Dossier zur Nutzenbewertung gemäß § 35a SGB V

Elacestrant (ORSERDU®)

Stemline Therapeutics B.V.

Separater Anhang 4-G: Ergänzende Unterlagen

Behandlung von postmenopausalen Frauen sowie von Männern mit Estrogenrezeptor (ER)-positivem, HER2-negativem, lokal fortgeschrittenem oder metastasiertem Brustkrebs mit einer aktivierenden ESR1-Mutation, deren Erkrankung nach mindestens einer endokrinen Therapielinie, einschließlich eines CDK 4/6-Inhibitors, fortgeschritten ist.

Stand: 31.10.2023

Anhang 4-G: Ergänzende Unterlagen aus der Studie EMERALD

Inhaltsverzeichnis

Anhang 4-G1: Wirksamkeitsendpunkte

Study: RAD1901-308
Section: Label Population Definition

Table 1:
Label Population Definition

criteria	Elacestrant	SOC	All
ESR1-mut	115	113	228
Exclusion from ESR1-mut	13	17	30
Patients with non bilateral oophorectomy [1]	9	12	21
ER+ Status [2]	1	1	2
HER2 Negativity [3]	0	2	2
Patients treated with Goserelin [4]	1	0	1
Other medically induced post menopause	0	0	0
CDK4/6 treated in adjuvant setting [5]	2	2	4
Label Population (pts)	102	96	198

[1]: Patients for whom it was not specified that the oophrorectomy was bilateral were identified. Among these patients, the ones aged <60 years were excluded
[2]: Patients with estrogen receptor with ICH% and ER+ Status missing
[3]: Patients under HER-2 IHC positive, unknown or equivocal have been confirmed by FISH to be HER2-, except for 2 patients with FISH missing.
[4]: 1 patient treated with Goserelin (RAD1901-308-361005) was already excluded due to non bilateral oophorectomy
[5]: 5 patients excluded, but only 4 counted because 1 patient (RAD1901-308-406001) was aleready excluded due to non bilateral oophrorectomy

File created on Friday, 28JUL2023

Study: RAD1901-308
Section: Efficacy Tables

Table 1: Objective Response Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)

	Elacestrant	SOC
N	75	75
n (%)	4 (5.3%)	5 (6.7%)
95% (CI) [1]	1.47 - 13.10	2.20 - 14.88
Odds Ratio (OR)	0.79 (0.20 - 3.06)	
Odds Ratio (OR) p-value	0.7315	
Risk ratio (RR)	0.80 (0.22 - 2.86)	
Risk ratio (RR) p-value	0.7316	
Risk Difference (RD)	-0.01 (-0.10 - 0.07)	
Risk Difference (RD) p-value	0.7309	

SOC = Standard of Care
[1] Binomial Clopper-Pearson 95% confidence interval.

Note: No subgroup analysis will be done as there is less than 10 events in combined treatment arms.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 5 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 2: Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable Population)

	Elacestrant	SOC
N	75	75
n (%)	16 (21.3%)	9 (12.0%)
95% (CI) [1]	12.71 - 32.32	5.64 - 21.56
Odds Ratio (OR)	1.99 (0.82 - 4.84)	
Odds Ratio (OR) p-value	0.1296	
Risk ratio (RR)	1.78 (0.84 - 3.77)	
Risk ratio (RR) p-value	0.1334	
Risk Difference (RD)	0.09 (-0.03 - 0.21)	
Risk Difference (RD) p-value	0.1222	

SOC = Standard of Care
[1] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 6 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 2.1: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.4421	
Y	N	14	23
	n (%)	3 (21.4%)	1 (4.3%)
	95% (CI) [2]	4.66 - 50.80	0.11 - 21.95
	Odds Ratio (OR)	6.00 (0.56 - 64.58)	
	Odds Ratio (OR) p-value	0.1394	
	Risk ratio (RR)	4.93 (0.57 - 42.88)	
	Risk ratio (RR) p-value	0.1485	
	Risk Difference (RD)	1.19 (0.94 - 1.49)	
	Risk Difference (RD) p-value	0.1464	
N	N	61	52
	n (%)	13 (21.3%)	8 (15.4%)
	95% (CI) [2]	11.86 - 33.68	6.88 - 28.08
	Odds Ratio (OR)	1.49 (0.56 - 3.93)	
	Odds Ratio (OR) p-value	0.4212	
	Risk ratio (RR)	1.39 (0.62 - 3.08)	
	Risk ratio (RR) p-value	0.4242	
	Risk Difference (RD)	1.06 (0.92 - 1.22)	
	Risk Difference (RD) p-value	0.4135	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 7 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 2.2: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.4419	
Y	N	60	60
	n (%)	12 (20.0%)	5 (8.3%)
	95% (CI) [2]	10.78 - 32.33	2.76 - 18.39
	Odds Ratio (OR)	2.75 (0.90 - 8.37)	
	Odds Ratio (OR) p-value	0.0748	
	Risk ratio (RR)	2.40 (0.90 - 6.39)	
	Risk ratio (RR) p-value	0.0800	
	Risk Difference (RD)	1.12 (0.99 - 1.27)	
	Risk Difference (RD) p-value	0.0631	
N	N	15	15
	n (%)	4 (26.7%)	4 (26.7%)
	95% (CI) [2]	7.79 - 55.10	7.79 - 55.10
	Odds Ratio (OR)	1.00 (0.20 - 5.04)	
	Odds Ratio (OR) p-value	1.0000	
	Risk ratio (RR)	1.00 (0.31 - 3.28)	
	Risk ratio (RR) p-value	1.0000	
	Risk Difference (RD)	1.00 (0.73 - 1.37)	
	Risk Difference (RD) p-value	1.0000	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 8 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 2.3: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
Age group (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.3850	
<65	N	40	38
	n (%)	6 (15.0%)	4 (10.5%)
	95% (CI) [2]	5.71 - 29.84	2.94 - 24.80
	Odds Ratio (OR)	1.50 (0.39 - 5.79)	
	Odds Ratio (OR) p-value	0.5565	
	Risk ratio (RR)	1.43 (0.44 - 4.66)	
	Risk ratio (RR) p-value	0.5579	
	Risk Difference (RD)	1.05 (0.90 - 1.21)	
	Risk Difference (RD) p-value	0.5523	
>=65	N	35	37
	n (%)	10 (28.6%)	5 (13.5%)
	95% (CI) [2]	14.64 - 46.30	4.54 - 28.77
	Odds Ratio (OR)	2.56 (0.78 - 8.45)	
	Odds Ratio (OR) p-value	0.1229	
	Risk ratio (RR)	2.11 (0.80 - 5.57)	
	Risk ratio (RR) p-value	0.1299	
	Risk Difference (RD)	1.16 (0.97 - 1.40)	
	Risk Difference (RD) p-value	0.1123	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 2.4: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
Age group (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.2701	
<75	N	64	62
	n (%)	15 (23.4%)	7 (11.3%)
	95% (CI) [2]	13.75 - 35.69	4.66 - 21.89
	Odds Ratio (OR)	2.41 (0.91 - 6.38)	
	Odds Ratio (OR) p-value	0.0781	
	Risk ratio (RR)	2.08 (0.91 - 4.74)	
	Risk ratio (RR) p-value	0.0832	
	Risk Difference (RD)	1.13 (0.99 - 1.29)	
	Risk Difference (RD) p-value	0.0677	
>=75	N	11	13
	n (%)	1 (9.1%)	2 (15.4%)
	95% (CI) [2]	0.23 - 41.28	1.92 - 45.45
	Odds Ratio (OR)	0.55 (0.04 - 7.03)	
	Odds Ratio (OR) p-value	0.6457	
	Risk ratio (RR)	0.59 (0.06 - 5.68)	
	Risk ratio (RR) p-value	0.6485	
	Risk Difference (RD)	0.94 (0.72 - 1.22)	
	Risk Difference (RD) p-value	0.6345	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 2.5: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
ECOG-PS	Interaction Effect p-value [1]	0.5006	
0	N	49	41
	n (%)	10 (20.4%)	6 (14.6%)
	95% (CI) [2]	10.24 - 34.34	5.57 - 29.17
	Odds Ratio (OR)	1.50 (0.49 - 4.54)	
	Odds Ratio (OR) p-value	0.4772	
	Risk ratio (RR)	1.39 (0.55 - 3.51)	
	Risk ratio (RR) p-value	0.4801	
	Risk Difference (RD)	1.06 (0.91 - 1.24)	
	Risk Difference (RD) p-value	0.4691	
1	N	26	34
	n (%)	6 (23.1%)	3 (8.8%)
	95% (CI) [2]	8.97 - 43.65	1.86 - 23.68
	Odds Ratio (OR)	3.10 (0.69 - 13.83)	
	Odds Ratio (OR) p-value	0.1381	
	Risk ratio (RR)	2.62 (0.72 - 9.49)	
	Risk ratio (RR) p-value	0.1436	
	Risk Difference (RD)	1.15 (0.96 - 1.39)	
	Risk Difference (RD) p-value	0.1371	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 2.6: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
No. of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.1812	
1	N	48	43
	n (%)	11 (22.9%)	9 (20.9%)
	95% (CI) [2]	12.03 - 37.31	10.04 - 36.04
	Odds Ratio (OR)	1.12 (0.41 - 3.04)	
	Odds Ratio (OR) p-value	0.8193	
	Risk ratio (RR)	1.09 (0.50 - 2.39)	
	Risk ratio (RR) p-value	0.8195	
	Risk Difference (RD)	1.02 (0.86 - 1.21)	
	Risk Difference (RD) p-value	0.8189	
2	N	27	32
	n (%)	5 (18.5%)	0 (0.0%)
	95% (CI) [2]	8.97 - 43.65	1.86 - 23.68
	Odds Ratio (OR)	261E9 (261E9 - 261E9)	
	Odds Ratio (OR) p-value	.	
	Risk ratio (RR)	212E9 (212E9 - 212E9)	
	Risk ratio (RR) p-value	.	
	Risk Difference (RD)	1.02 (0.86 - 1.21)	
	Risk Difference (RD) p-value	0.8189	
Zero cell correction	Odds Ratio (95% CI)	0.68 (0.26 - 1.74)	
	Relative Risk (N)	0.88 (0.76 - 1.01)	
	Relative Risk (Y)	1.30 (0.61 - 2.76)	
	Pr > ChiSq	0.0310	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 2.7: Subgroup Analysis of Clinical Benefit Rate in ESR1-mut Subjects (Label population) by Blinded Imaging Review Committee (IRC) (Response Evaluable population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=75)	SOC (N=75)
No. of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.9452	
0	N	54	52
	n (%)	14 (25.9%)	9 (17.3%)
	95% (CI) [2]	14.96 - 39.65	8.23 - 30.33
	Odds Ratio (OR)	1.67 (0.65 - 4.29)	
	Odds Ratio (OR) p-value	0.2845	
	Risk ratio (RR)	1.50 (0.71 - 3.16)	
	Risk ratio (RR) p-value	0.2883	
	Risk Difference (RD)	1.09 (0.93 - 1.27)	
	Risk Difference (RD) p-value	0.2779	
1	N	21	23
	n (%)	2 (9.5%)	0 (0.0%)
	95% (CI) [2]	8.97 - 43.65	1.86 - 23.68
	Odds Ratio (OR)	237E9 (237E9 - 237E9)	
	Odds Ratio (OR) p-value	.	
	Risk ratio (RR)	213E9 (213E9 - 213E9)	
	Risk ratio (RR) p-value	.	
	Risk Difference (RD)	1.09 (0.93 - 1.27)	
	Risk Difference (RD) p-value	0.2779	
Zero cell correction	Odds Ratio (95% CI)	0.54 (0.22 - 1.32)	
	Relative Risk (N)	0.90 (0.80 - 1.01)	
	Relative Risk (Y)	1.62 (0.78 - 3.33)	
	Pr > ChiSq	0.2515	

SOC = Standard of Care
[1] Interaction effect is evaluated considering the p-value of Treatment*Subgroup interaction term included in the unstratified ANOVA model.
[2] Binomial Clopper-Pearson 95% confidence interval.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3: Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)

