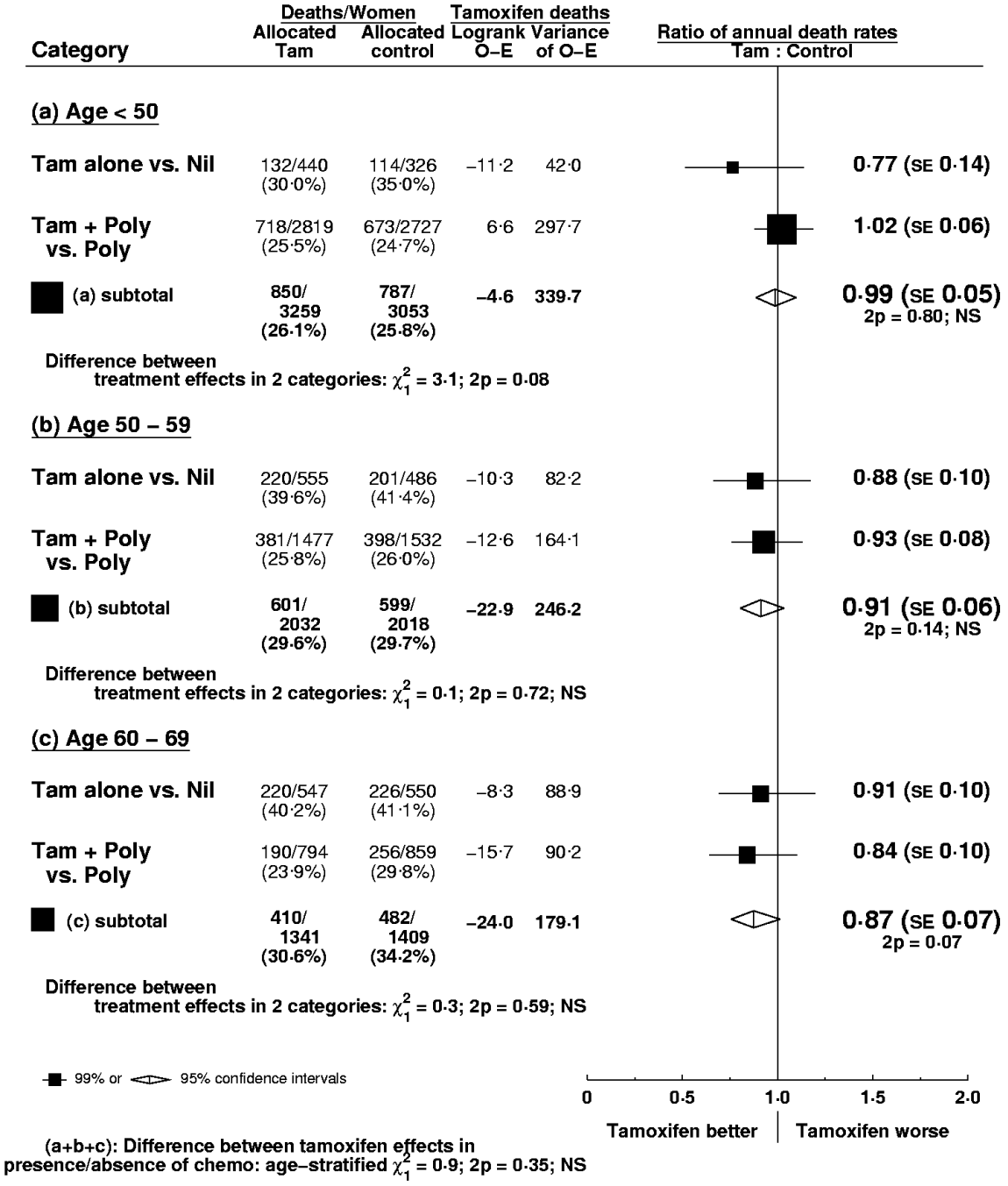


Web Fig. 3(i). Tamoxifen versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of chemotherapy* in both treatment groups): event rate ratios for recurrence




* In the tamoxifen versus not analyses, 3 of the 32 trials were of single-agent chemotherapy.

Web Fig. 3(ii). Tamoxifen versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of chemotherapy* in both treatment groups): event rate ratios for breast cancer mortality

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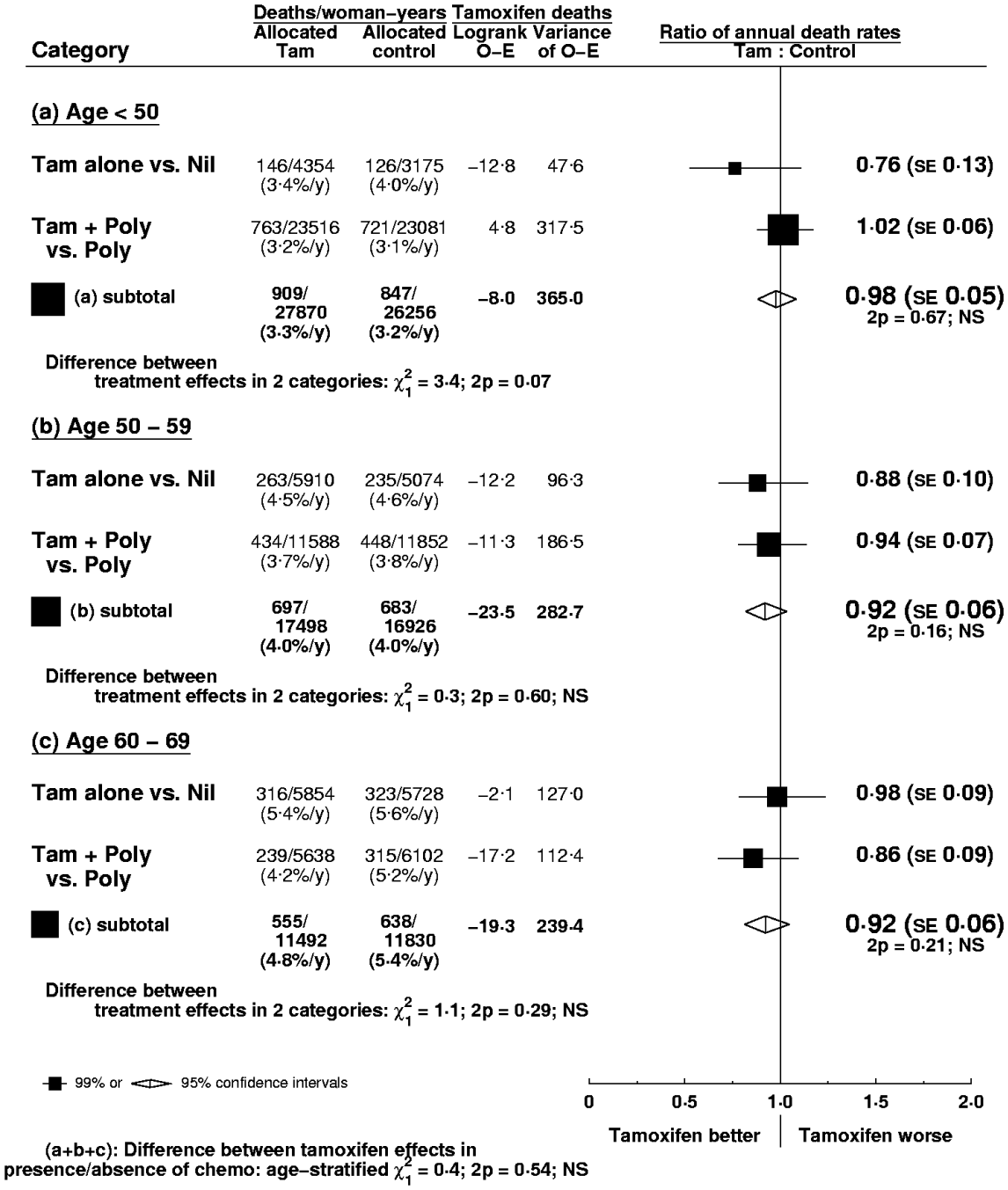
Web Fig. 3(iii). Tamoxifen versus not in ER-poor disease, subdivided first by age at randomisation and then by type of comparison (absence or presence of chemotherapy* in both treatment groups): event rate ratios for death from any cause

