Supplementary materials for: Efficacy and safety of CT-P6 versus reference trastuzumab in HER2-positive early breast cancer: updated results of a randomised phase 3 trial

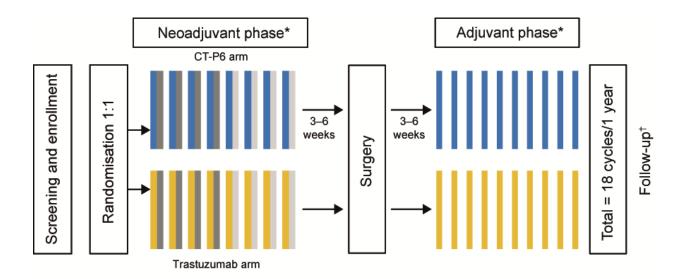
F.J. Esteva, Y.V. Baranau, V. Baryash, A. Manikhas, V. Moiseyenko, G. Dzagnidze, E. Zhavrid, D. Boliukh, D. Stroyakovskiy, J. Pikiel, A.E. Eniu, R.K. Li, A.V. Rusyn, B.

*Corresponding author: Justin Stebbing; Division of Cancer, Imperial Centre for
Translational and Experimental Medicine, London, UK; Imperial College Healthcare NHS
Trust, Charing Cross Hospital, Fulham Palace Road, London, W6 8RF, UK
Email address: j.stebbing@imperial.ac.uk.

Online Resource 1: Supplementary Figure

Tiangco, S.J. Lee, S. Young Lee, S.Y. Yu and J. Stebbing*

Fig. S1 Study design diagram



- CT-P6: 6 mg/kg administered intravenously on day 1 of each cycle[‡]
- Trastuzumab: 6 mg/kg administered intravenously on day 1 of each cycle[‡]
- Docetaxel: 75 mg/m² given on day 1 of cycles 1–4
- Fluorouracil (500 mg/m²), epirubicin (75 mg/m²) and cyclophosphamide (500 mg/m²), given on day 1 of cycles 5–8

[‡]In place of the usual 6 mg/kg dose, an 8 mg/kg loading dose was administered on day 1 of cycle 1 in the neoadjuvant period only

^{*}Each cycle lasted 3 weeks

[†]Up to 3 years from the date of enrolment of the last patient