	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	4.86	3.07
median	1.91	1.84
min	0.03	0.03
max	29.17	16.62
Events, n (%)	57 (55.9)	68 (70.8)
Death without documented progression	2 (2)	1 (1)
Documented progression	55 (53.9)	67 (69.8)
Censored subjects, n (%)	45 (44.1)	28 (29.2)
Censored progression or death after missing >=2 consecutive post-baseline tumor assessments [2]	19 (18.6)	6 (6.3)
Censored progression or death after taking new anti-cancer therapies	5 (4.9)	3 (3.1)
Lost to follow-up or withdrew consent before documented progression or death	3 (2.9)	1 (1)
No documented progression and no death (with a post-baseline tumor assessment)	16 (15.7)	12 (12.5)
No post-baseline assessments and no death	2 (2)	6 (6.3)
Median PFS (months) [3]	3.75	1.87
95% CI for median progression-free survival [3]	2.10 - 8.61	1.84 - 2.14
Q1 (95% CI)	1.87 (1.84 - 1.94)	1.77 (1.68 - 1.84)
Q3 (95% CI)	12.62 (9.03 - 25.79)	5.42 (3.71 - 9.03)
Min, Max	0.03+, 29.17+	0.03+, 16.62
PFS rate at 3 months (95% CI) [3]	55.64 (44.79 - 66.48)	38.75 (27.92 - 49.59)
PFS rate at 6 months (95% CI) [3]	44.54 (33.14 - 55.94)	22.23 (12.47 - 32.00)
PFS rate at 9 months (95% CI) [3]	36.75 (25.04 - 48.45)	18.34 (8.91 - 27.78)
PFS rate at 12 months (95% CI) [3]	26.54 (15.17 - 37.91)	6.79 (0.00 - 14.38)
PFS rate at 18 months (95% CI) [3]	20.47 (8.93 - 32.01)	0.00 (. - .)
Hazard ratio [4]	0.548632	
95% CI for Hazard ratio [4]	0.380 - 0.788	
2-sided p-value [5]	0.0012	

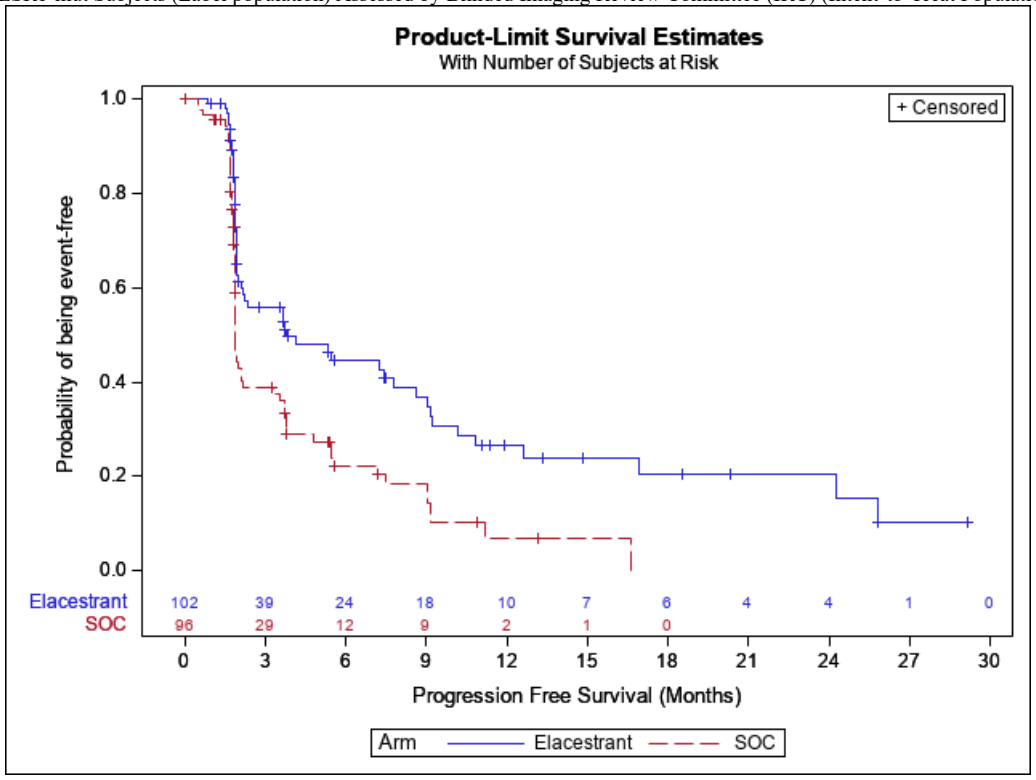
+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable,
Progression is determined according to assessment by blinded IRC. PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression).
For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Date of last tumor assessment before missed assessments or date of randomization, whichever is later.
[3] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[4] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs no) and presence of visceral metastases (Yes vs no); the CI calculated using a profile likelihood approach.
[5] The p-value was generated by using a two-sided stratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Figure 3: Kaplan-Meier Plot of Progression-free Survival for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 15 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 3.1: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.8038	
Yes	Number of Subjects	27	27
	Events, n (%)	14 (51.9)	19 (70.4)
	Censored subjects, n (%)	13 (48.1)	8 (29.6)
	Median PFS (months) [2]	1.91	2.14
	95% CI for median progression-free survival [3]	1.91 - 7.79	1.87 - 3.75
	Q1 (95% CI)	1.84 (1.71 - 1.91)	1.81 (1.51 - 1.87)
	Q3 (95% CI)	7.79 (2.33 - NC)	3.75 (2.14 - 7.46)
	Min, Max	0.03+, 29.17+	0.03+, 10.87+
	Hazard ratio [3]	0.620776	
	95% CI for Hazard ratio [3]	0.297 - 1.257	
	2-sided p-value [4]	0.182	
No	Number of Subjects	75	69
	Events, n (%)	43 (57.3)	49 (71)
	Censored subjects, n (%)	32 (42.7)	20 (29)
	Median PFS (months) [2]	4.14	1.87
	95% CI for median progression-free survival [3]	2.14 - 9.13	1.84 - 2.10
	Q1 (95% CI)	1.87 (1.84 - 2.10)	1.77 (1.68 - 1.84)
	Q3 (95% CI)	12.62 (9.03 - 24.25)	7.16 (2.10 - 9.13)
	Min, Max	0.03+, 25.79+	0.03+, 16.62
	Hazard ratio [3]	0.501973	
	95% CI for Hazard ratio [3]	0.329 - 0.762	
	2-sided p-value [4]	0.0012	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.2: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.0916	
Yes	Number of Subjects	72	69
	Events, n (%)	40 (55.6)	57 (82.6)
	Censored subjects, n (%)	32 (44.4)	12 (17.4)
	Median PFS (months) [2]	2.33	1.87
	95% CI for median progression-free survival [3]	1.91 - 7.39	1.84 - 2.00
	Q1 (95% CI)	1.84 (1.77 - 1.91)	1.74 (1.68 - 1.84)
	Q3 (95% CI)	12.62 (7.26 - NC)	3.75 (2.10 - 5.55)
	Min, Max	0.03+, 29.17+	0.03+, 16.62
	Hazard ratio [3]	0.455888	
	95% CI for Hazard ratio [3]	0.298 - 0.690	
	2-sided p-value [4]	0.0002	
No	Number of Subjects	30	27
	Events, n (%)	17 (56.7)	11 (40.7)
	Censored subjects, n (%)	13 (43.3)	16 (59.3)
	Median PFS (months) [2]	7.79	9.03
	95% CI for median progression-free survival [3]	3.65 - 9.13	1.84 - NC
	Q1 (95% CI)	2.14 (1.84 - 5.45)	1.84 (1.68 - 9.03)
	Q3 (95% CI)	24.25 (7.79 - NC)	. (9.03 - NC)
	Min, Max	0.03+, 24.25	0.03+, 13.14+
	Hazard ratio [3]	0.946274	
	95% CI for Hazard ratio [3]	0.442 - 2.104	
	2-sided p-value [4]	0.9147	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.3: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.6059	
<65 years	Number of Subjects	49	48
	Events, n (%)	29 (59.2)	33 (68.8)
	Censored subjects, n (%)	20 (40.8)	15 (31.3)
	Median PFS (months) [2]	3.71	1.87
	95% CI for median progression-free survival [3]	1.91 - 5.45	1.81 - 2.00
	Q1 (95% CI)	1.84 (1.74 - 1.97)	1.74 (1.68 - 1.84)
	Q3 (95% CI)	8.61 (4.14 - NC)	5.55 (1.87 - 9.00)
	Min, Max	0.03+, 18.53+	0.03+, 13.14+
	Hazard ratio [3]	0.586073	
	95% CI for Hazard ratio [3]	0.351 - 0.973	
	2-sided p-value [4]	0.0392	
>=65 years	Number of Subjects	53	48
	Events, n (%)	28 (52.8)	35 (72.9)
	Censored subjects, n (%)	25 (47.2)	13 (27.1)
	Median PFS (months) [2]	7.79	2.10
	95% CI for median progression-free survival [3]	1.94 - 10.84	1.87 - 3.75
	Q1 (95% CI)	1.87 (1.84 - 2.33)	1.84 (1.68 - 1.87)
	Q3 (95% CI)	24.25 (9.13 - NC)	4.76 (3.71 - 9.13)
	Min, Max	0.03+, 29.17+	0.03+, 16.62
	Hazard ratio [3]	0.493518	
	95% CI for Hazard ratio [3]	0.291 - 0.825	
	2-sided p-value [4]	0.0068	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.4: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.9137	
<75 years	Number of Subjects	85	80
	Events, n (%)	47 (55.3)	56 (70)
	Censored subjects, n (%)	38 (44.7)	24 (30)
	Median PFS (months) [2]	3.75	1.87
	95% CI for median progression-free survival [3]	2.10 - 8.61	1.84 - 2.10
	Q1 (95% CI)	1.84 (1.77 - 1.94)	1.77 (1.68 - 1.84)
	Q3 (95% CI)	12.62 (8.61 - NC)	5.55 (2.14 - 9.13)
	Min, Max	0.03+, 29.17+	0.03+, 16.62
	Hazard ratio [3]	0.533894	
	95% CI for Hazard ratio [3]	0.359 - 0.790	
	2-sided p-value [4]	0.0016	
>=75 years	Number of Subjects	17	16
	Events, n (%)	10 (58.8)	12 (75)
	Censored subjects, n (%)	7 (41.2)	4 (25)
	Median PFS (months) [2]	2.33	2.81
	95% CI for median progression-free survival [3]	1.87 - 24.25	1.87 - 5.42
	Q1 (95% CI)	1.87 (1.87 - 7.39)	1.87 (1.68 - 3.52)
	Q3 (95% CI)	24.25 (2.33 - NC)	5.42 (2.10 - NC)
	Min, Max	0.03+, 25.79+	0.03+, 9.03
	Hazard ratio [3]	0.518306	
	95% CI for Hazard ratio [3]	0.194 - 1.305	
	2-sided p-value [4]	0.1551	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.5: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.4350	
Europe	Number of Subjects	54	43
	Events, n (%)	31 (57.4)	30 (69.8)
	Censored subjects, n (%)	23 (42.6)	13 (30.2)
	Median PFS (months) [2]	5.45	2.14
	95% CI for median progression-free survival [3]	2.20 - 9.03	1.87 - 4.76
	Q1 (95% CI)	1.94 (1.84 - 3.65)	1.84 (1.74 - 1.87)
	Q3 (95% CI)	10.18 (7.39 - NC)	9.00 (3.71 - NC)
	Min, Max	0.03+, 25.79	0.03+, 16.62
	Hazard ratio [3]	0.614453	
	95% CI for Hazard ratio [3]	0.366 - 1.029	
	2-sided p-value [4]	0.0621	
North America	Number of Subjects	32	37
	Events, n (%)	18 (56.3)	28 (75.7)
	Censored subjects, n (%)	14 (43.8)	9 (24.3)
	Median PFS (months) [2]	3.65	1.84
	95% CI for median progression-free survival [3]	1.87 - 16.89	1.74 - 1.87
	Q1 (95% CI)	1.84 (1.68 - 1.91)	1.68 (1.68 - 1.81)
	Q3 (95% CI)	16.89 (5.32 - NC)	1.87 (1.87 - 7.46)
	Min, Max	0.03+, 29.17+	0.03+, 10.87+
	Hazard ratio [3]	0.408972	
	95% CI for Hazard ratio [3]	0.217 - 0.747	
	2-sided p-value [4]	0.0038	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	10 (71.4)
	Censored subjects, n (%)	5 (62.5)	4 (28.6)
	Median PFS (months) [2]	.	2.10
	95% CI for median progression-free survival [3]	1.84 - NC	1.84 - 5.55
	Q1 (95% CI)	1.84 (1.77 - NC)	1.84 (1.68 - 3.75)
	Q3 (95% CI)	. (1.91 - NC)	5.55 (2.10 - NC)
	Min, Max	0.03+, 11.07+	1.51, 9.13
	Hazard ratio [3]	0.601875	
	95% CI for Hazard ratio [3]	0.134 - 1.996	
	2-sided p-value [4]	0.4334	
Other	Number of Subjects	8	2
	Events, n (%)	5 (62.5)	0 (0.0)
	Censored subjects, n (%)	3 (37.5)	2 (100)
	Median PFS (months) [2]	1.94	.
	95% CI for median progression-free survival [3]	1.77 - NC	. - NC
	Q1 (95% CI)	1.77 (1.64 - NC)	. (. - NC)
	Q3 (95% CI)	10.84 (1.91 - NC)	. (. - NC)
	Min, Max	0.03+, 10.84	0.03+, 0.03+
	Hazard ratio [3]	11199735	
	95% CI for Hazard ratio [3]	0.096 - .	
	2-sided p-value [4]	0.578	