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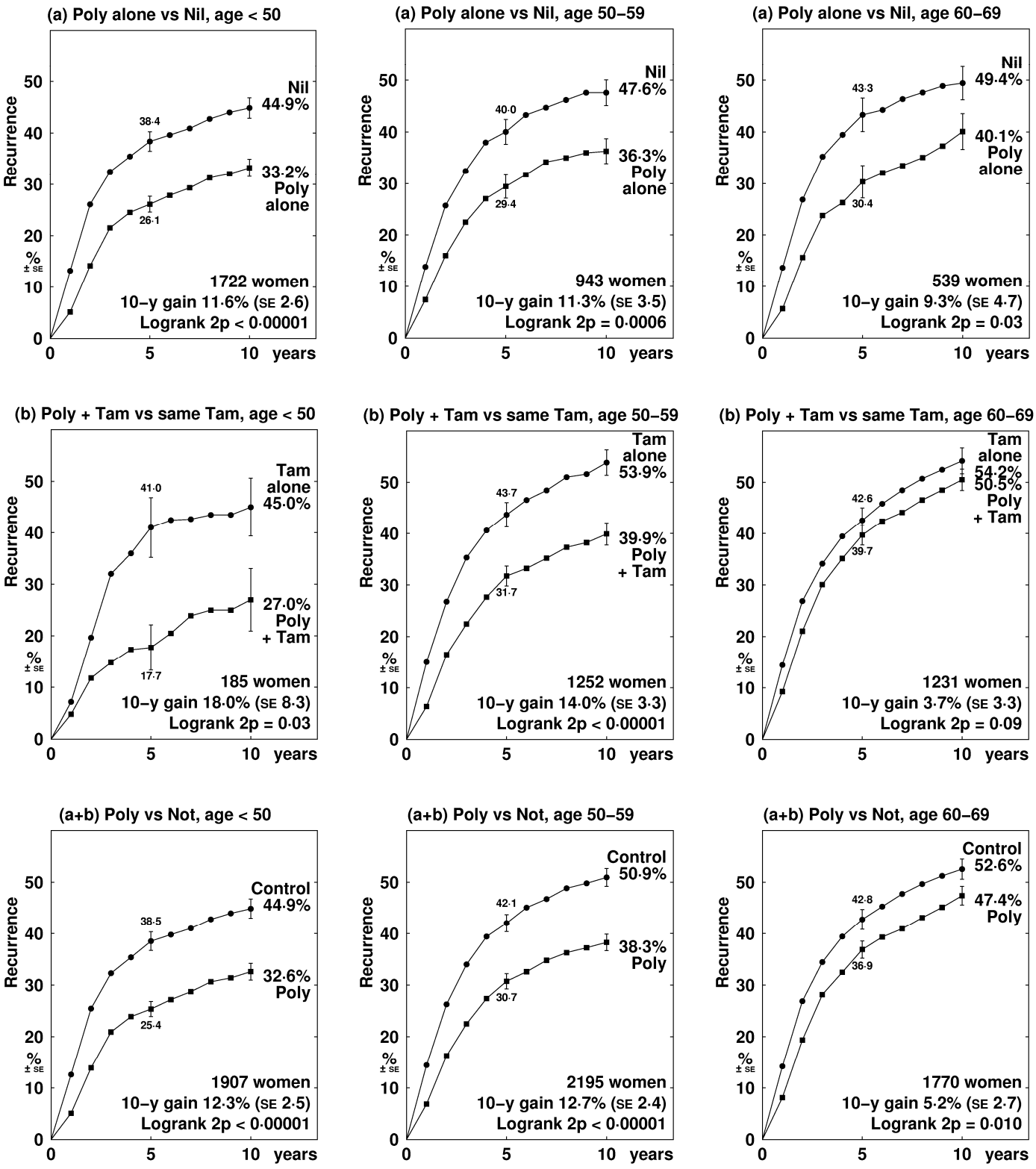
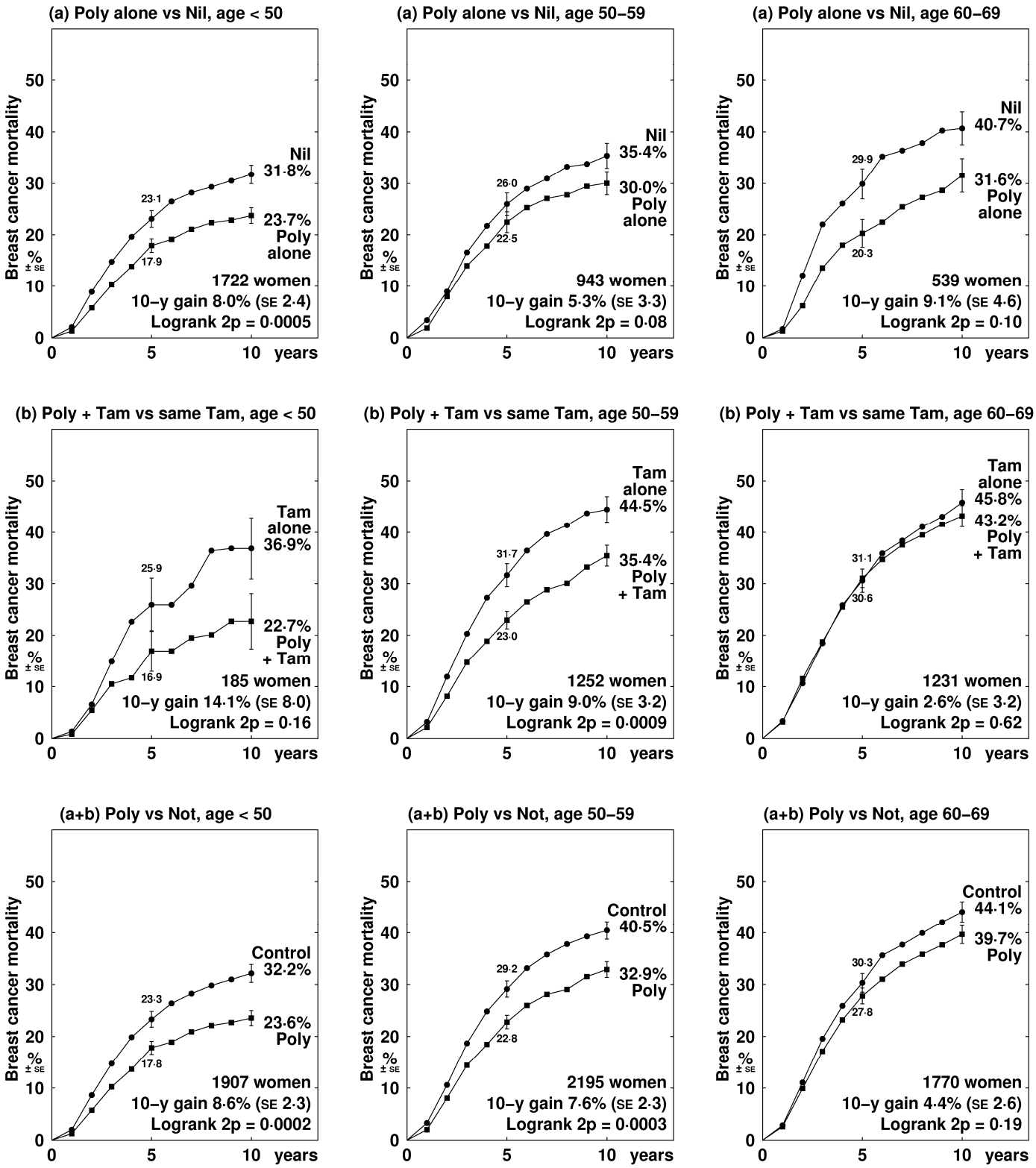
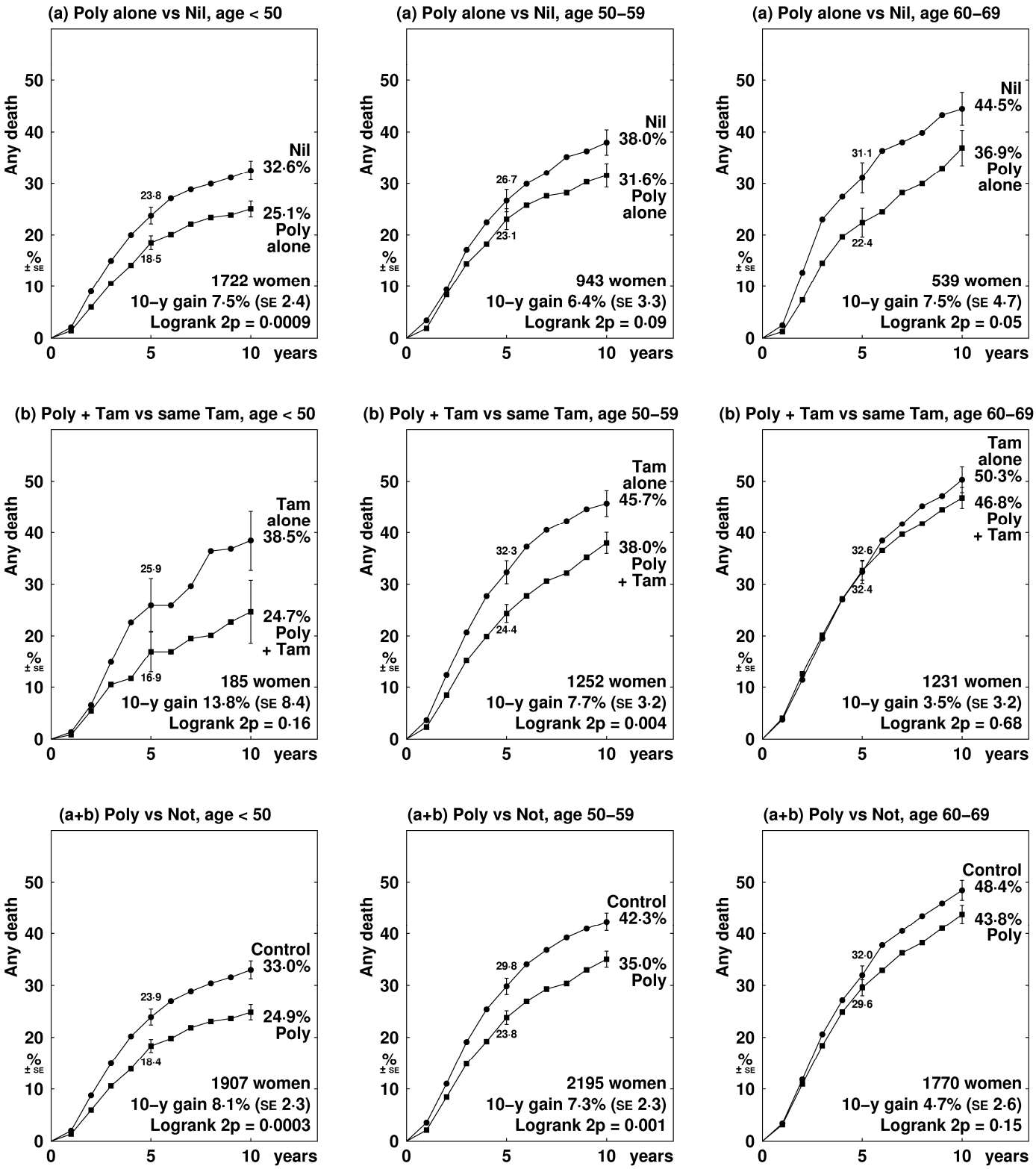
Web Fig. 4(i). Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) and age at randomisation: 10-year probabilities of recurrence



