Table S5. Cardiac toxicity and clinical efficacy associated to liposomal doxorubicin in breast cancer trials

| $\begin{gathered} \hline \text { STUDY } \\ \text { Author }(\text { Ref }) \\ \text { Design } \\ \hline \end{gathered}$ | N | Setting | Antracycline | Schedule | $\begin{gathered} \hline \text { HE } \\ \text { R2 } \end{gathered}$ | Median age | Cardiac assessment | Cardiotoxicity | Efficacy |
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| O'Brien (12) Phase III | 509 | $1^{\text {st }} \text { line }$ <br> MBC | PLD vs DOX | Monotherapy | No | 58.5 | LEVF at baseline, one during treatment after 300 and $400 \mathrm{mg} / \mathrm{m} 2$ LVEF | $\begin{aligned} & \text { DOX > PLD (HR = 3.16; 95\%CI 1.58- } \\ & 6.31 ; P<0.001) \end{aligned}$ | $\begin{aligned} & \text { PFS } 6.9 \text { vs } 7.8 \mathrm{~m} \text { HR } 1 \\ & \text { (95\%CI } 0.82-1.22 \text { ) } \\ & \text { OS } 21 \text { vs } 22 \mathrm{~m} \text { HR } 0.94 \text {; } \\ & \text { ( } 95 \% \mathrm{CI} 0.74-1.19 \text { ) } \\ & \hline \end{aligned}$ |
| Rafiyath (13) <br> Metanalysis | $\begin{gathered} 222 \\ 0 \end{gathered}$ | $1^{\text {st }}$ line <br> MBC | Liposomal vs conventional antracyclines | Monotherapy | No | Patients with median ages between 37 and 59 | Congestive cardiac failure and mean percentage change in LVEF from baseline | Conventional > Liposomal OR 0.34 (95\%CI 0.24-0.47) | Not evaluated |
| Overmoyer (22) Phase II | 51 | $1^{\text {st }}$ line <br> MBC | $\begin{aligned} & \text { PLD } \\ & 30 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \end{aligned}$ | Plus CPM $600 \mathrm{mg} / \mathrm{m} 2$ | No | 54 | LEVF at baseline, accumulative dose of $300 \mathrm{mg} / \mathrm{m} 2$, each 100 $\mathrm{mg} / \mathrm{m} 2$ thereafter and at the end. | LVEF decrease (G1) in 15\% All asymptomatic | ORR 50\%, CR 8\%, PR: $43 \%$, CB: $86 \%$. |
| Trudeau (23) <br> Phase II | 70 | $1^{\text {st }}$ line <br> MBC | PLD 35 $\mathrm{mg} / \mathrm{m} 2$ | Plus CPM $600 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w}$ | No | 55 | LEVF at baseline every 2 cycles | $\mathbf{1 . 4 \%}$ pts had > $\mathbf{1 5 \%}$ in LVEF drop <br> $7.14 \%$ pts had $>10 \%$ LVEF drop at the end of treatment. <br> All asymptomatic | $\begin{aligned} & \text { ORR 38\%. BC: } 71 \% \text { PD: } \\ & 29 \% \text { TTP: } 12.2 \mathrm{~m} \mathrm{OS}: \\ & 16.5 \mathrm{~m} . \end{aligned}$ |
| Rau (24) <br> Phase II | 45 | $2^{\text {nd }}$ line <br> MBC | $\begin{aligned} & \text { PLD } \\ & 40 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \end{aligned}$ | $\begin{aligned} & \text { Plus CPM } \\ & 500 \mathrm{mg} / \mathrm{m} 25 \mathrm{FU} \\ & 500 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \\ & \hline \end{aligned}$ | No | 52.5 | LVEF at baseline at the end of treatment | No decrease in LVEF | ORR: 80\%; PD 15.6\% PFS 8.2m OS 36.6 m |
| Vorobiof (25) <br> Phase II | 34 | $1^{\text {st }}$ line <br> MBC | $\begin{aligned} & \text { PLD } \\ & 30 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \end{aligned}$ | Plus paclitaxel $175 \mathrm{mg} / \mathrm{m} 2$ | No | 55 | LEVF at baseline and at the end. | LVEF decrease > $20 \%$ (G2) in 3\% LVEF decrease >10\% (G1) in $20 \%$. All asymptomatic | $\begin{aligned} & \text { ORR 73\%, CR } 21 \% \text { PR } \\ & 53 \% \text { PD } 3 \% \text {. } \end{aligned}$ |
| $\begin{aligned} & \text { Rigatos (26) } \\ & \text { Phase II } \end{aligned}$ | 23 | $1^{\text {st }}$ line <br> MBC | $\begin{aligned} & \text { PLD } \\ & 30 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \end{aligned}$ | Plus paclitaxel $175 \mathrm{mg} / \mathrm{m} 2$ | No | 59 | LEVF at baseline, and at the end of treatment | Significant drop in LVEF in one pts and one arrhythmia (8.7\%). All asymptomatic | ORR: 69.57\%. CR 8.70\% PR 60.87\%. TTP: 7 m , OS: 10 m . |
| Dong (30) <br> Phase II matched 1:2 | $\begin{gathered} 43 / 8 \\ 6 \end{gathered}$ | NAC | $\begin{aligned} & \text { PLD } \\ & 35 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \\ & \text { vs epirrubicin } \\ & 100 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \end{aligned}$ | Plus taxanes | No | 51 | LEVF was measured at baseline, and during treatment | Non-significant differences in LVEF drop rate $>10 \%(\mathrm{p}=0.463)$ | ORR PLD 76.6\% epirrubicin 75.7\% PD both $2.3 \%$ pCR: $\mathbf{1 6 . 3 \%}$ vs $11.6 \%$ |