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.5: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Zero cell correction test	Odds Ratio	0.5130	0.28 - 0.94
	Relative Risk (Event)	0.7800	0.62 - 0.98
	Relative Risk (Censor)	1.2877	0.90 - 1.85
	p-value	0.1642	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.6: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.8515	
0	Number of Subjects	59	51
	Events, n (%)	36 (61)	37 (72.5)
	Censored subjects, n (%)	23 (39)	14 (27.5)
	Median PFS (months) [2]	3.71	1.87
	95% CI for median progression-free survival [3]	1.94 - 7.79	1.84 - 2.10
	Q1 (95% CI)	1.84 (1.77 - 1.94)	1.74 (1.68 - 1.84)
	Q3 (95% CI)	12.62 (7.39 - NC)	7.16 (2.00 - 9.13)
	Min, Max	0.03+, 29.17+	0.03+, 13.14+
	Hazard ratio [3]	0.557885	
	95% CI for Hazard ratio [3]	0.349 - 0.890	
	2-sided p-value [4]	0.0137	
1	Number of Subjects	43	45
	Events, n (%)	21 (48.8)	31 (68.9)
	Censored subjects, n (%)	22 (51.2)	14 (31.1)
	Median PFS (months) [2]	5.45	1.94
	95% CI for median progression-free survival [3]	1.97 - 10.84	1.84 - 3.71
	Q1 (95% CI)	1.87 (1.77 - 3.65)	1.77 (1.68 - 1.84)
	Q3 (95% CI)	24.25 (9.03 - NC)	4.76 (3.29 - 9.13)
	Min, Max	0.03+, 25.79	0.03+, 16.62
	Hazard ratio [3]	0.491575	
	95% CI for Hazard ratio [3]	0.271 - 0.868	
	2-sided p-value [4]	0.0144	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.7: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.1289	
yes	Number of Subjects	82	78
	Events, n (%)	46 (56.1)	63 (80.8)
	Censored subjects, n (%)	36 (43.9)	15 (19.2)
	Median PFS (months) [2]	3.65	1.87
	95% CI for median progression-free survival [3]	1.94 - 7.39	1.84 - 1.91
	Q1 (95% CI)	1.87 (1.77 - 1.91)	1.74 (1.68 - 1.84)
	Q3 (95% CI)	10.84 (7.39 - 25.79)	3.71 (2.00 - 7.46)
	Min, Max	0.03+, 29.17+	0.03+, 16.62
	Hazard ratio [3]	0.482911	
	95% CI for Hazard ratio [3]	0.325 - 0.710	
	2-sided p-value [4]	0.0002	
no	Number of Subjects	20	18
	Events, n (%)	11 (55)	5 (27.8)
	Censored subjects, n (%)	9 (45)	13 (72.2)
	Median PFS (months) [2]	9.13	7.16
	95% CI for median progression-free survival [3]	2.14 - 24.25	5.42 - NC
	Q1 (95% CI)	1.91 (1.84 - 9.13)	5.42 (1.68 - NC)
	Q3 (95% CI)	24.25 (9.13 - NC)	. (7.16 - NC)
	Min, Max	, 25.79+	0.03+, 13.14+
	Hazard ratio [3]	1.095379	
	95% CI for Hazard ratio [3]	0.384 - 3.550	
	2-sided p-value [4]	0.8806	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.8: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.3014	
1	Number of Subjects	64	56
	Events, n (%)	38 (59.4)	38 (67.9)
	Censored subjects, n (%)	26 (40.6)	18 (32.1)
	Median PFS (months) [2]	4.14	1.87
	95% CI for median progression-free survival [3]	1.97 - 9.03	1.84 - 3.75
	Q1 (95% CI)	1.91 (1.81 - 1.97)	1.81 (1.68 - 1.84)
	Q3 (95% CI)	12.62 (8.61 - NC)	9.03 (3.71 - 11.17)
	Min, Max	0.03+, 24.25	0.03+, 16.62
	Hazard ratio [3]	0.573992	
	95% CI for Hazard ratio [3]	0.361 - 0.910	
	2-sided p-value [4]	0.019	
2	Number of Subjects	38	40
	Events, n (%)	19 (50)	30 (75)
	Censored subjects, n (%)	19 (50)	10 (25)
	Median PFS (months) [2]	3.71	1.87
	95% CI for median progression-free survival [3]	1.91 - 10.84	1.81 - 3.52
	Q1 (95% CI)	1.84 (1.77 - 2.20)	1.74 (1.68 - 1.87)
	Q3 (95% CI)	25.79 (5.45 - NC)	3.75 (2.10 - 5.55)
	Min, Max	0.03+, 29.17+	0.03+, 13.14+
	Hazard ratio [3]	0.467213	
	95% CI for Hazard ratio [3]	0.253 - 0.839	
	2-sided p-value [4]	0.0101	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the date of objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 3.9: Subgroup Analysis of Progression-free Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.3717	
0	Number of Subjects	76	67
	Events, n (%)	41 (53.9)	44 (65.7)
	Censored subjects, n (%)	35 (46.1)	23 (34.3)
	Median PFS (months) [2]	5.45	1.87
	95% CI for median progression-free survival [3]	3.65 - 9.23	1.84 - 3.71
	Q1 (95% CI)	1.91 (1.87 - 3.65)	1.81 (1.74 - 1.84)
	Q3 (95% CI)	16.89 (9.13 - NC)	9.03 (3.71 - 11.17)
	Min, Max	0.03+, 29.17+	0.03+, 16.62
	Hazard ratio [3]	0.505477	
	95% CI for Hazard ratio [3]	0.325 - 0.783	
	2-sided p-value [4]	0.0021	
1	Number of Subjects	26	29
	Events, n (%)	16 (61.5)	24 (82.8)
	Censored subjects, n (%)	10 (38.5)	5 (17.2)
	Median PFS (months) [2]	1.91	1.87
	95% CI for median progression-free survival [3]	1.84 - 7.26	1.74 - 3.52
	Q1 (95% CI)	1.81 (1.68 - 1.87)	1.68 (1.68 - 1.84)
	Q3 (95% CI)	7.26 (1.91 - NC)	3.75 (1.87 - 5.55)
	Min, Max	0.03+, 10.84	0.03+, 7.46
	Hazard ratio [3]	0.682178	
	95% CI for Hazard ratio [3]	0.349 - 1.290	
	2-sided p-value [4]	0.2579	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, PFS = Progression-free survival, NC = Not calculable.
Progression is determined according to assessment by blinded IRC.
PFS is defined as the time from the date of randomization until the dateof objective disease progression or death (by any cause in the absence of progression). For subjects without objective disease progression or death, PFS will be censored according to SAP Section 4.7.1.1.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 4: Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	18.98	17.35
median	21.08	18.20
min	0.53	0.03
max	38.31	37.59
Events, n (%)	52 (51)	50 (52.1)
Death	52 (51)	50 (52.1)
Censored subjects, n (%)	50 (49)	46 (47.9)
Other	1 (1)	0 (0)
Still in survival follow up	35 (34.3)	35 (36.5)
Withdrawn consent	14 (13.7)	11 (11.5)
Median OS (months) [2]	25.30	24.28
95% CI for Overall survival [2]	20.53 - 31.93	16.85 - 32.62
Q1 (95% CI)	15.44 (12.75 - 19.68)	11.96 (5.88 - 14.16)
Q3 (95% CI)	32.99 (31.87 - NC)	37.59 (32.62 - NC)
Min, Max	0.53+, 38.31+	0.03+, 37.59
OS rate at 3 months (95% CI) [2]	98.01 (95.28 - 100.00)	98.89 (96.72 - 100.00)
OS rate at 6 months (95% CI) [2]	92.86 (87.76 - 97.96)	82.80 (74.88 - 90.72)
OS rate at 12 months (95% CI) [2]	84.05 (76.63 - 91.47)	74.67 (65.52 - 83.82)
OS rate at 18 months (95% CI) [2]	70.42 (61.02 - 79.83)	56.00 (45.52 - 66.48)
OS rate at 24 months (95% CI) [2]	51.84 (41.39 - 62.29)	51.07 (40.44 - 61.69)
Hazard ratio [3]	0.905693	
95% CI for Hazard ratio [3]	0.611 - 1.347121	
2-sided p-value [4]	0.625	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs no) and presence of visceral metastases (Yes vs no); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

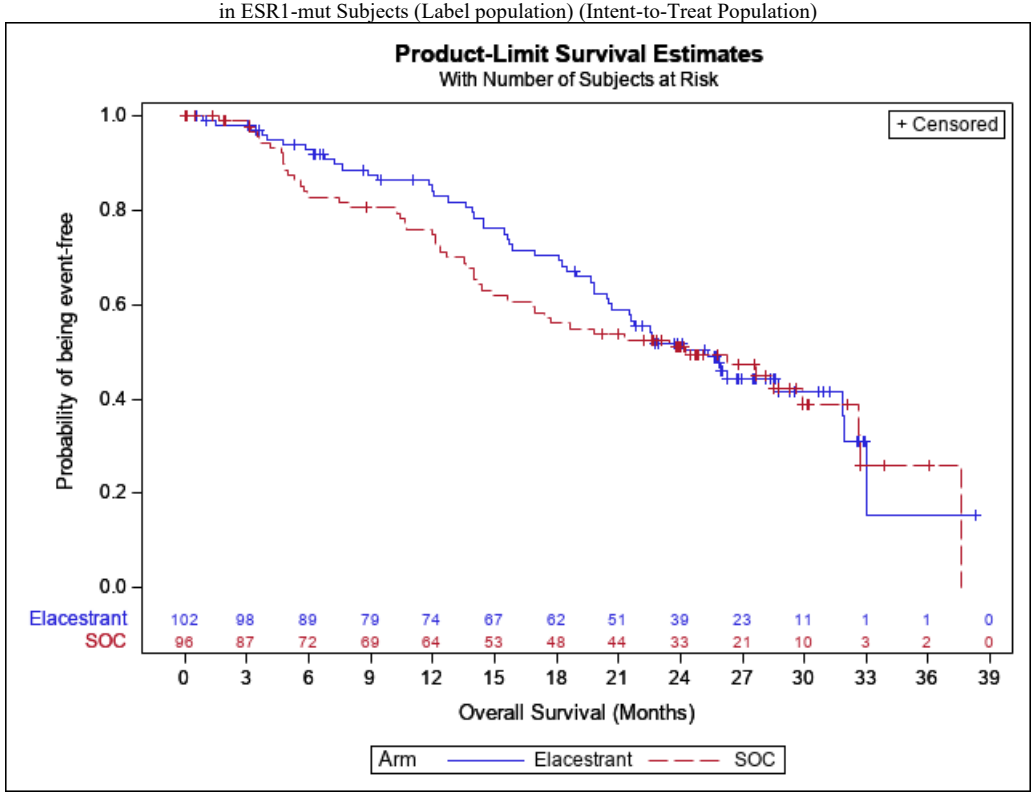
Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 26 of 55