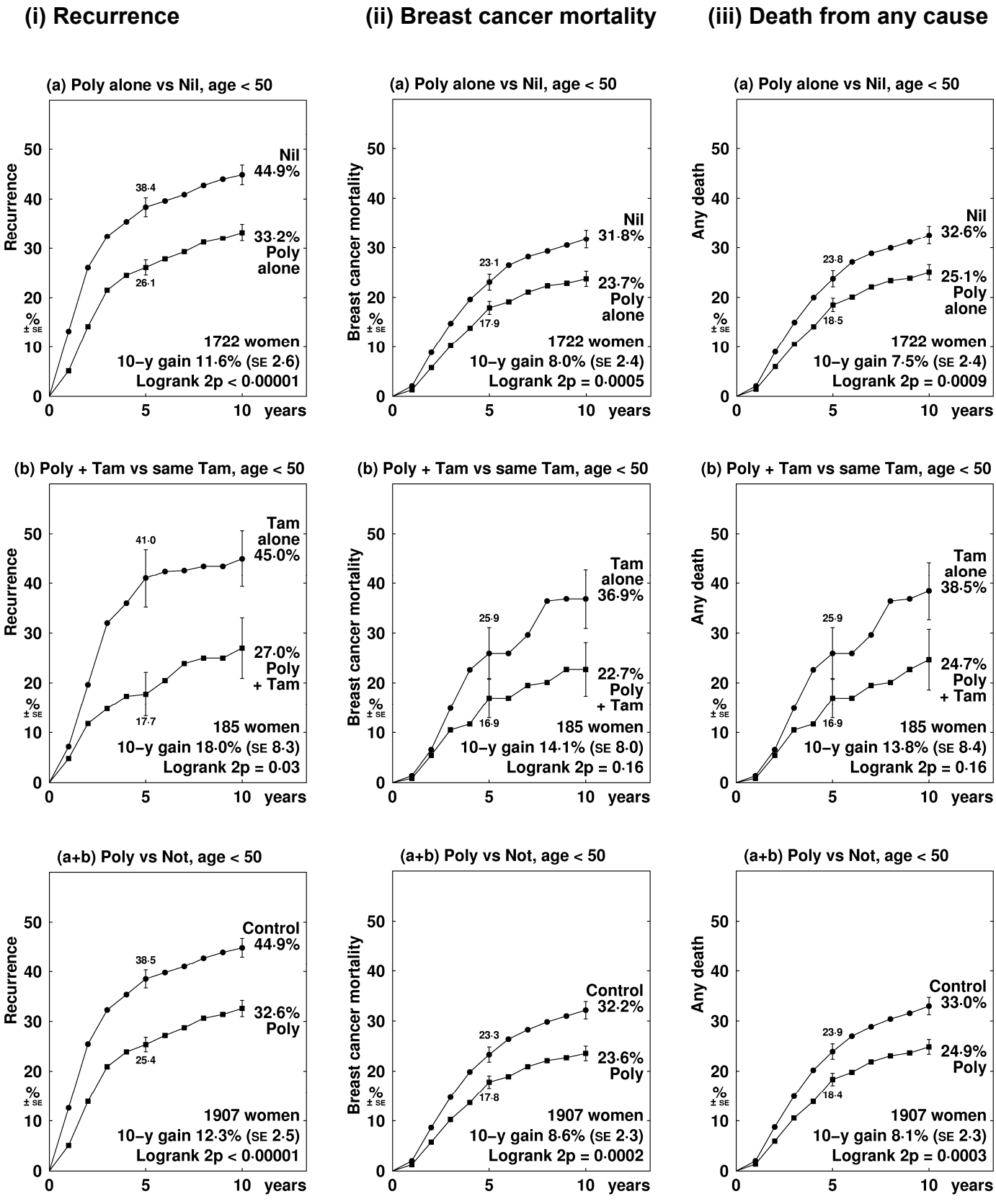
Web Fig. 4(ii). Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) and age at randomisation: 10-year probabilities of breast cancer mortality



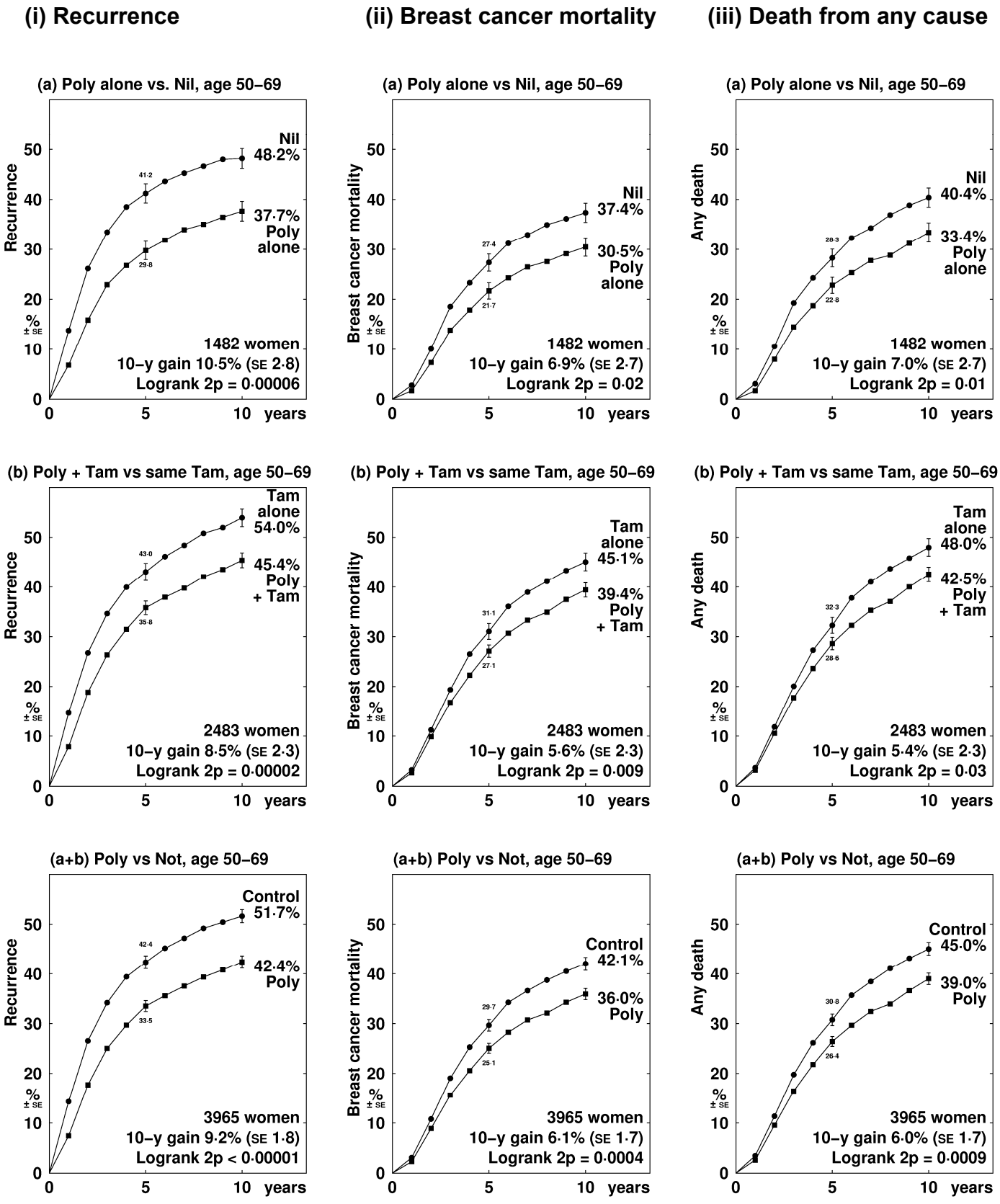
Web Fig. 4(iii). Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) and age at randomisation: 10-year probabilities of death from any cause



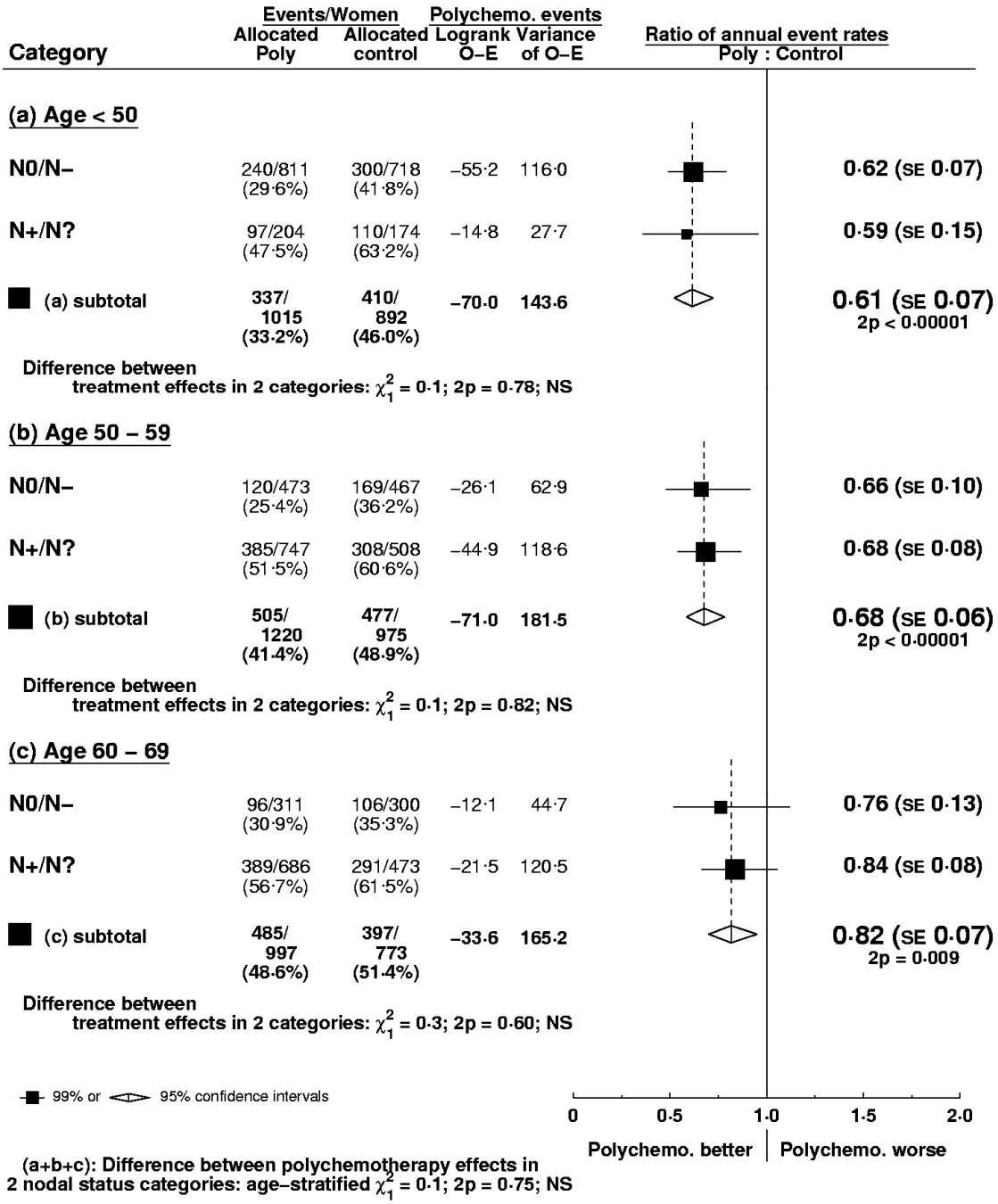
Web Fig. 5. Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) for patients with entry age < 50: 10-year probabilities of (i) recurrence, (ii) breast cancer mortality and (iii) death from any cause



