## Report of the Independent Review of radiologic responses of HERACLES trial

Product Code:

Report of the peer review for study: EudraCT: Date of First Subject Enrolled: Date of Last Subject Enrolled: Date of Data Base Lock: Principal Investigator: Kadcyla<sup>®</sup> (trastuzumab-emtansine) Perjeta<sup>®</sup> (pertuzumab) HERACLES 004-IRCC-10IIS-12 (cohort B) 2012-002128-33 10 August 2016 26 March 2018 30 March 2019 Salvatore Siena, MD Niguarda Cancer Center Ospedale Niguarda Ca' Granda Milano - Italy

**Development Phase of Study:** 

**APPROVAL SIGNATURES** 

I have read the report and confirm that to the best of my knowledge it accurately describes the conduct and results of the study.

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29/07/2019 Date

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## **1. ABBREVIATIONS AND DEFINITION OF TERMS**

CR	Complete Response
CRF	Case Report Form
DOR	Duration of Response
FPI	First patient in
LD	Longest Diameter
NE	Not Evaluable
ORR	Objective Response Rate
PR	Partial Response
SD	Stable Disease
PFS	Progression free survival

# **2. OVERALL REVIEW CONDUCT**

The review was conducted by two independent reviewers with the support of the mintLesion<sup>™</sup> software. The final reconciliation was performed *de visu* at the Fondazione del Piemonte per l'Oncologia - IRCCS – Candiolo, Italy (FPO) – on July 29, 2019.

The reviewers were: Prof. Daniele Regge, Director of the FPO Department of Radiodiagnostics; Dr. Angelo Vanzulli, Head of the Struttura complessa Radiologia, Ospedale Niguarda Ca'Granda- Milan, Italy.

Copies of CT-Scan of all evaluable patients were collected from each participating center and up loaded on the mintLesion<sup>™</sup> suite for evaluation.

Tumor assessments by protocol were required at baseline (within 4 weeks from study drug administration), at cycle 1 and then every 3 cycle thereafter until progressive disease was noted. Methods used to detect tumor lesions at study entry were to be used to follow the same lesion throughout the study. The RECIST 1.1 criteria were used for tumor response evaluation by the Investigators and both Reviewers.

# **3. REVIEW PROCESS**

### **3.1.** Blind independent revision

All CT-scans for all patients in trials were reviewed by both review radiologists, independently. Each reviewer, in blind from both the investigator and each other assessment, recorded his evaluation by RECIST 1.1 criteria of all CT-scans of each patient in the mintLesion<sup>™</sup> software.

# **3.2.** Reconciliation process

The study Project Manager downloaded from the system all cases flagged by the mintLesion<sup>™</sup> software as discordant in either assessment of response, and or differences in the length of time dependent variables (time to response; progression free survival; duration of response). Cases requiring reconciliation were discussed collegially *de visu* by the two reviewers.

## **3.3.** Blind independent revision

In Table 1 are reported the details of the discrepancies flagged by the mintLesion<sup>™</sup> software. Thirteen patients were selected for the reconciliation process due to discrepancies in the assessment of best response (N 2), or length of time dependent variable (N 11); two patients (121064, 123065) were included in both series.

# **4. REVIEW RESULTS**

Patients 121042, 121044, 121059, 121066 were not included in this revision due to impossibility of collection of the baseline CD performed elsewhere, and not in the participating center. For those patients we considered the investigator evaluation only.

After reconciliation, reviewers downgrades two RECIST best responses assigned by the investigators, while anticipated the date of progression - leading to the shortening of the individual patients time dependent variables - in 13 (50%) cases for PFS and 1 (4%) cases

for DOR, as summarized in the Tables 2 and 3, respectively. A short summary of the reconciliation results for each of the 13 reviewed cases is also reported in section 4.1.

	Assessment			Turns of discussions	Patient ID #		
	INV REVA REVI		REV B	Type of discrepancy	Patient ID #	ACTION	
1.1)	PD	PD	PD	NONE (full concordance)	125037, 125048, 121050, 121057, 121060, 121063,	None	
RESPONSE (RECIST	SD	SD     SD     NONE (full concordance)     122061, 124058, 125054, 125062, 121043, 121045,		122040, 122041, 122047, 122061, 124058, 125046, 125054, 125062, 121039, 121043, 121045, 121051, 121052, 121056, 121064,	None		
test	PR	PR	PR	NONE (full concordance)	123065, 125055, 121036,	None	
æ	PR	SD	SD	Reviewer A and B discordant with Investigator	122038, 121049,	To be reconciled	
	SD	NE	NE	Baseline images not available for revision	121042, 121044, 121059, 121069	Not Revised	

Table 1: Discrepancies in the evaluation of response and dates for time-dependent
variables calculation

F	INV	REV A	REV B	CONCORDANCE	Patient ID #	ACTION
ENDEN	Time to best response	shorter	shorter	Both Reviewers discordant with Investigator	123065	To be reconciled
TIME DEPENDENT VARIABLES		same	same	NONE (full concordance)	121036, 125055	None
	INV	REV A	REV B	LEVEL OF DISCREPANCY		ACTION
TIME DEPENDENT VARIABLES Progression free survival		same	same	NONE (full concordance)	121050, 121056, 121057, 121060, 121063, 121064, 122040, 125037, 125046, 125048, 125054, 125055, 125062	None
	Progression free	shorter	shorter	Both Reviewers discordant with Investigator	121036, 121039, 121043, 121045, 121049, 121051, 121052, 122038, 122041, 122047, 122061, 123065, 124058,	To be reconciled
	Ā	NE	NE	Baseline images not available for revision	121042, 121044, 121059, 121069	Not Revised