Study: RAD1901-308
Section: Efficacy Tables

Figure 4: Kaplan-Meier Plot of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 27 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 4.1: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.6829	
Yes	Number of Subjects	27	27
	Events, n (%)	16 (59.3)	17 (63)
	Censored subjects, n (%)	11 (40.7)	10 (37)
	Median OS (months) [2]	22.64	15.64
	95% CI for Overall survival [2]	18.46 - 31.87	10.41 - 32.72
	Q1 (95% CI)	12.75 (7.62 - 21.59)	5.88 (4.96 - 14.16)
	Q3 (95% CI)	31.87 (25.82 - NC)	32.72 (16.95 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 36.01+
	Hazard ratio [3]	0.797202	
	95% CI for Hazard ratio [3]	0.397 - 1.596331	
	2-sided p-value [4]	0.5188	
No	Number of Subjects	75	69
	Events, n (%)	36 (48)	33 (47.8)
	Censored subjects, n (%)	39 (52)	36 (52.2)
	Median OS (months) [2]	25.95	28.52
	95% CI for Overall survival [2]	20.53 - NC	18.66 - NC
	Q1 (95% CI)	15.64 (13.93 - 20.40)	12.39 (8.05 - 17.45)
	Q3 (95% CI)	32.99 (31.93 - NC)	37.59 (29.90 - NC)
	Min, Max	1.51, 32.99	0.03+, 37.59
	Hazard ratio [3]	0.965057	
	95% CI for Hazard ratio [3]	0.599 - 1.561297	
	2-sided p-value [4]	0.8852	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 4.2: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.4879	
Yes	Number of Subjects	72	69
	Events, n (%)	36 (50)	38 (55.1)
	Censored subjects, n (%)	36 (50)	31 (44.9)
	Median OS (months) [2]	25.95	23.49
	95% CI for Overall survival [2]	20.53 - 31.93	14.16 - 29.90
	Q1 (95% CI)	15.64 (12.06 - 20.40)	10.41 (5.59 - 14.16)
	Q3 (95% CI)	32.99 (31.87 - NC)	37.59 (29.90 - NC)
	Min, Max	0.53+, 32.99	0.03+, 37.59
	Hazard ratio [3]	0.841721	
	95% CI for Hazard ratio [3]	0.530 - 1.337099	
	2-sided p-value [4]	0.4643	
No	Number of Subjects	30	27
	Events, n (%)	16 (53.3)	12 (44.4)
	Censored subjects, n (%)	14 (46.7)	15 (55.6)
	Median OS (months) [2]	22.57	32.62
	95% CI for Overall survival [2]	18.46 - NC	16.95 - NC
	Q1 (95% CI)	13.96 (6.24 - 20.67)	12.68 (8.05 - 24.28)
	Q3 (95% CI)	. (22.64 - NC)	. (32.62 - NC)
	Min, Max	1.51, 38.31+	0.03+, 36.01+
	Hazard ratio [3]	1.169432	
	95% CI for Hazard ratio [3]	0.555 - 2.530046	
	2-sided p-value [4]	0.6813	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 4.3: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.3521	
<65 years	Number of Subjects	49	48
	Events, n (%)	27 (55.1)	23 (47.9)
	Censored subjects, n (%)	22 (44.9)	25 (52.1)
	Median OS (months) [2]	22.57	26.25
	95% CI for Overall survival [2]	20.40 - 28.71	17.45 - NC
	Q1 (95% CI)	14.42 (11.99 - 20.67)	14.00 (12.09 - 19.78)
	Q3 (95% CI)	31.93 (25.95 - NC)	. (27.66 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 36.01+
	Hazard ratio [3]	1.108832	
	95% CI for Hazard ratio [3]	0.636 - 1.951013	
	2-sided p-value [4]	0.715	
>=65 years	Number of Subjects	53	48
	Events, n (%)	25 (47.2)	27 (56.3)
	Censored subjects, n (%)	28 (52.8)	21 (43.8)
	Median OS (months) [2]	31.87	18.66
	95% CI for Overall survival [2]	19.68 - NC	12.68 - 32.72
	Q1 (95% CI)	15.70 (11.79 - 19.81)	5.88 (4.80 - 13.54)
	Q3 (95% CI)	32.99 (31.87 - NC)	37.59 (32.62 - NC)
	Min, Max	0.85, 32.99	0.49+, 37.59
	Hazard ratio [3]	0.767868	
	95% CI for Hazard ratio [3]	0.439 - 1.339746	
	2-sided p-value [4]	0.3479	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 4.4: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

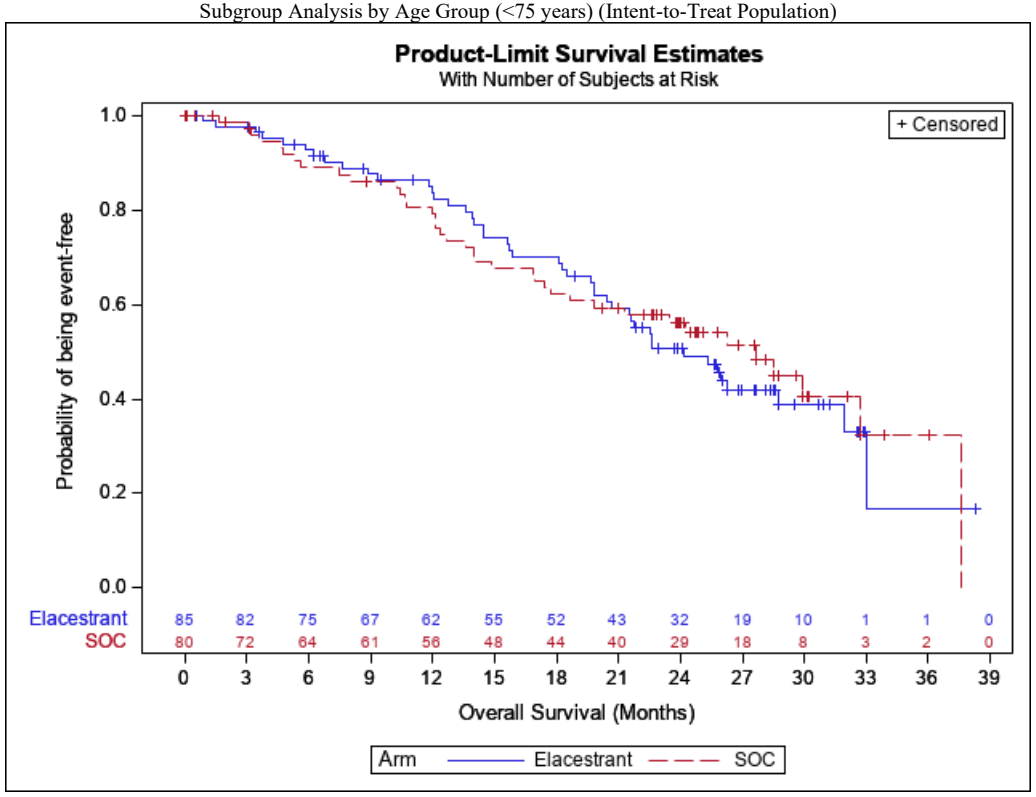
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0499	
<75 years	Number of Subjects	85	80
	Events, n (%)	45 (52.9)	38 (47.5)
	Censored subjects, n (%)	40 (47.1)	42 (52.5)
	Median OS (months) [2]	24.18	27.66
	95% CI for Overall survival [2]	20.40 - 31.93	18.66 - NC
	Q1 (95% CI)	14.46 (12.06 - 19.81)	12.39 (10.41 - 17.45)
	Q3 (95% CI)	32.99 (31.93 - NC)	37.59 (32.72 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 37.59
	Hazard ratio [3]	1.070792	
	95% CI for Hazard ratio [3]	0.696 - 1.657068	
	2-sided p-value [4]	0.7558	
>=75 years	Number of Subjects	17	16
	Events, n (%)	7 (41.2)	12 (75)
	Censored subjects, n (%)	10 (58.8)	4 (25)
	Median OS (months) [2]	31.87	13.54
	95% CI for Overall survival [2]	16.95 - NC	4.96 - 15.64
	Q1 (95% CI)	16.95 (7.23 - NC)	4.80 (4.11 - 13.54)
	Q3 (95% CI)	31.87 (. - NC)	32.62 (13.54 - NC)
	Min, Max	0.99+, 31.87	1.84+, 32.62
	Hazard ratio [3]	0.406644	
	95% CI for Hazard ratio [3]	0.148 - 1.045931	
	2-sided p-value [4]	0.0583	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

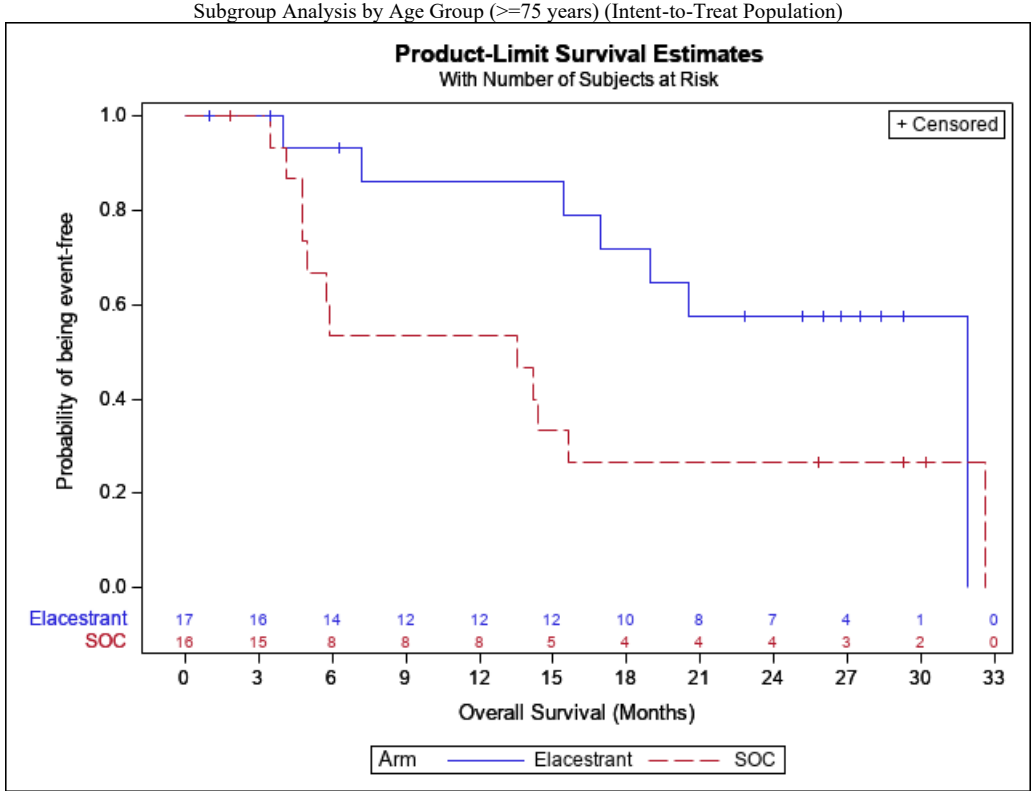
Figure 4.4.1: Kaplan-Meier Plot of Overall Survival for Elacestrant vs SOC,
Subgroup Analysis by Age Group (<75 years) (Intent-to-Treat Population)



Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Figure 4.4.2: Kaplan-Meier Plot of Overall Survival for Elacestrant vs SOC, Subgroup Analysis by Age Group (>=75 years) (Intent-to-Treat Population)



Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 33 of 55

Study: RAD1901-308
Section: Efficacy Tables

Table 4.5: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.7385	
Europe	Number of Subjects	54	43
	Events, n (%)	28 (51.9)	22 (51.2)
	Censored subjects, n (%)	26 (48.1)	21 (48.8)
	Median OS (months) [2]	26.25	26.25
	95% CI for Overall survival [2]	20.67 - NC	14.16 - 32.72
	Q1 (95% CI)	15.70 (13.63 - 21.59)	12.39 (4.80 - 16.95)
	Q3 (95% CI)	32.99 (31.87 - NC)	32.72 (28.52 - NC)
	Min, Max	0.99+, 32.99	0.03+, 36.01+
	Hazard ratio [3]	0.874562	
	95% CI for Hazard ratio [3]	0.500 - 1.548953	
	2-sided p-value [4]	0.6412	
North America	Number of Subjects	32	37
	Events, n (%)	17 (53.1)	19 (51.4)
	Censored subjects, n (%)	15 (46.9)	18 (48.6)
	Median OS (months) [2]	20.53	23.49
	95% CI for Overall survival [2]	18.27 - NC	13.63 - NC
	Q1 (95% CI)	13.93 (9.36 - 19.84)	10.68 (5.59 - 16.85)
	Q3 (95% CI)	. (21.49 - NC)	37.59 (27.66 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 37.59
	Hazard ratio [3]	1.046118	
	95% CI for Hazard ratio [3]	0.537 - 2.022706	
	2-sided p-value [4]	0.8932	
Asia	Number of Subjects	8	14
	Events, n (%)	4 (50)	8 (57.1)
	Censored subjects, n (%)	4 (50)	6 (42.9)
	Median OS (months) [2]	31.93	22.80
	95% CI for Overall survival [2]	8.84 - NC	12.09 - NC
	Q1 (95% CI)	17.07 (7.62 - NC)	12.09 (10.28 - 24.28)
	Q3 (95% CI)	. (25.30 - NC)	. (21.32 - NC)
	Min, Max	7.62, 32.92+	5.75, 32.07+
	Hazard ratio [3]	0.744242	
	95% CI for Hazard ratio [3]	0.195 - 2.407082	
	2-sided p-value [4]	0.6342	
Other	Number of Subjects	8	2
	Events, n (%)	3 (37.5)	1 (50)
	Censored subjects, n (%)	5 (62.5)	1 (50)
	Median OS (months) [2]	21.78	12.16
	95% CI for Overall survival [2]	6.74 - NC	. - NC
	Q1 (95% CI)	6.74 (5.85 - NC)	12.16 (. - NC)
	Q3 (95% CI)	. (21.78 - NC)	12.16 (. - NC)
	Min, Max	5.26+, 32.53+	1.84+, 12.16
	Hazard ratio [3]	0.477903	
	95% CI for Hazard ratio [3]	0.042 - 10.868188	
	2-sided p-value [4]	0.5539	