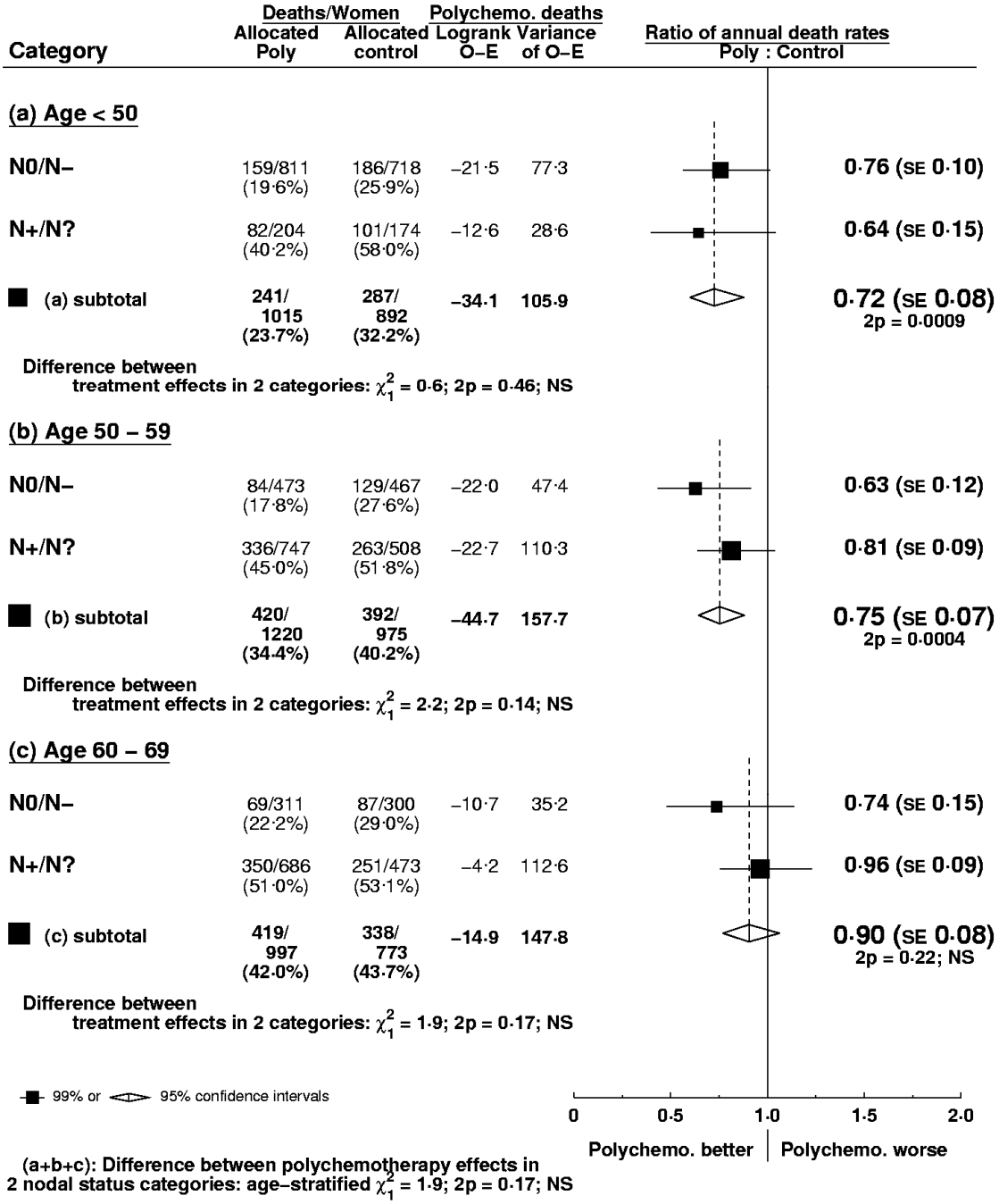
Web Fig. 6. Polychemotherapy versus not in ER-poor disease, by type of comparison (absence or presence of tamoxifen in both treatment groups) for patients with entry ages 50-69: 10-year probabilities of (i) recurrence, (ii) breast cancer mortality and (iii) death from any cause



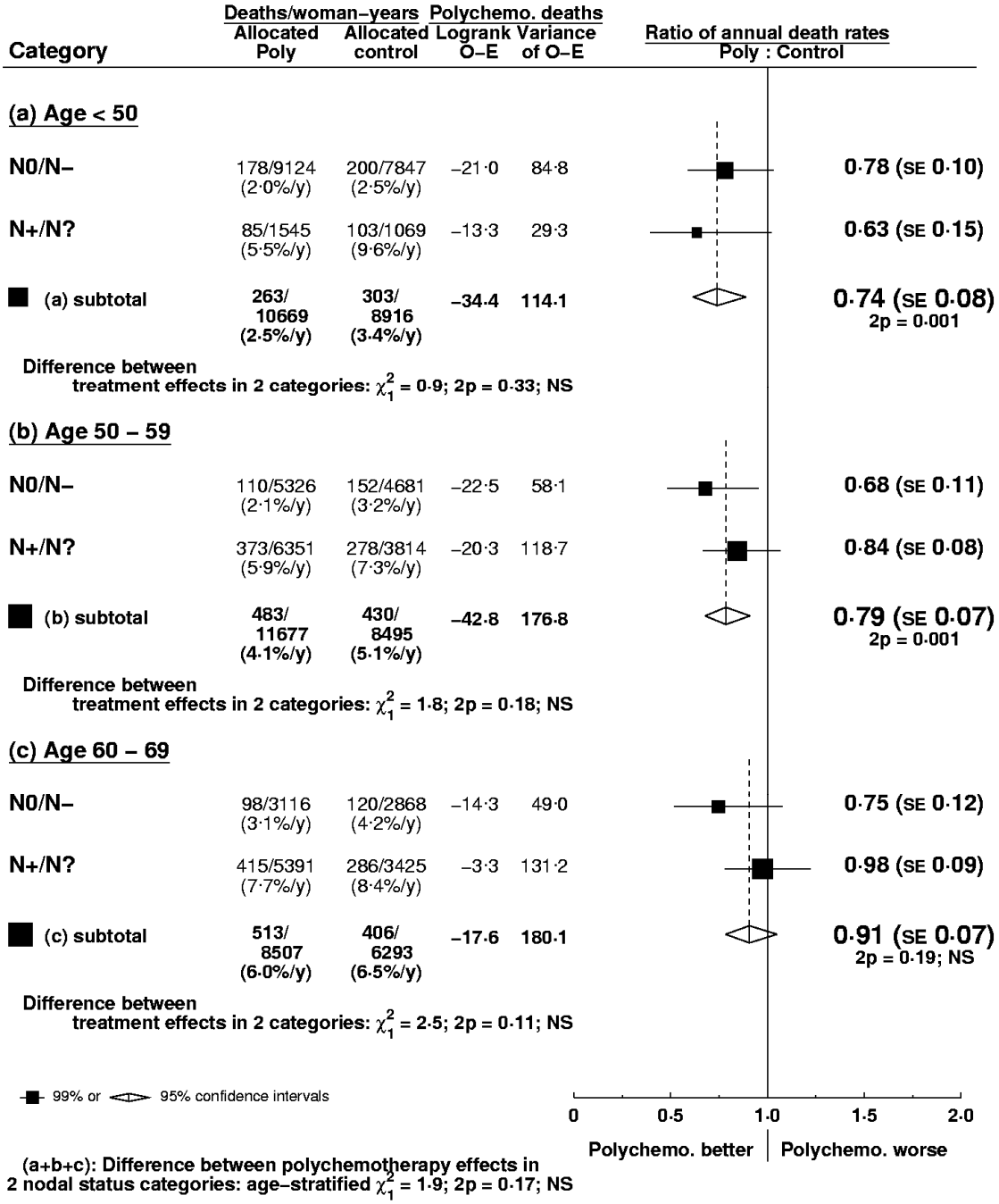
Web Fig. 7(i). Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by nodal status: event rate ratios for recurrence



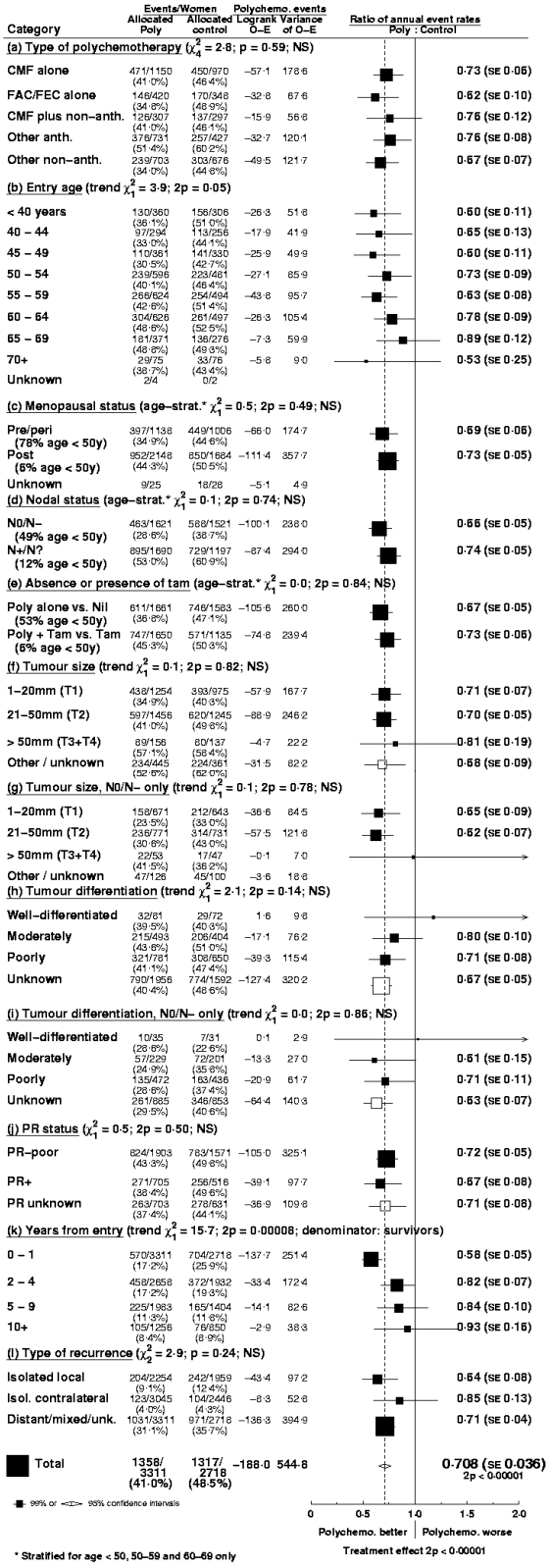
Web Fig. 7(ii). Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by nodal status: event rate ratios for breast cancer mortality