| Gogas (28) <br> Phase II | 35 | NAC | $\begin{aligned} & \text { PLD 35 } \\ & \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w} \end{aligned}$ | Plus paclitaxel $175 \mathrm{mg} / \mathrm{m} 2$ | No | 54 | LEVF was measured at baseline and during treatment | No significant changes during treatment. | ORR 71\% CR 17\%, PR: 54\% PD 6\% pCR:8.5\% |
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| Schmid (27) <br> Phase II | 44 | NAC | Non peylated liposomal DOX 60mg/m2/3w | Plus docetaxel $75 \mathrm{mg} / \mathrm{m} 2$ and gemcitabine $350 \mathrm{mg} / \mathrm{m} 2 / 3 \mathrm{w}$ | No | 45 | LEVF at baseline and every 2 cycles. Serial ECG | No cases of cardiac failure | ORR: 73\%. CR: $23 \%$ PR $50 \%$ PD: $2.5 \%$ pCR: $16 \%$ |
| García Mata (31) <br> Phase II | 74 | NAC | Non- <br> pegylated <br> liposomal <br> DOX <br> 60m/m2/3w | Docetaxel $75 \mathrm{mg} / \mathrm{m} 2$ and CPM $600 \mathrm{mg} / \mathrm{m} 2$ | No | 46 | LEVF at baseline, and during treatment | No significant changes in LVEF | $\begin{aligned} & \text { ORR: } 75 \%, \text { PD: } 2 \% \text { pCR } \\ & \mathbf{2 4 \%} \end{aligned}$ |
| Gil-Gil (14) | 50 | NAC | $\begin{aligned} & \text { PLD } 35 \\ & \mathrm{mg} / \mathrm{m} 2 / 4 \mathrm{w} \end{aligned}$ | Plus CPM <br> $600 \mathrm{mg} / \mathrm{m} 2 / 4 \mathrm{w}$ <br> followed paclitaxel <br> $80 /$ w | No | 73 | LEVF at baseline, 9, 6 and 18 w and during 5 years | No significant changes in LVEF | ORR 26\%; pCR 32\%, 5y RFS 54.4\%, 5y OS 56\% and 5y BCSS 67,7\% |

Abbreviations: CB, Clinical Benefit; CI, Confidence Interval; CPM, Cyclophosphamide; CR, Complete Response; DOX, Doxorubicin; m, months; ECG,
Electrocardiogram; G, Grade; HR, Hazard Ratio; LVEF, Left ventricular ejection fraction; N, number; NAC; Neoadjuvan chemotherapy, MBC, Metastatic Breast Cancer, ORR, Overall Response Rate; OS, Overall Survival; pCR, Pathological Complete Response; PD, Progression; PFS, Progression Free Survival; PLD, Pegylated liposomal doxorubicin; Pts, Patients; PR, Partial Response; Ref, Reference,TTP, Median time to progression; w, weeks; y, year