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 4.5: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 4.6: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.1193	
0	Number of Subjects	59	51
	Events, n (%)	29 (49.2)	22 (43.1)
	Censored subjects, n (%)	30 (50.8)	29 (56.9)
	Median OS (months) [2]	22.64	29.90
	95% CI for Overall survival [2]	19.84 - NC	23.49 - NC
	Q1 (95% CI)	15.84 (13.93 - 20.40)	14.36 (10.41 - 27.66)
	Q3 (95% CI)	32.99 (32.99 - NC)	37.59 (32.62 - NC)
	Min, Max	3.06+, 38.31+	0.03+, 37.59
	Hazard ratio [3]	1.216605	
	95% CI for Hazard ratio [3]	0.700 - 2.143661	
	2-sided p-value [4]	0.4887	
1	Number of Subjects	43	45
	Events, n (%)	23 (53.5)	28 (62.2)
	Censored subjects, n (%)	20 (46.5)	17 (37.8)
	Median OS (months) [2]	25.82	14.90
	95% CI for Overall survival [2]	16.95 - 31.93	12.09 - 24.28
	Q1 (95% CI)	12.75 (7.62 - 20.67)	7.75 (5.32 - 13.63)
	Q3 (95% CI)	31.93 (28.71 - NC)	32.72 (17.45 - NC)
	Min, Max	0.53+, 32.92+	0.03+, 32.72
	Hazard ratio [3]	0.655039	
	95% CI for Hazard ratio [3]	0.373 - 1.138359	
	2-sided p-value [4]	0.1328	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 4.7: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.1213	
yes	Number of Subjects	82	78
	Events, n (%)	45 (54.9)	41 (52.6)
	Censored subjects, n (%)	37 (45.1)	37 (47.4)
	Median OS (months) [2]	22.64	26.25
	95% CI for Overall survival [2]	19.84 - 28.71	14.36 - 32.62
	Q1 (95% CI)	14.46 (12.06 - 19.81)	10.71 (5.75 - 14.00)
	Q3 (95% CI)	31.93 (28.71 - NC)	37.59 (32.62 - NC)
	Min, Max	0.53+, 32.99	0.03+, 37.59
	Hazard ratio [3]	1.062115	
	95% CI for Hazard ratio [3]	0.693 - 1.635289	
	2-sided p-value [4]	0.7812	
no	Number of Subjects	20	18
	Events, n (%)	7 (35)	9 (50)
	Censored subjects, n (%)	13 (65)	9 (50)
	Median OS (months) [2]	.	19.78
	95% CI for Overall survival [2]	19.68 - NC	13.63 - NC
	Q1 (95% CI)	18.46 (9.36 - NC)	13.63 (4.76 - 19.78)
	Q3 (95% CI)	. (. - NC)	. (17.74 - NC)
	Min, Max	3.06+, 38.31+	0.03+, 30.26+
	Hazard ratio [3]	0.502398	
	95% CI for Hazard ratio [3]	0.179 - 1.352730	
	2-sided p-value [4]	0.1652	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 4.8: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.0048	
1	Number of Subjects	64	56
	Events, n (%)	33 (51.6)	22 (39.3)
	Censored subjects, n (%)	31 (48.4)	34 (60.7)
	Median OS (months) [2]	22.57	32.62
	95% CI for Overall survival [2]	18.27 - NC	26.25 - NC
	Q1 (95% CI)	14.42 (9.36 - 18.27)	14.00 (10.68 - 28.52)
	Q3 (95% CI)	. (31.93 - NC)	37.59 (32.62 - NC)
	Min, Max	1.51, 32.92+	0.03+, 37.59
	Hazard ratio [3]	1.493793	
	95% CI for Hazard ratio [3]	0.868 - 2.628911	
	2-sided p-value [4]	0.1499	
2	Number of Subjects	38	40
	Events, n (%)	19 (50)	28 (70)
	Censored subjects, n (%)	19 (50)	12 (30)
	Median OS (months) [2]	28.71	15.64
	95% CI for Overall survival [2]	21.59 - 32.99	12.16 - 23.49
	Q1 (95% CI)	18.96 (12.06 - 22.64)	7.46 (4.96 - 13.63)
	Q3 (95% CI)	32.99 (31.87 - NC)	27.66 (18.66 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 33.84+
	Hazard ratio [3]	0.474714	
	95% CI for Hazard ratio [3]	0.259 - 0.850231	
	2-sided p-value [4]	0.0112	

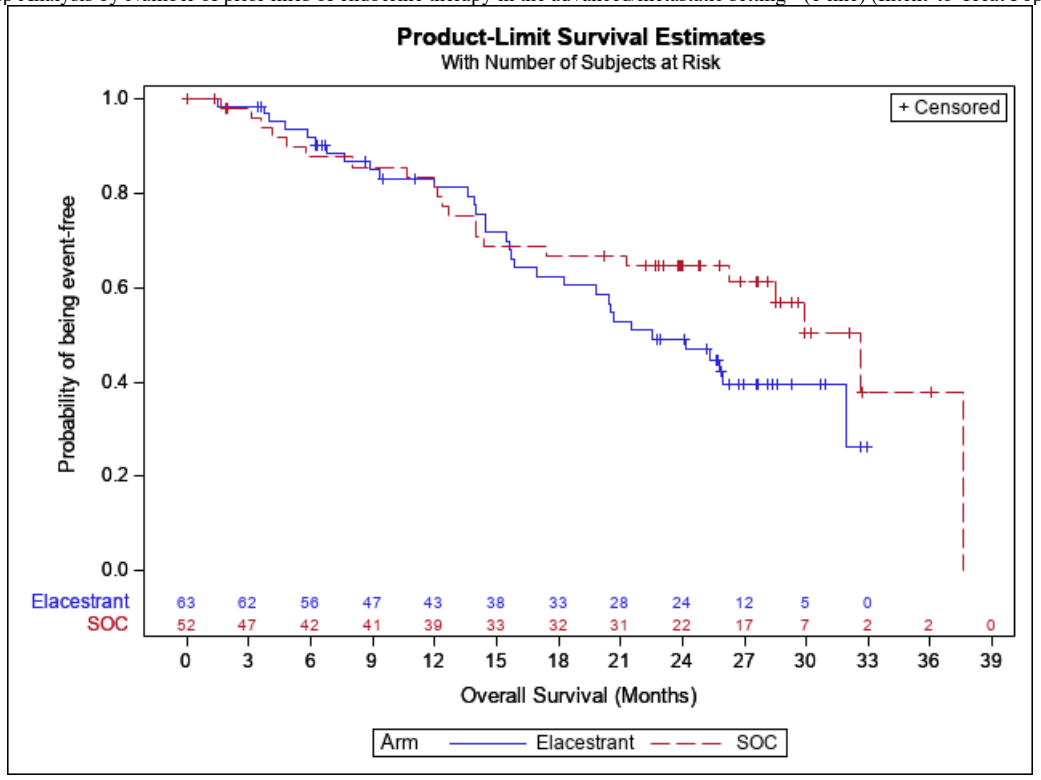
+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Figure 4.8.1: Kaplan-Meier Plot of Overall Survival for Elacestrant vs SOC,
Subgroup Analysis by Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 line) (Intent-to-Treat Population)



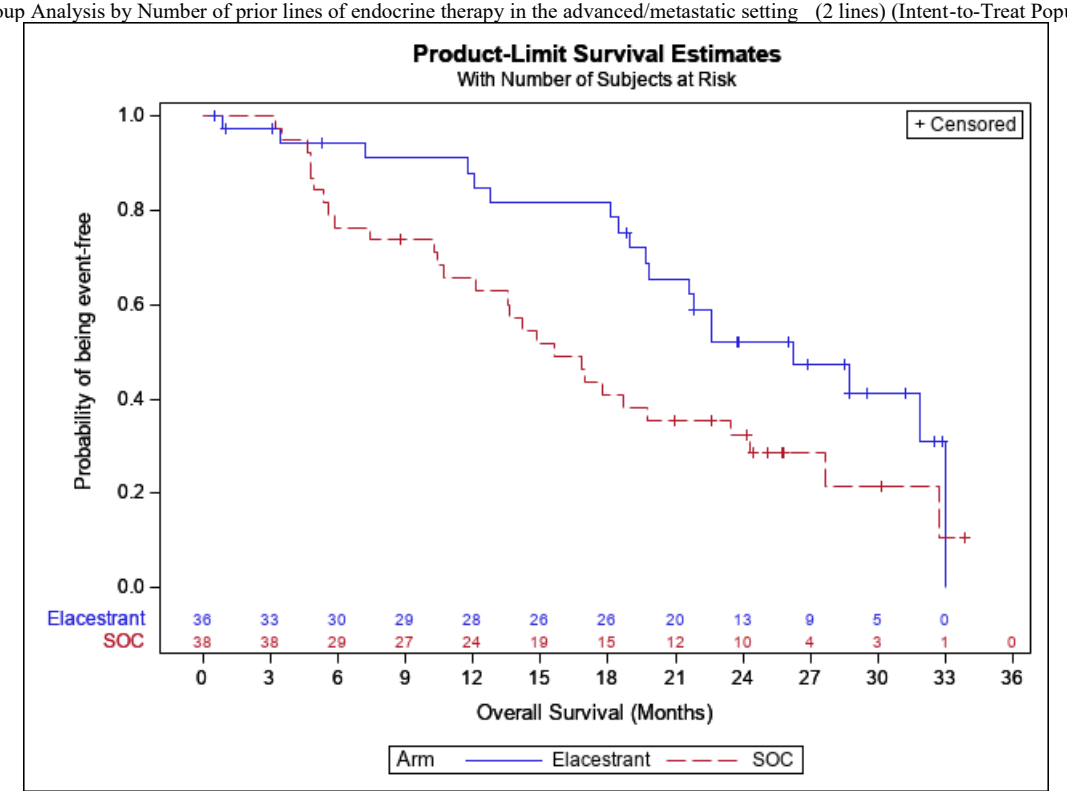
Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

page 39 of 55

Study: RAD1901-308
Section: Efficacy Tables

Figure 4.8.2: Kaplan-Meier Plot of Overall Survival for Elacestrant vs SOC,
Subgroup Analysis by Number of prior lines of endocrine therapy in the advanced/metastatic setting (2 lines) (Intent-to-Treat Population)



Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 4.9: Subgroup Analysis of Overall Survival for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.6328	
0	Number of Subjects	76	67
	Events, n (%)	35 (46.1)	30 (44.8)
	Censored subjects, n (%)	41 (53.9)	37 (55.2)
	Median OS (months) [2]	31.87	28.52
	95% CI for Overall survival [2]	22.57 - 32.99	21.32 - 32.72
	Q1 (95% CI)	18.10 (12.75 - 21.49)	12.39 (5.88 - 21.32)
	Q3 (95% CI)	32.99 (31.93 - NC)	32.72 (32.62 - NC)
	Min, Max	0.99+, 38.31+	0.03+, 36.01+
	Hazard ratio [3]	0.906860	
	95% CI for Hazard ratio [3]	0.557 - 1.485421	
	2-sided p-value [4]	0.6956	
1	Number of Subjects	26	29
	Events, n (%)	17 (65.4)	20 (69)
	Censored subjects, n (%)	9 (34.6)	9 (31)
	Median OS (months) [2]	18.27	15.64
	95% CI for Overall survival [2]	13.93 - 22.64	12.09 - 23.49
	Q1 (95% CI)	13.63 (3.98 - 15.70)	10.28 (4.76 - 13.63)
	Q3 (95% CI)	25.95 (20.53 - NC)	37.59 (16.95 - NC)
	Min, Max	0.53+, 32.53+	0.03+, 37.59
	Hazard ratio [3]	1.036096	
	95% CI for Hazard ratio [3]	0.533 - 1.999194	
	2-sided p-value [4]	0.916	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, OS = Overall Survival, NC = Not calculable.
Overall survival is defined as the time from the date of randomization until death due to any cause. Any subject not known to have died at the time of analysis will be censored based on the last recorded date on which the subject was known to be alive.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of OS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 5: Duration of Response for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Response Evaluable Population)