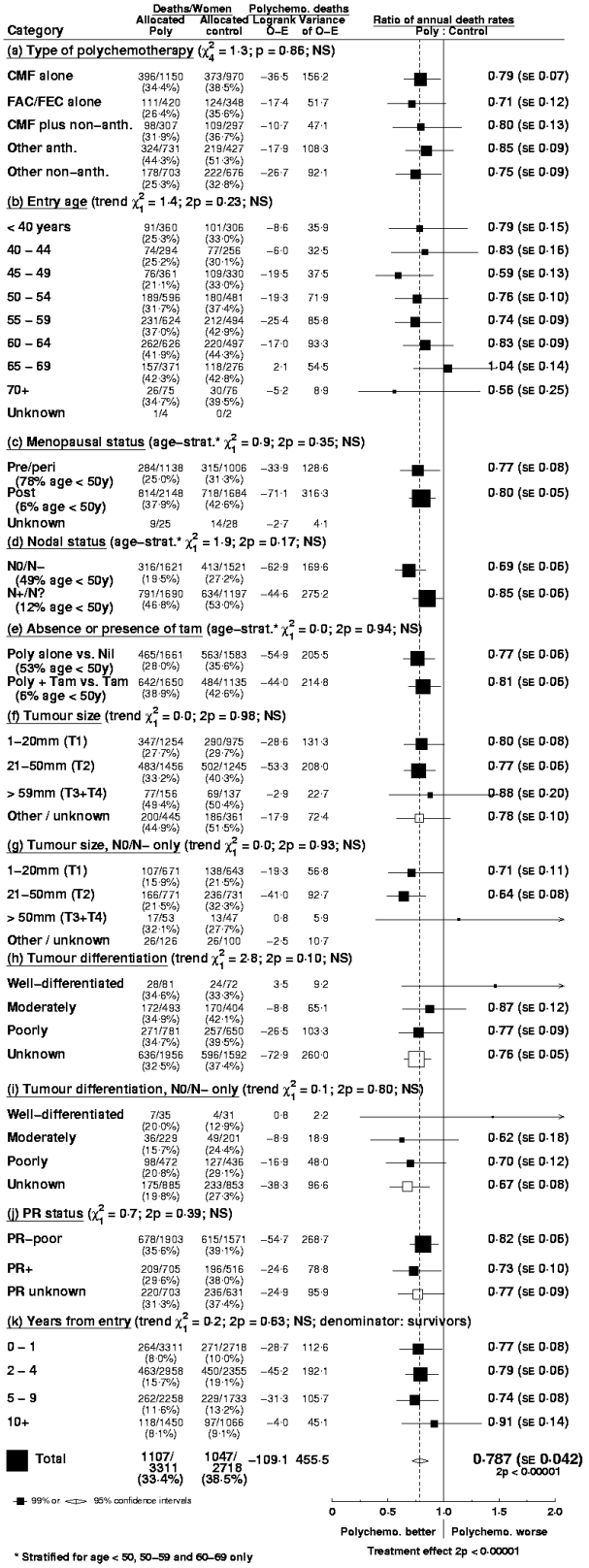
Web Fig. 7(iii). Polychemotherapy versus not in ER-poor disease, subdivided first by age at randomisation and then by nodal status: event rate ratios for death from any cause



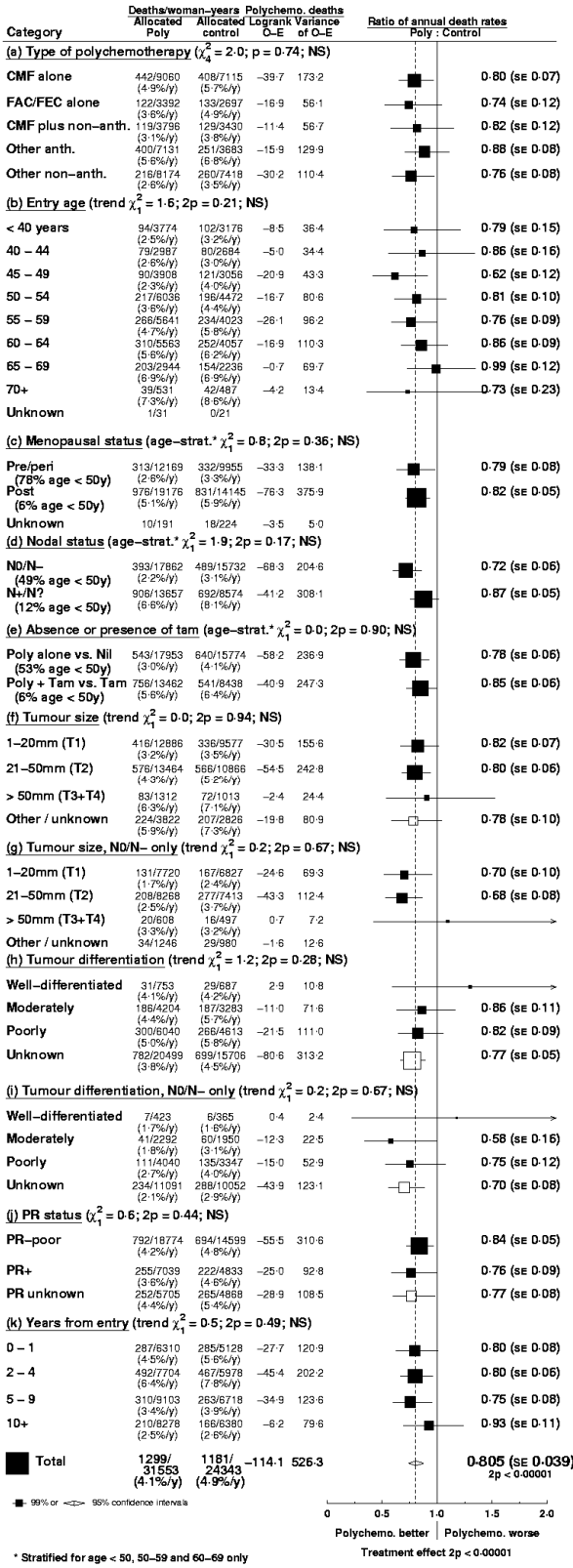
# Web Fig. 8(i). Polychemotherapy versus not in ER-poor disease, by various subgroups: event rate ratios for recurrence



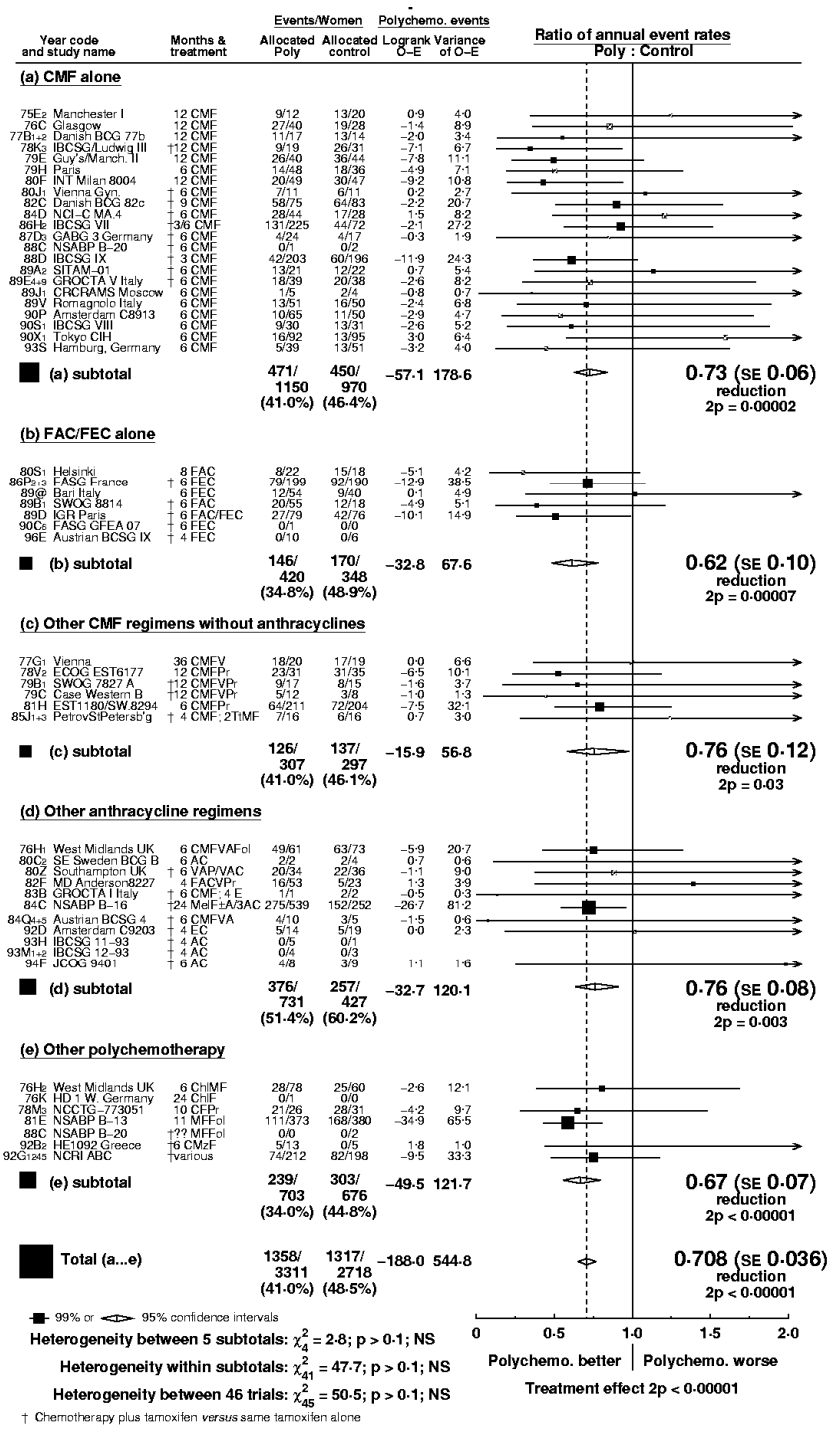
# Web Fig. 8(ii). Polychemotherapy versus not in ER-poor disease, by various subgroups: event rate ratios for breast cancer mortality