### Table 2: Reconciliation results – Objective response by RECIST

Revised Patie N 26	OBJEC RESPO POST		N	
			SD	PR
z	PD	N=6		
TIVE NSE EVISIO	SD		N=15	
OBJECTIVE RESPONSE PRE REVISION	PR		N=2	N=3

### Table 3 : Reconciliation results – Time-dependent variables

TTP after review					
Patients N 27	shorter	same	longer		
TTP before review	N=13	N=13	None		
DOR after review					
Patients N 8	shorter	same	longer		
DOR before review	N=1	N=2	None		

## 4.1. Summary of the reconciliation results by patient

Patient 122038 Discrepancy: Best response and Date of progression INV: PR on 24/04/2017 and PD on 02/10/2017 (clinical progression).

REV A: PD on 23/02/2017 (new lesion: lung) REV B: PD on 23/02/2017 (target lesions). Reconciliation: PD 23/02/2017 for progression new lung lesion, best response is SD.

Patient 121049

Discrepancy: Best response and Date of progression INV: PR on 27/07/2017 and PD on 25/10/2017 (clinical progression). REV A: PD on 27/07/2017 (new lesion: lung). REV B: PD on 27/07/2017 (new lesion: lung). Reconciliation: PD 27/07/2017 for new lung lesion, best response is SD.

### Patient 123065

Discrepancy: Date of best response and Date of Progression INV: PR on 24/05/2018, PD on 30/01/2018 REV A: PR is achieved on 20/03/2018, PD on 28/09/2018 (lung NTL unequivocal progression and new lung lesion) REV B: PR is achieved on 20/03/2018, PD on 28/09/2018 (lung NTL unequivocal progression and new lung lesion) Reconciliation: PR is achieved on 20/03/2018, PD on 28/9/2018

Patient 121036

Discrepancy: Date of progression INV: PD on 01/12/2017 (target lesions). REV A: PD on 26/05/2017 (new lesion: lung). REV B: PD on 26/05/2017 (new lesion: lung). Reconciliation: PD 26/05/2017 for new lung lesion

Patient 121039

Discrepancy: Date of progression

INV: PD on 17/01/2018 (target lesions).
REV A: PD on 21/11/2017 (target and lung NTL unequivocal progression)
REV B: PD on 21/11/2017 (target and lung NTL unequivocal progression)
Reconciliation: PD on 21/11/2017 for target lesion progression and NTL PD.

Patient 121043 Discrepancy: Date of progression INV: PD on 09/08/2017 (target lesions). REV A: PD on 12/06/2017 (target lesions). REV B: PD on 12/06/2017 (target lesions). Reconciliation: PD on 12/06/2017 for target lesion PD Patient 121045 Discrepancy: Date of progression INV: PD 18/10/2017 (non-target lesions). REV A: PD on 24/07/2017 (NTL lung unequivocal progression) REV B: PD on 24/07/2017 (NTL lung unequivocal progression)

Reconciliation: PD 24/07/2017 for NTL progression

### Patient 121051

Discrepancy: Date of progression

INV: PD 13/03/2018 (target lesions).

REV A: PD 20/12/2017 (new lesion: lung and liver, lung NTL unequivocal PD). REV B: PD 20/12/2017 (new lesion: lung and liver, lung NTL unequivocal PD). Reconciliation: PD 20/12/2017 for multiple new lesions and NTL progression.

### Patient 121052

Discrepancy: Date of progression INV: PD 22/01/2018 (target lesions). REV A: PD 13/11/2017 (lung and liver NTL unequivocal PD) REV B: PD 13/11/2017 (lung and liver NTL unequivocal PD) Reconciliation: PD 13/11/2017 for multiple liver and lung NTL progression.

### Patient 122041

Discrepancy: Date of progression INV: PD 01/08/2017 (target lesions) REV A: PD 06/06/2017 (target lesions) REV B: PD 06/06/2017 (target lesions) Reconciliation: PD 06/06/2017 for target lesion progression.

Patient 122047

Discrepancy: Date of progression INV: PD 30/01/2018 (target lesions) REV A: PD 22/09/2017 (target lesions and new lung lesion). REV B: PD 22/09/2017 (new lung lesion). Reconciliation: PD 22/09/2017 for target lesion and new lung lesion.

### Patient 122061

Discrepancy: Date of progression

INV: PD 08/11/2018 (target lesions)

REV A: PD 19/07/2018 (lung NTL unequivocal PD and new lung and mediastinal lesions

REV B: PD 19/07/2018 (lung NTL unequivocal PD and new lung and mediastinal lesions

*Reconciliation:* PD19/07/2018 for NTL progression and multiple new lesions.

Patient 124058 Discrepancy: Date of progression INV: PD 16/07/2018 (target lesions) REV A: PD 05/03/2018 (target lesions) REV B: PD 05/03/2018 (target lesions)

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Reconciliation: PD 05/03/2018 for target lesion progression.