	Elacestrant (N=75)	SOC (N=75)
Observation period (months) [1]		
n (Number of CR + PR subjects)	4	5
mean	9.20	6.72
median	10.04	5.59
min	1.87	3.71
max	14.85	11.27
Events, n (%) [2]	2 (50)	4 (80)
Documented progression	2 (50)	4 (80)
Censored subjects, n (%) [2]	2 (50)	1 (20)
Censored progression or death after missing >=2 consecutive post-baseline tumor assessments [3]	1 (25)	0 (0)
No documented progression and no death (with a post-baseline tumor assessment)	1 (25)	1 (20)
Median DoR (months) [4]	13.77	7.49
95% CI for median DoR [4]	12.68 - NC	3.71 - NC
Q1 (95% CI)	12.68 (12.68 - NC)	5.55 (3.71 - NC)
Q3 (95% CI)	14.85 (12.68 - NC)	11.27 (5.55 - NC)
Min, Max	1.87+, 14.85	3.71, 11.27
DoR rate at 3 months after initial CR or PR response (95% CI) [4]	100.00 (100.00 - 100.00)	100.00 (100.00 - 100.00)
DoR rate at 6 months after initial CR or PR response (95% CI) [4]	100.00 (100.00 - 100.00)	60.00 (17.06 - 100.00)
DoR rate at 12 months after initial CR or PR response (95% CI) [4]	100.00 (100.00 - 100.00)	0.00 (. - .)
Hazard ratio [5]	0.000000	
95% CI for Hazard ratio [5]	. - 1.266	
2-sided p-value [6]	0.1439	

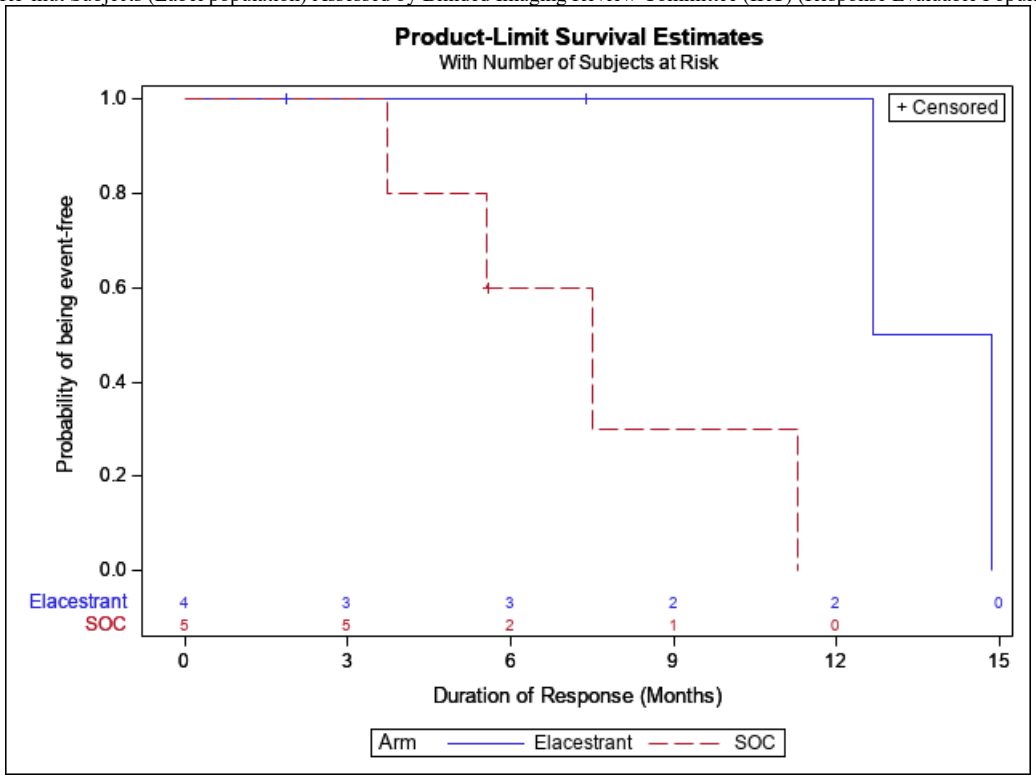
+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, DoR = Duration of Response, NC = Not calculable.
DoR is defined as the duration from the first response until disease progression or death from any cause.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Percentage is calculated using number of subjects with confirmed CR or PR as the denominator.
[3] Date of last tumor assessment before missed assessments or date of randomization, whichever is later.
[4] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[5] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs no) and presence of visceral metastases (Yes vs no); the CI calculated using a profile likelihood approach.
[6] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Figure 5: Kaplan-Meier Plot of Duration of Response for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Response Evaluable Population)



Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6: Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	12.06	9.19
median	6.31	4.58
min	0.53	0.03
max	38.31	37.59
Events, n (%)	51 (50)	51 (53.1)
Initiation of chemotherapy	51 (50)	51 (53.1)
Censored subjects, n (%)	51 (50)	45 (46.9)
Death	21 (20.6)	22 (22.9)
Still in survival follow up	19 (18.6)	14 (14.6)
Withdrawn consent	11 (10.8)	9 (9.4)
Median TTC (months) [2]	19.55	6.01
95% CI for TTC [2]	6.11 - NC	3.88 - 11.99
Q1 (95% CI)	2.89 (2.37 - 4.04)	2.33 (2.07 - 3.06)
Q3 (95% CI)	. (32.69 - NC)	. (. - NC)
Min, Max	0.53+, 38.31+	0.03+, 37.59+
TTC rate at 3 months (95% CI) [2]	73.48 (64.75 - 82.22)	66.06 (56.18 - 75.94)
TTC rate at 6 months (95% CI) [2]	61.84 (52.15 - 71.54)	50.54 (39.96 - 61.13)
TTC rate at 12 months (95% CI) [2]	55.94 (45.87 - 66.00)	39.24 (28.49 - 49.99)
TTC rate at 18 months (95% CI) [2]	51.74 (41.36 - 62.11)	39.24 (28.49 - 49.99)
TTC rate at 24 months (95% CI) [2]	45.14 (34.24 - 56.05)	39.24 (28.49 - 49.99)
Hazard ratio [3]	0.797019	
95% CI for Hazard ratio [3]	0.538 - 1.182	
2-sided p-value [4]	0.253	

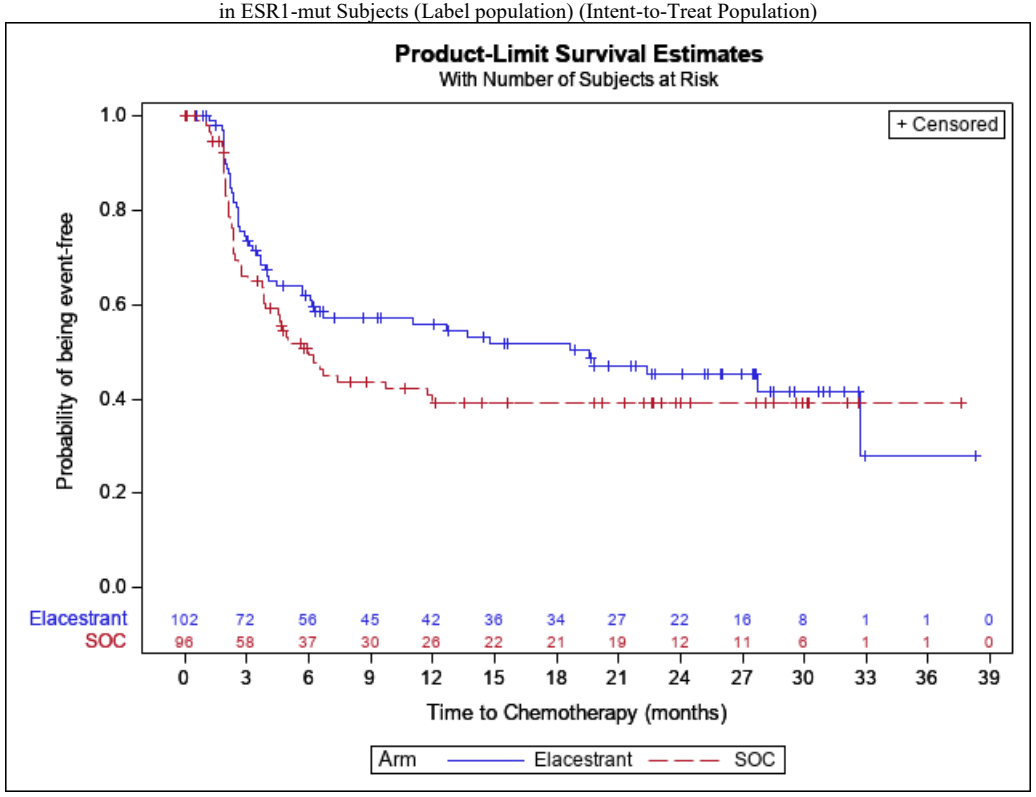
+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs no) and presence of visceral metastases (Yes vs no); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Figure 6: Kaplan-Meier Plot of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 6.1: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.8721	
Yes	Number of Subjects	27	27
	Events, n (%)	13 (48.1)	15 (55.6)
	Censored subjects, n (%)	14 (51.9)	12 (44.4)
	Median TTC (months) [2]	16.72	4.70
	95% CI for TTC [2]	3.12 - NC	3.75 - NC
	Q1 (95% CI)	2.73 (1.91 - 3.88)	2.33 (1.94 - 4.60)
	Q3 (95% CI)	. (27.73 - NC)	. (4.93 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 30.19+
	Hazard ratio [3]	0.863254	
	95% CI for Hazard ratio [3]	0.403 - 1.822	
	2-sided p-value [4]	0.6936	
No	Number of Subjects	75	69
	Events, n (%)	38 (50.7)	36 (52.2)
	Censored subjects, n (%)	37 (49.3)	33 (47.8)
	Median TTC (months) [2]	19.55	6.24
	95% CI for TTC [2]	6.70 - NC	3.81 - NC
	Q1 (95% CI)	2.96 (2.30 - 6.11)	2.33 (1.94 - 3.81)
	Q3 (95% CI)	32.69 (32.69 - NC)	. (. - NC)
	Min, Max	1.51+, 32.92+	0.03+, 37.59+
	Hazard ratio [3]	0.756849	
	95% CI for Hazard ratio [3]	0.479 - 1.198	
	2-sided p-value [4]	0.2295	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 6.2: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.3972	
Yes	Number of Subjects	72	69
	Events, n (%)	38 (52.8)	36 (52.2)
	Censored subjects, n (%)	34 (47.2)	33 (47.8)
	Median TTC (months) [2]	14.78	6.24
	95% CI for TTC [2]	4.04 - NC	3.88 - NC
	Q1 (95% CI)	2.60 (2.30 - 3.88)	2.33 (2.10 - 3.88)
	Q3 (95% CI)	32.69 (. - NC)	. (. - NC)
	Min, Max	0.53+, 32.69	0.03+, 37.59+
	Hazard ratio [3]	0.865730	
	95% CI for Hazard ratio [3]	0.548 - 1.371	
	2-sided p-value [4]	0.5332	
No	Number of Subjects	30	27
	Events, n (%)	13 (43.3)	15 (55.6)
	Censored subjects, n (%)	17 (56.7)	12 (44.4)
	Median TTC (months) [2]	19.55	4.96
	95% CI for TTC [2]	5.72 - NC	2.40 - NC
	Q1 (95% CI)	4.01 (2.17 - 18.66)	2.33 (1.87 - 3.81)
	Q3 (95% CI)	. (19.55 - NC)	. (6.01 - NC)
	Min, Max	1.51+, 38.31+	0.03+, 32.62+
	Hazard ratio [3]	0.604091	
	95% CI for Hazard ratio [3]	0.283 - 1.273	
	2-sided p-value [4]	0.1822	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6.3: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)
(Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.5352	
<65 years	Number of Subjects	49	48
	Events, n (%)	26 (53.1)	29 (60.4)
	Censored subjects, n (%)	23 (46.9)	19 (39.6)
	Median TTC (months) [2]	12.68	3.78
	95% CI for TTC [2]	4.01 - NC	2.37 - 11.99
	Q1 (95% CI)	2.37 (1.94 - 4.44)	1.92 (1.84 - 2.40)
	Q3 (95% CI)	. (. - NC)	. (7.39 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 32.07+
	Hazard ratio [3]	0.701922	
	95% CI for Hazard ratio [3]	0.411 - 1.193	
	2-sided p-value [4]	0.1861	
>=65 years	Number of Subjects	53	48
	Events, n (%)	25 (47.2)	22 (45.8)
	Censored subjects, n (%)	28 (52.8)	26 (54.2)
	Median TTC (months) [2]	22.37	6.51
	95% CI for TTC [2]	11.07 - NC	4.70 - NC
	Q1 (95% CI)	3.52 (2.56 - 11.07)	3.81 (2.30 - 5.62)
	Q3 (95% CI)	32.69 (32.69 - NC)	. (. - NC)
	Min, Max	0.85+, 32.92+	0.49+, 37.59+
	Hazard ratio [3]	0.859356	
	95% CI for Hazard ratio [3]	0.483 - 1.540	
	2-sided p-value [4]	0.6061	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6.4: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.8988	
<75 years	Number of Subjects	85	80
	Events, n (%)	46 (54.1)	46 (57.5)
	Censored subjects, n (%)	39 (45.9)	34 (42.5)
	Median TTC (months) [2]	12.68	4.57
	95% CI for TTC [2]	5.72 - 32.69	2.73 - 11.76
	Q1 (95% CI)	2.60 (2.17 - 3.68)	2.17 (1.94 - 2.60)
	Q3 (95% CI)	. (32.69 - NC)	. (11.99 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 37.59+
	Hazard ratio [3]	0.766516	
	95% CI for Hazard ratio [3]	0.508 - 1.156	
	2-sided p-value [4]	0.2019	
>=75 years	Number of Subjects	17	16
	Events, n (%)	5 (29.4)	5 (31.3)
	Censored subjects, n (%)	12 (70.6)	11 (68.8)
	Median TTC (months) [2]	27.73	.
	95% CI for TTC [2]	18.66 - NC	5.62 - NC
	Q1 (95% CI)	18.66 (2.60 - NC)	5.62 (4.70 - NC)
	Q3 (95% CI)	. (27.73 - NC)	. (. - NC)
	Min, Max	0.99+, 29.27+	1.84+, 32.62+
	Hazard ratio [3]	0.764837	
	95% CI for Hazard ratio [3]	0.208 - 2.801	
	2-sided p-value [4]	0.6764	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 6.5: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.9363	
Europe	Number of Subjects	54	43
	Events, n (%)	32 (59.3)	26 (60.5)
	Censored subjects, n (%)	22 (40.7)	17 (39.5)
	Median TTC (months) [2]	11.07	4.70
	95% CI for TTC [2]	3.68 - 27.73	2.60 - 9.72
	Q1 (95% CI)	2.56 (2.17 - 4.01)	2.17 (1.87 - 2.73)
	Q3 (95% CI)	. (22.37 - NC)	. (6.24 - NC)
	Min, Max	0.99+, 32.62+	0.03+, 30.26+
	Hazard ratio [3]	0.763461	
	95% CI for Hazard ratio [3]	0.455 - 1.293	
	2-sided p-value [4]	0.3081	
North America	Number of Subjects	32	37
	Events, n (%)	11 (34.4)	17 (45.9)
	Censored subjects, n (%)	21 (65.6)	20 (54.1)
	Median TTC (months) [2]	.	11.76
	95% CI for TTC [2]	13.70 - NC	3.75 - NC
	Q1 (95% CI)	5.72 (3.25 - NC)	2.33 (1.94 - 4.50)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Min, Max	0.53+, 38.31+	0.03+, 37.59+
	Hazard ratio [3]	0.587539	
	95% CI for Hazard ratio [3]	0.267 - 1.242	
	2-sided p-value [4]	0.1648	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	8 (57.1)
	Censored subjects, n (%)	5 (62.5)	6 (42.9)
	Median TTC (months) [2]	.	6.51
	95% CI for TTC [2]	1.91 - NC	3.81 - NC
	Q1 (95% CI)	2.23 (1.91 - NC)	3.81 (1.94 - 6.67)
	Q3 (95% CI)	. (. - NC)	. (6.51 - NC)
	Min, Max	, 32.92+	1.84, 32.07+
	Hazard ratio [3]	0.662052	
	95% CI for Hazard ratio [3]	0.145 - 2.299	
	2-sided p-value [4]	0.5314	
Other	Number of Subjects	8	2
	Events, n (%)	5 (62.5)	0 (0.0)
	Censored subjects, n (%)	3 (37.5)	2 (100)
	Median TTC (months) [2]	18.17	.
	95% CI for TTC [2]	1.94 - NC	. - NC
	Q1 (95% CI)	2.41 (1.91 - NC)	. (. - NC)
	Q3 (95% CI)	32.69 (3.65 - NC)	. (. - NC)
	Min, Max	1.91, 32.69	1.84+, 1.84+
	Hazard ratio [3]	11311216	
	95% CI for Hazard ratio [3]	0.256 - .	
	2-sided p-value [4]	0.4258	