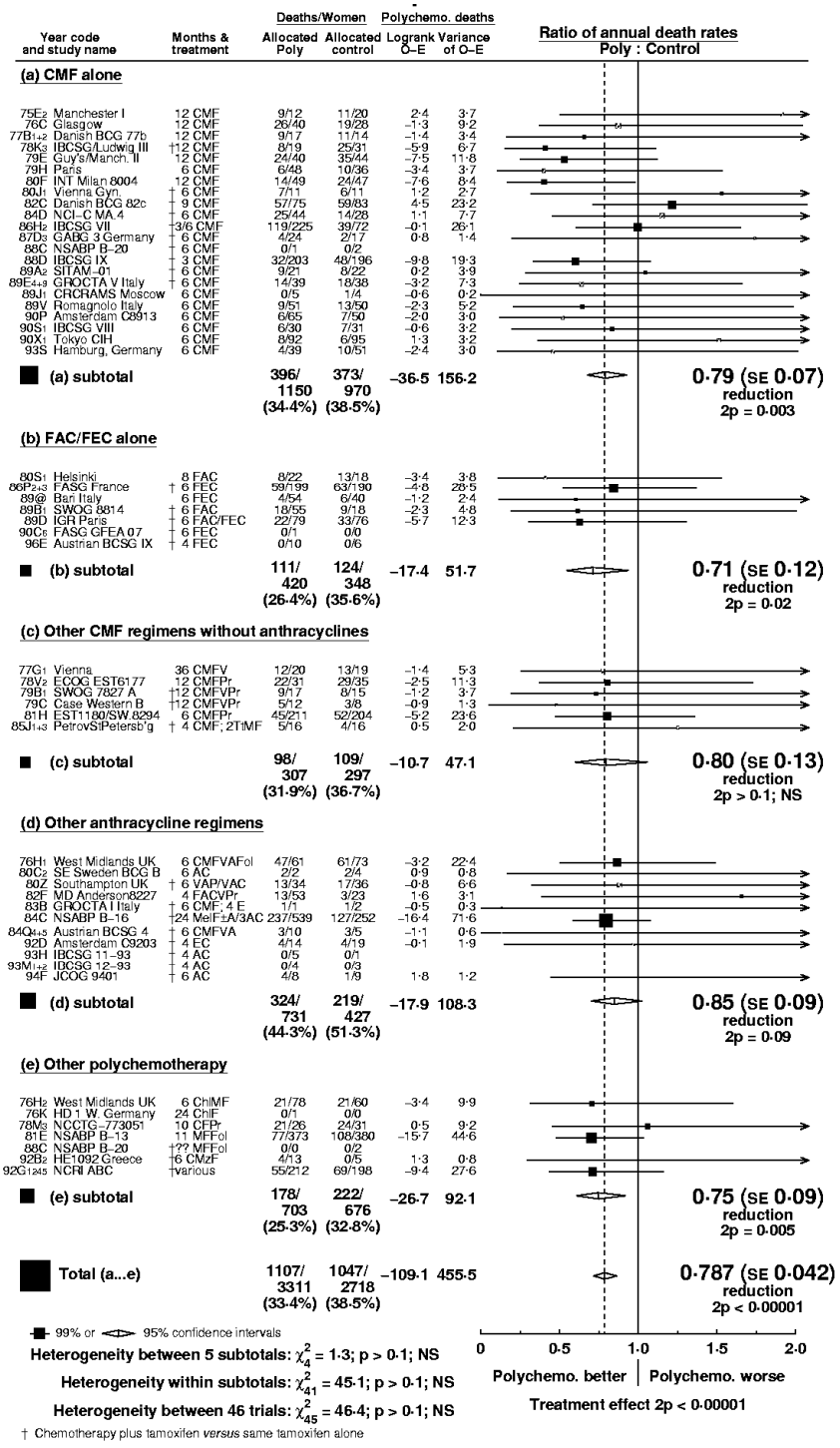
# Web Fig. 8(iii). Polychemotherapy versus not in ER-poor disease, by various subgroups: event rate ratios for death from any cause



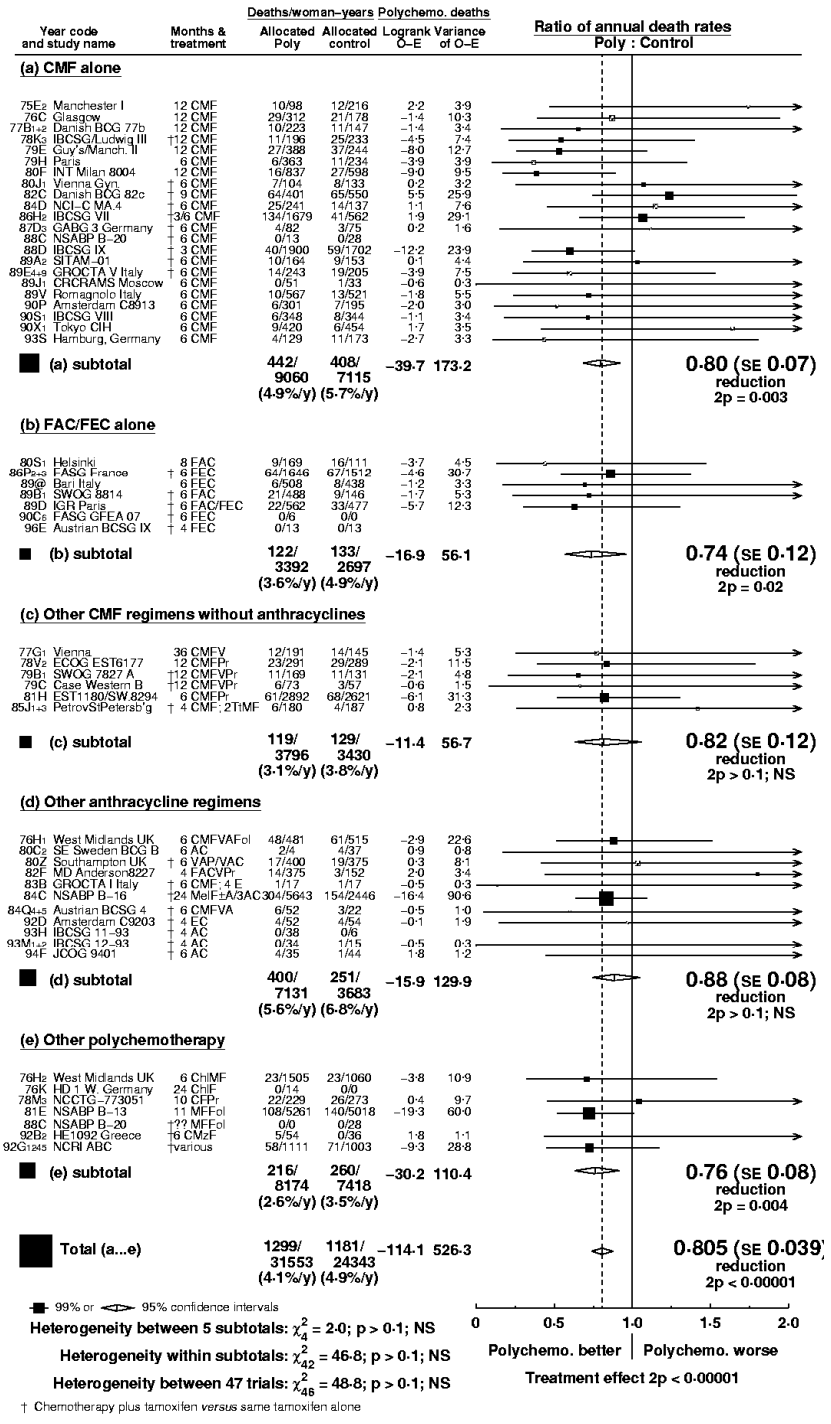
# Web Fig. 9(i). Polychemotherapy versus not in ER-poor disease: trial details and recurrence rate ratios in each of 46 separate trials



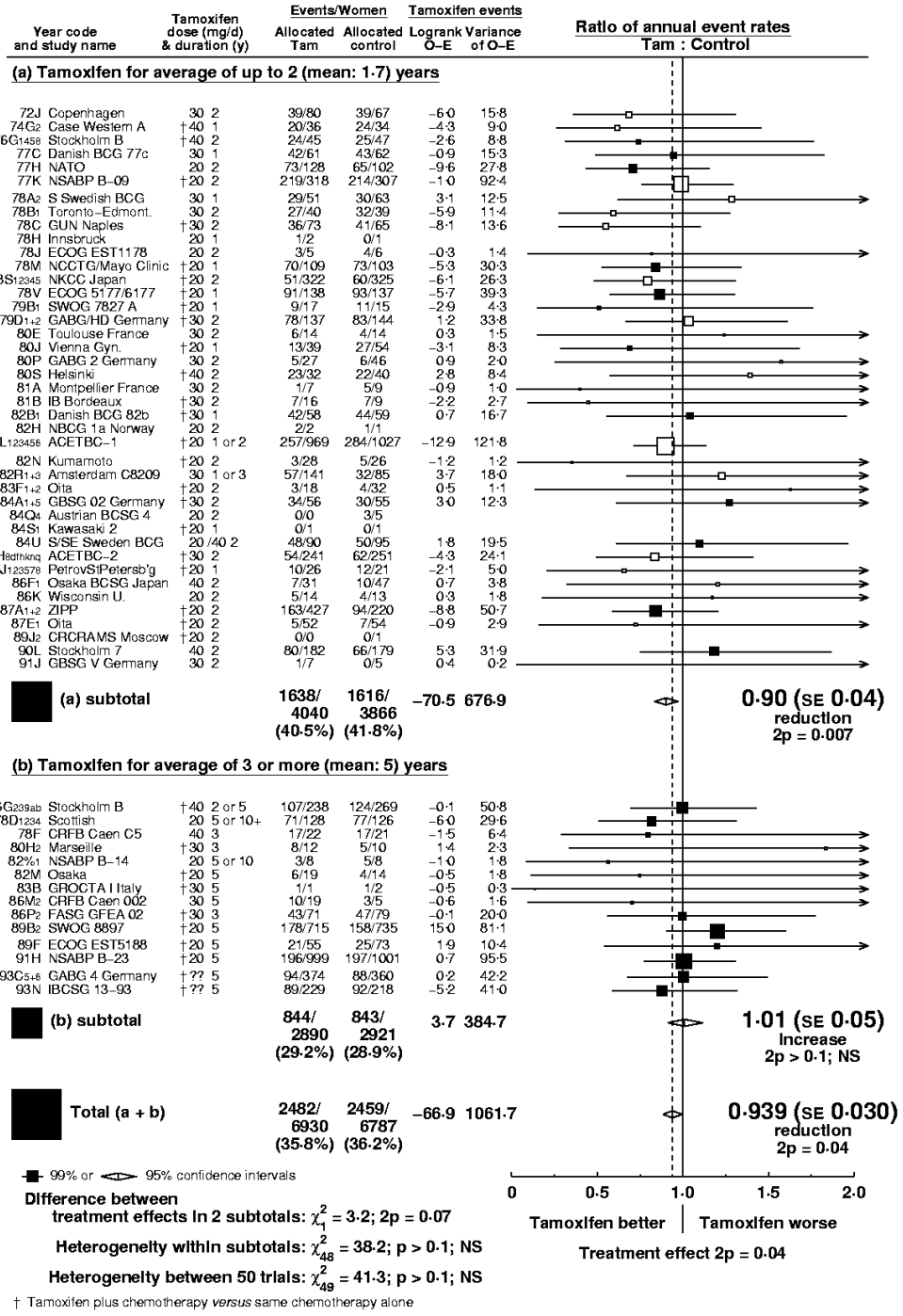
# Web Fig. 9(ii). Polychemotherapy versus not in ER-poor disease: trial details and breast cancer mortality rate ratios in each of 46 separate trials



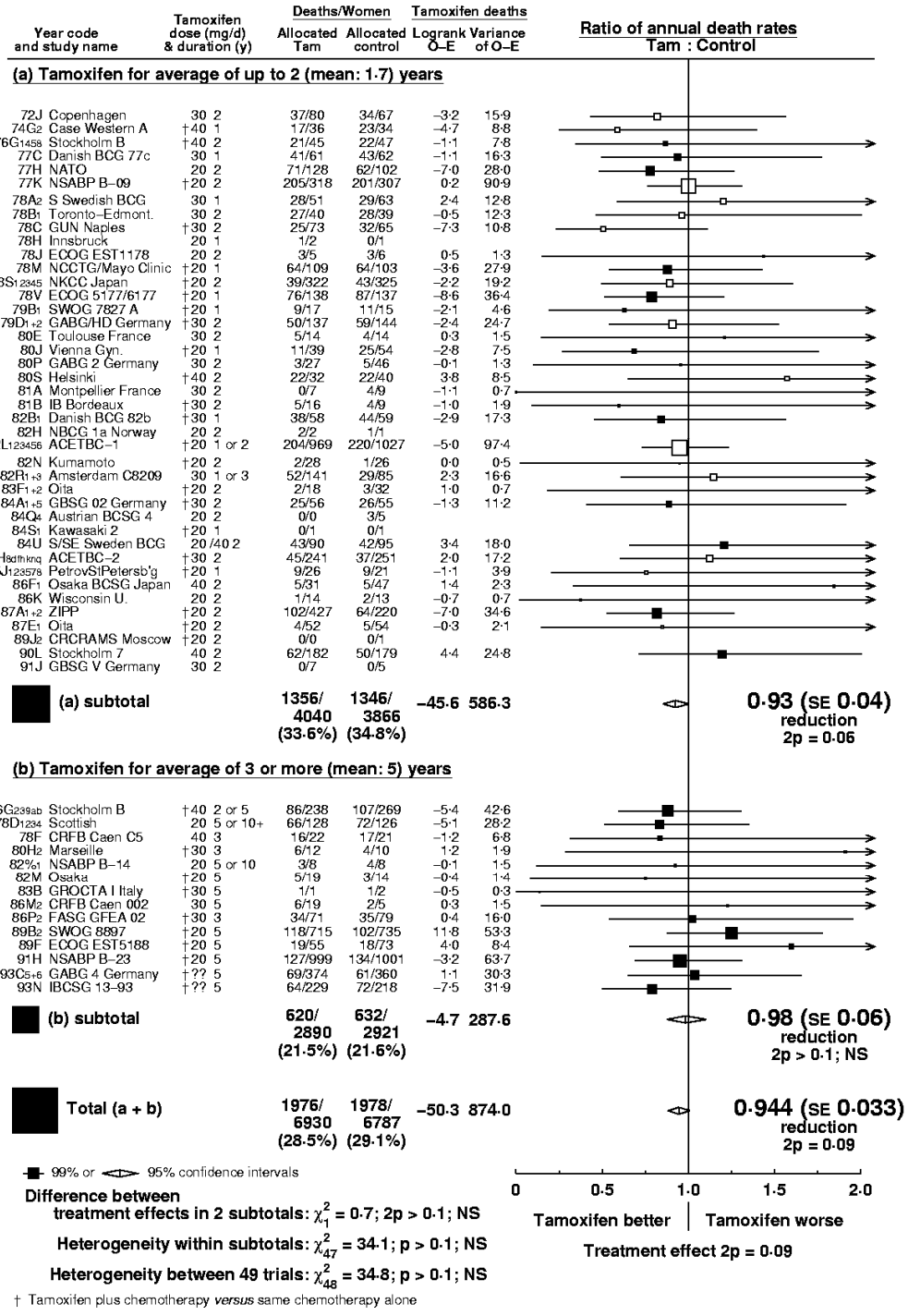
# Web Fig. 9(iii). Polychemotherapy versus not in ER-poor disease: trial details and all-cause mortality rate ratios in each of 46 separate trials



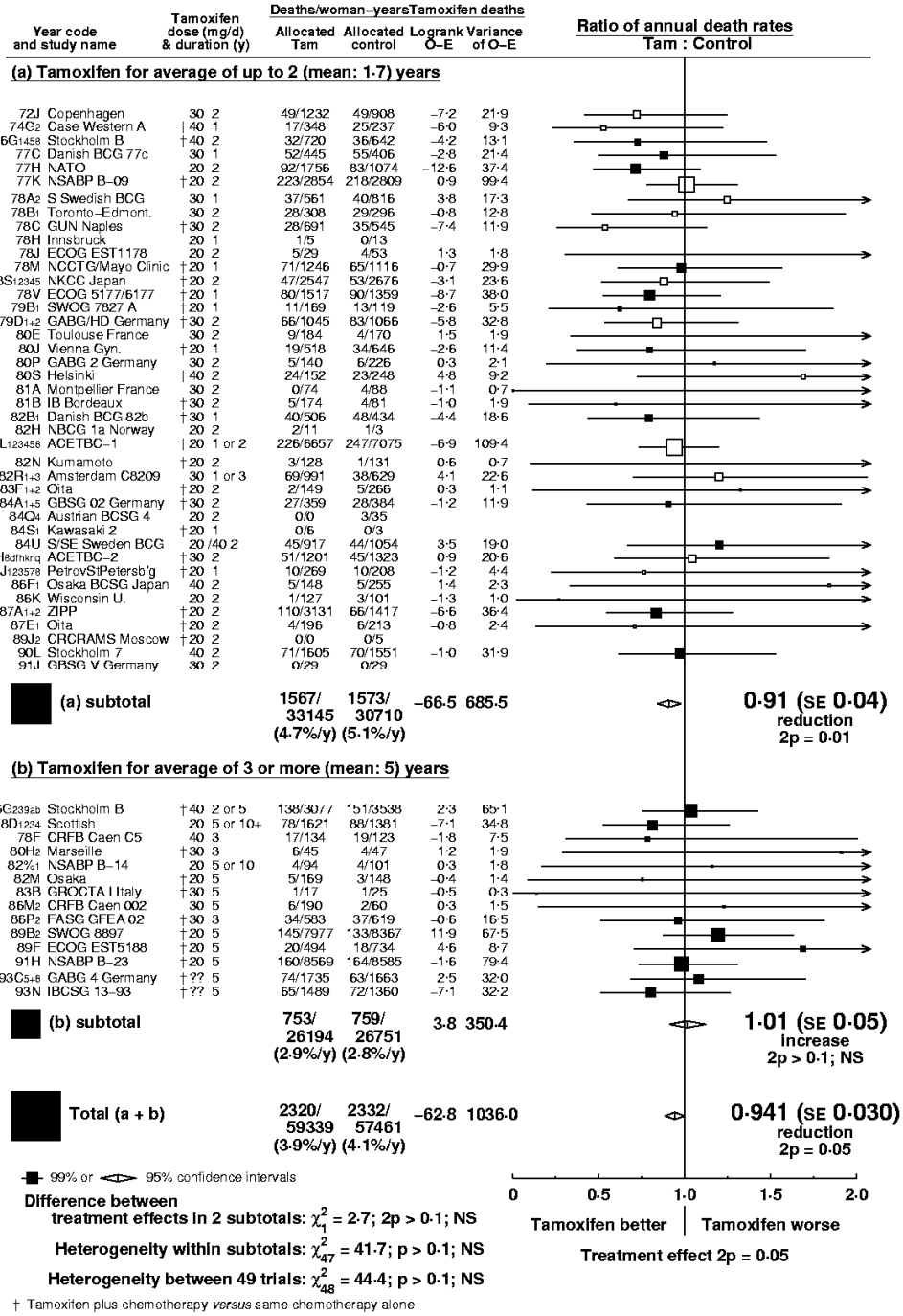
# Web Fig. 10(i). Tamoxifen versus not in ER-poor disease: trial details and recurrence rate ratios in each of 50 separate trials