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6.5: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Zero cell correction test	Odds Ratio	0.8027	0.45 - 1.44
	Relative Risk (Event)	0.9112	0.69 - 1.20
	Relative Risk (Censor)	1.0576	0.81 - 1.39
	p-value	0.2812	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6.6: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.5506	
0	Number of Subjects	59	51
	Events, n (%)	26 (44.1)	26 (51)
	Censored subjects, n (%)	33 (55.9)	25 (49)
	Median TTC (months) [2]	.	6.51
	95% CI for TTC [2]	6.70 - NC	3.81 - NC
	Q1 (95% CI)	3.65 (2.30 - 6.70)	2.37 (2.14 - 3.81)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Min, Max	1.77, 38.31+	0.03+, 37.59+
	Hazard ratio [3]	0.708329	
	95% CI for Hazard ratio [3]	0.410 - 1.225	
	2-sided p-value [4]	0.2158	
1	Number of Subjects	43	45
	Events, n (%)	25 (58.1)	25 (55.6)
	Censored subjects, n (%)	18 (41.9)	20 (44.4)
	Median TTC (months) [2]	13.70	6.01
	95% CI for TTC [2]	3.25 - 27.73	2.73 - NC
	Q1 (95% CI)	2.60 (2.17 - 3.88)	2.10 (1.87 - 4.60)
	Q3 (95% CI)	32.69 (18.66 - NC)	. (9.72 - NC)
	Min, Max	0.53+, 32.92+	0.03+, 32.07+
	Hazard ratio [3]	0.876512	
	95% CI for Hazard ratio [3]	0.497 - 1.543	
	2-sided p-value [4]	0.6482	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

Study: RAD1901-308
Section: Efficacy Tables

Table 6.7: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs no)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.6194	
yes	Number of Subjects	82	78
	Events, n (%)	40 (48.8)	41 (52.6)
	Censored subjects, n (%)	42 (51.2)	37 (47.4)
	Median TTC (months) [2]	22.37	4.96
	95% CI for TTC [2]	5.72 - NC	3.75 - NC
	Q1 (95% CI)	2.60 (2.17 - 4.01)	2.30 (1.94 - 2.73)
	Q3 (95% CI)	32.69 (32.69 - NC)	. (. - NC)
	Min, Max	0.53+, 32.92+	0.03+, 37.59+
	Hazard ratio [3]	0.820104	
	95% CI for Hazard ratio [3]	0.529 - 1.270	
	2-sided p-value [4]	0.3721	
no	Number of Subjects	20	18
	Events, n (%)	11 (55)	10 (55.6)
	Censored subjects, n (%)	9 (45)	8 (44.4)
	Median TTC (months) [2]	18.66	6.01
	95% CI for TTC [2]	5.72 - NC	3.81 - 9.72
	Q1 (95% CI)	3.68 (3.25 - 18.66)	3.81 (1.91 - 6.24)
	Q3 (95% CI)	. (18.66 - NC)	9.72 (6.01 - NC)
	Min, Max	1.91, 38.31+	0.03+, 30.26+
	Hazard ratio [3]	0.548622	
	95% CI for Hazard ratio [3]	0.227 - 1.338	
	2-sided p-value [4]	0.1751	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6.8: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.6233	
1	Number of Subjects	64	56
	Events, n (%)	31 (48.4)	27 (48.2)
	Censored subjects, n (%)	33 (51.6)	29 (51.8)
	Median TTC (months) [2]	18.66	9.72
	95% CI for TTC [2]	6.31 - NC	3.88 - NC
	Q1 (95% CI)	2.66 (2.17 - 6.31)	2.37 (1.94 - 4.96)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Min, Max	1.51, 32.92+	0.03+, 37.59+
	Hazard ratio [3]	0.841026	
	95% CI for Hazard ratio [3]	0.502 - 1.418	
	2-sided p-value [4]	0.5095	
2	Number of Subjects	38	40
	Events, n (%)	20 (52.6)	24 (60)
	Censored subjects, n (%)	18 (47.4)	16 (40)
	Median TTC (months) [2]	19.55	4.60
	95% CI for TTC [2]	3.65 - 32.69	2.60 - NC
	Q1 (95% CI)	2.89 (2.30 - 5.72)	2.17 (1.94 - 3.75)
	Q3 (95% CI)	32.69 (27.73 - NC)	. (6.67 - NC)
	Min, Max	0.53+, 38.31+	0.03+, 30.16+
	Hazard ratio [3]	0.687302	
	95% CI for Hazard ratio [3]	0.369 - 1.260	
	2-sided p-value [4]	0.2238	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Study: RAD1901-308
Section: Efficacy Tables

Table 6.9: Subgroup Analysis of Time to Chemotherapy for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.8373	
0	Number of Subjects	76	67
	Events, n (%)	40 (52.6)	34 (50.7)
	Censored subjects, n (%)	36 (47.4)	33 (49.3)
	Median TTC (months) [2]	18.66	6.24
	95% CI for TTC [2]	6.11 - NC	4.50 - NC
	Q1 (95% CI)	3.12 (2.37 - 5.72)	2.37 (1.94 - 3.81)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Min, Max	0.99+, 38.31+	0.03+, 32.62+
	Hazard ratio [3]	0.810031	
	95% CI for Hazard ratio [3]	0.513 - 1.287	
	2-sided p-value [4]	0.3658	
1	Number of Subjects	26	29
	Events, n (%)	11 (42.3)	17 (58.6)
	Censored subjects, n (%)	15 (57.7)	12 (41.4)
	Median TTC (months) [2]	32.69	4.60
	95% CI for TTC [2]	2.96 - NC	2.37 - NC
	Q1 (95% CI)	2.56 (1.91 - NC)	2.30 (1.94 - 3.81)
	Q3 (95% CI)	32.69 (. - NC)	. (6.67 - NC)
	Min, Max	0.53+, 32.69	0.03+, 37.59+
	Hazard ratio [3]	0.761512	
	95% CI for Hazard ratio [3]	0.346 - 1.609	
	2-sided p-value [4]	0.4769	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, TTC = Time to Chemotherapy, NC = Not calculable.
Time to Chemotherapy is defined as the time from the date of randomization until to initiation of chemotherapy (i.e. date of start of chemotherapy - date of randomization + 1). For subjects with no event, TTC will be censored according to Overall Survival censoring rules.
[1] interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of TTC are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 2 September 2022

File created on Friday, 18AUG2023

Anhang 4-G2: Patientenberichtete Endpunkte

Study: RAD1901-308
Section: Tables

Table 1: EQ-VAS Completion Rate in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Visit Name	Elacestrant EQ-VAS Expected (N)	Elacestrant EQ-VAS Completed (N)	Elacestrant EQ-VAS Completion Rate (%)	SOC EQ-VAS Expected (N)	SOC EQ-VAS Completed (N)	SOC EQ-VAS Completion Rate (%)
Cycle 1 Day 1	102	96	94.1	96	86	89.6
Cycle 1 Day 15	102	92	90.2	87	72	82.8
Cycle 2 Day 1	95	88	92.6	86	81	94.2
Cycle 3 Day 1	70	57	81.4	51	44	86.3
Cycle 4 Day 1	51	46	90.2	37	32	86.5
Cycle 6 Day 1	35	30	85.7	20	18	90.0
Cycle 8 Day 1	26	22	84.6	14	13	92.9
Cycle 10 Day 1	20	18	90.0	11	10	90.9
Cycle 12 Day 1	18	13	72.2	8	8	100.0
Cycle 14 Day 1	14	11	78.6	5	4	80.0
Cycle 16 Day 1	12	9	75.0	2	2	100.0
Cycle 18 Day 1	10	8	80.0	2	2	100.0
Cycle 20 Day 1	10	8	80.0	2	2	100.0
Cycle 22 Day 1	7	6	85.7	2	2	100.0
Cycle 24 Day 1	6	4	66.7	0	0	.
Cycle 26 Day 1	4	4	100.0	0	0	.
Cycle 28 Day 1	4	3	75.0	0	0	.
Cycle 30 Day 1	3	3	100.0	0	0	.
Cycle 32 Day 1	2	2	100.0	0	0	.
Cycle 34 Day 1	1	1	100.0	0	0	.
End of Treatment	102	71	69.6	96	72	75.0

SOC = Standard of Care
Intent-to-Treat population: Elacestrant N = 102 ; SOC N = 96