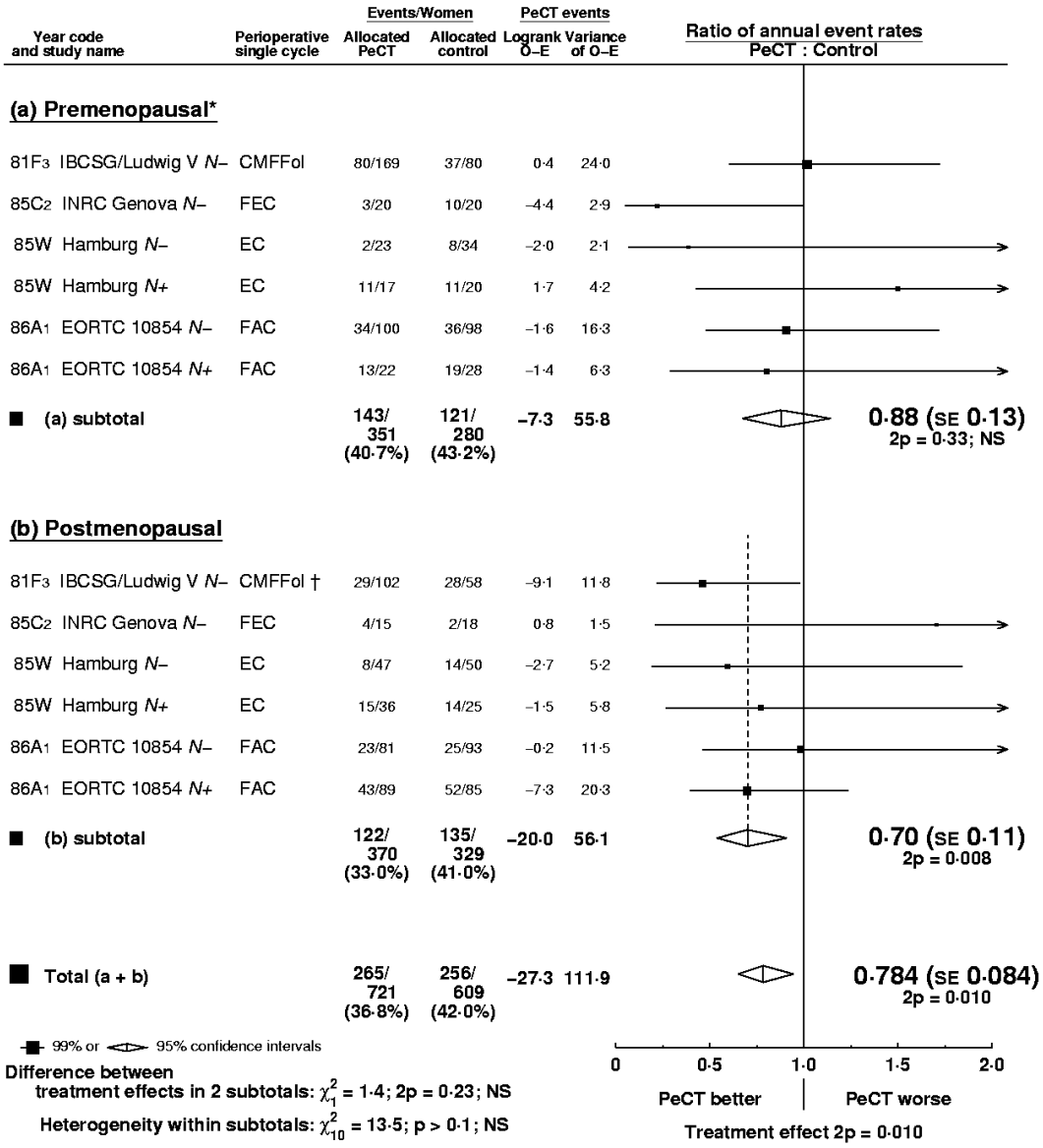
# Web Fig. 10(ii). Tamoxifen versus not in ER-poor disease: trial details and breast cancer mortality rate ratios in each of 50 separate trials



# Web Fig. 10(iii). Tamoxifen versus not in ER-poor disease: trial details and all-cause mortality rate ratios in each of 50 separate trials



Web Fig. 11(i). Perioperative polychemotherapy (PeCT) versus no adjuvant cytotoxic in ER-poor disease, subdivided by nodal and menopausal status: trial details and recurrence rate ratios in each of 4 separate trials




* Includes perimenopausal (and age < 50 with unknown status)

† Hypothesis generator

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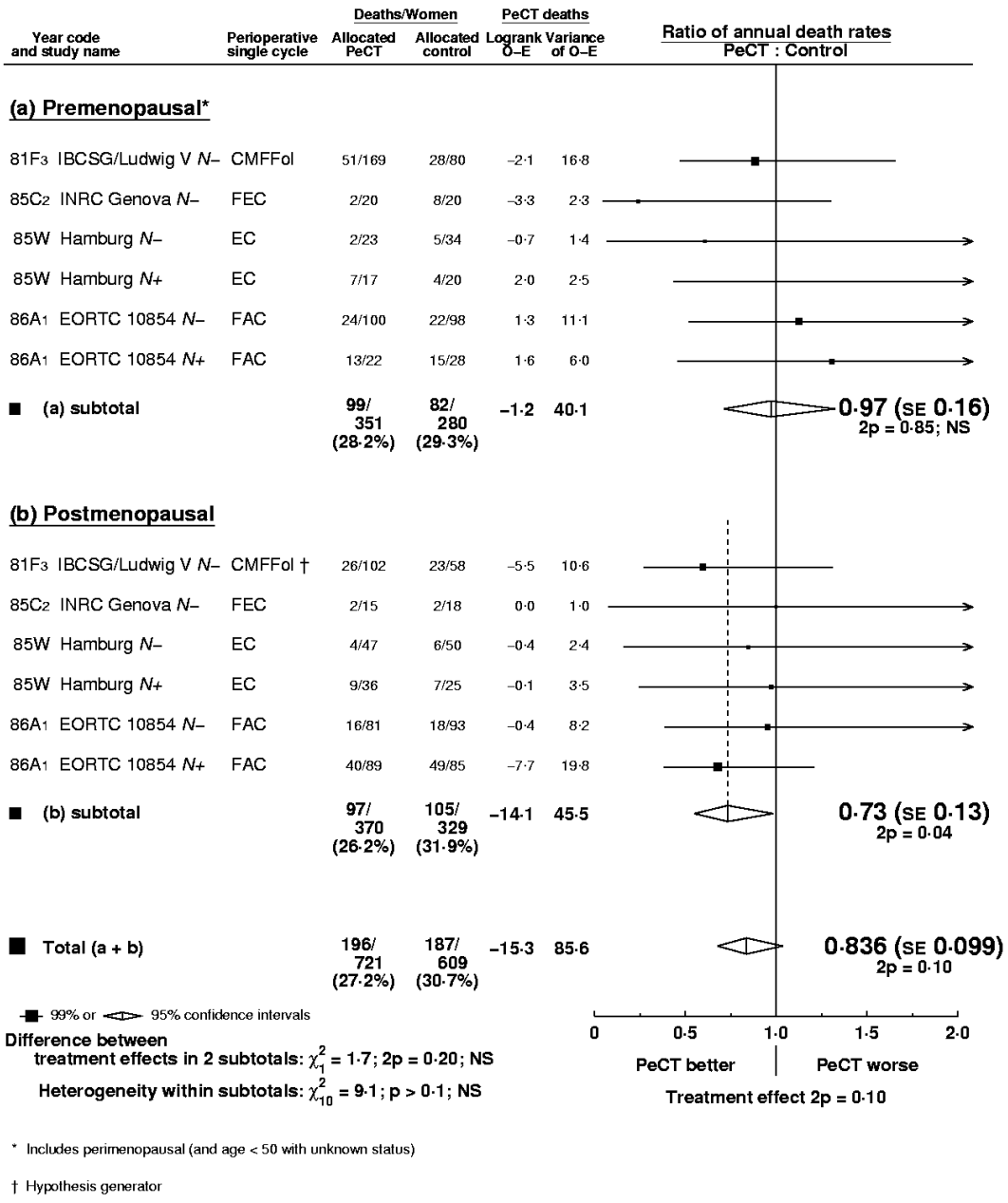


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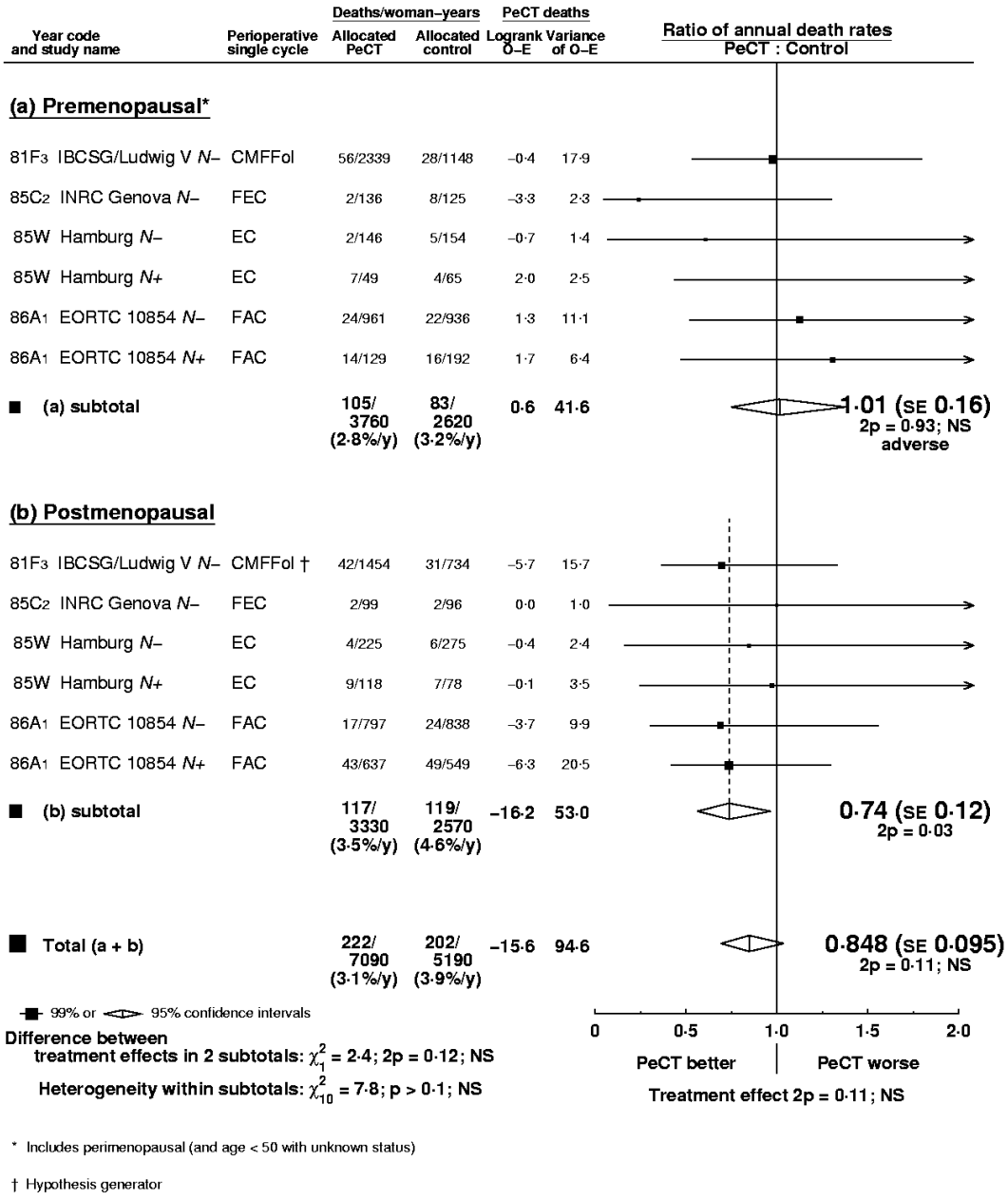
Web Fig. 11(iii). Perioperative polychemotherapy (PeCT) versus no adjuvant cytotoxic in ER-poor disease, subdivided by nodal and menopausal status: trial details and all-cause mortality rate ratios in each of 4 separate trials

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