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.1: EQ Visual Analogue Scale (VAS) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	86	.
	mean	73.7	.	73.7	.
	SD	18.5	.	16.5	.
	median	79.5	.	75	.
	min	1	.	30	.
	max	100	.	100	.
Cycle 1 Day 15	n	92	90	72	71
	mean	75.4	1.09	75.8	2.48
	SD	17.4	14.5	15.6	11.8
	median	80	0	79.5	1
	min	28	-47	11	-29
	max	100	40	100	40
Cycle 2 Day 1	n	88	86	81	77
	mean	75.5	0.79	73.6	0.62
	SD	15.5	13.1	20.6	18.6
	median	80	0.5	80	1
	min	30	-30	4	-62
	max	100	41	100	70
Cycle 3 Day 1	n	57	57	44	43
	mean	77.8	3.44	76.7	1.37
	SD	15.4	12.7	18.3	13.8
	median	80	1	80	1
	min	38	-25	30	-30
	max	100	45	100	37
Cycle 4 Day 1	n	46	45	32	31
	mean	75.7	1.78	82.4	6.65
	SD	19.4	14.9	12.6	10.9
	median	81.5	4	82.5	5
	min	30	-40	45	-15
	max	100	32	100	31
Cycle 6 Day 1	n	30	29	18	17
	mean	72.7	-.69	82.9	5.06
	SD	23.6	21.6	13.4	9.15
	median	72.5	5	86.5	3
	min	25	-65	49	-12
	max	100	35	98	21
Cycle 8 Day 1	n	22	21	13	12
	mean	76.6	0.86	84.2	4.33
	SD	20.3	14.6	14.6	12.4
	median	82.5	4	86	6
	min	28	-29	50	-20
	max	100	33	100	21
Cycle 10 Day 1	n	18	17	10	9
	mean	76.2	0	84.4	6.22
	SD	25.3	21	11.8	11.9
	median	85	6	89.5	2
	min	10	-51	57	-10

Study: RAD1901-308
Section: Tables

Table 3.1: EQ Visual Analogue Scale (VAS) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	34	100	23
Cycle 12 Day 1	n	13	12	8	7
	mean	74.8	4.58	76.3	-1
	SD	22.8	14	17	16.8
	median	85	6	76	-2
	min	31	-20	54	-24
	max	99	34	97	20
Cycle 14 Day 1	n	11	11	4	3
	mean	77.6	8.36	74.3	0.67
	SD	18.8	17.8	16.5	21.7
	median	80	10	74	9
	min	48	-16	59	-24
	max	100	35	90	17
Cycle 16 Day 1	n	9	8	2	2
	mean	64.9	1.5	75	14
	SD	27.2	16.8	7.07	5.66
	median	69	-3.5	75	14
	min	21	-14	70	10
	max	98	33	80	18
Cycle 18 Day 1	n	8	8	2	2
	mean	66.9	1.63	67	6
	SD	30.2	18.2	11.3	1.41
	median	72	-2.5	67	6
	min	9	-21	59	5
	max	99	34	75	7
Cycle 20 Day 1	n	8	8	2	2
	mean	70	2.25	70.5	9.5
	SD	25.1	17.4	13.4	0.71
	median	76.5	-3	70.5	9.5
	min	19	-16	61	9
	max	98	33	80	10
Cycle 22 Day 1	n	6	6	2	2
	mean	74	2	77.5	16.5
	SD	28.2	17	10.6	2.12
	median	84.5	-2.5	77.5	16.5
	min	30	-13	70	15
	max	98	33	85	18
Cycle 24 Day 1	n	4	4	0	0
	mean	65.8	-1	.	.
	SD	31.2	8.41	.	.
	median	68	-1	.	.
	min	29	-10	.	.
	max	98	8	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	62	-4.8	.	.
	SD	34	10.6	.	.
	median	64.5	-6.5	.	.

Study: RAD1901-308
Section: Tables

Table 3.1: EQ Visual Analogue Scale (VAS) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

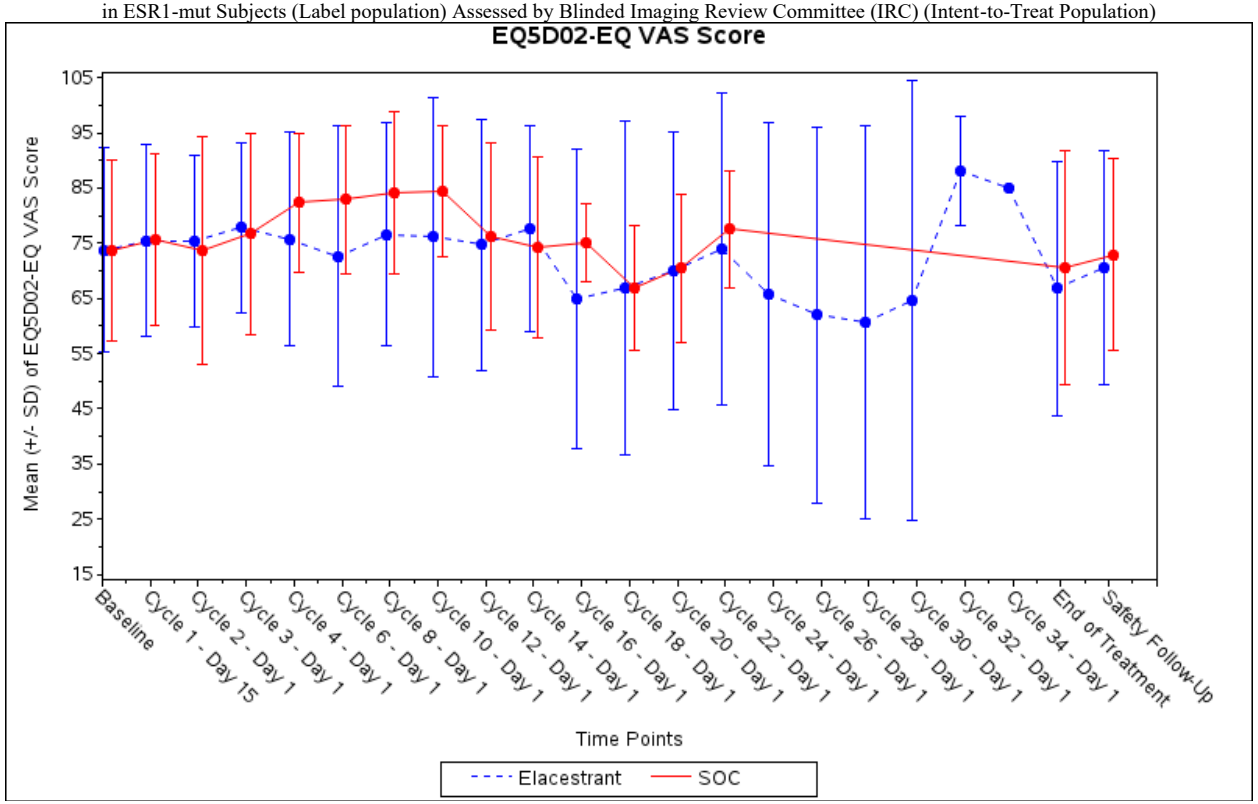
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	21	-14	.	.
	max	98	8	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	60.7	-7.7	.	.
	SD	35.7	6.43	.	.
	median	75	-5	.	.
	min	20	-15	.	.
	max	87	-3	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	64.7	-3.7	.	.
	SD	39.8	11.7	.	.
	median	74	-6	.	.
	min	21	-14	.	.
	max	99	9	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	88	3	.	.
	SD	9.9	2.83	.	.
	median	88	3	.	.
	min	81	1	.	.
	max	95	5	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	85	5	.	.
	SD	.	.	.	.
	median	85	5	.	.
	min	85	5	.	.
	max	85	5	.	.
End of Treatment	n	71	69	72	69
	mean	66.9	-8.1	70.6	-1.5
	SD	23	18.7	21.3	16
	median	70	-5	79	0
	min	15	-75	1	-40
	max	100	25	100	40
Safety Follow-Up	n	31	31	19	19
	mean	70.5	-5.5	72.9	5.74
	SD	21.3	16.1	17.4	23.1
	median	70	-4	71	5
	min	19	-50	50	-30
	max	97	17	100	70

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 3.1: Mean (+/-SD) of EQ Visual Analogue Scale (VAS) score by Visit for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.2: Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

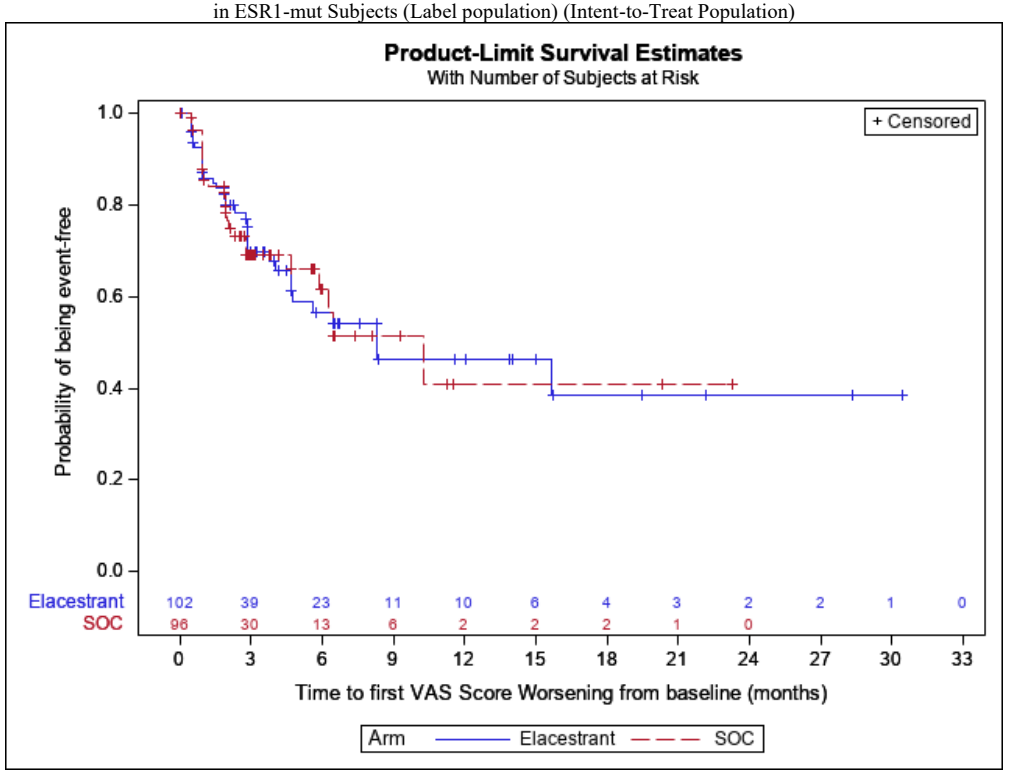
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	4.36	3.14
median	2.55	1.94
min	0.03	0.03
max	30.42	23.26
Events, n (%)	34 (33.3)	27 (28.1)
Vas score worsening	34 (33.3)	27 (28.1)
Censored subjects, n (%)	68 (66.7)	69 (71.9)
No event	68 (66.7)	69 (71.9)
Median vas (months) [2]	8.31	10.25
95% CI for VAS Score worsening [2]	4.70 - NC	5.88 - NC
Q1 (95% CI)	2.86 (1.87 - 4.70)	2.07 (1.87 - 6.28)
Q3 (95% CI)	. (15.64 - NC)	. (10.25 - NC)
Min, Max	0.03+, 30.42+	0.03+, 23.26+
VAS Score worsening rate at 3 months (95% CI) [2]	69.87 (59.40 - 80.33)	69.14 (58.08 - 80.21)
VAS Score worsening rate at 6 months (95% CI) [2]	56.46 (43.60 - 69.31)	61.46 (47.30 - 75.62)
VAS Score worsening rate at 12 months (95% CI) [2]	46.29 (31.28 - 61.30)	40.97 (18.19 - 63.76)
VAS Score worsening rate at 18 months (95% CI) [2]	38.57 (19.95 - 57.20)	40.97 (18.19 - 63.76)
VAS Score worsening rate at 24 months (95% CI) [2]	38.57 (19.95 - 57.20)	. (. - .)
Hazard ratio [3]	0.996	
95% CI for Hazard ratio [3]	0.595 - 1.682	
2-sided p-value [4]	0.9814	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS= Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 3.2: Kaplan-Meier Plot of Time to first worsening for VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.3: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.1578	
Yes	Number of Subjects	27	27
	Events, n (%)	14 (51.9)	8 (29.6)
	Censored subjects, n (%)	13 (48.1)	19 (70.4)
	Median vas (months) [2]	2.86	4.67
	95% CI for VAS Score worsening [2]	1.91 - 8.31	2.79 - NC
	Q1 (95% CI)	1.41 (0.92 - 2.86)	2.00 (0.95 - NC)
	Q3 (95% CI)	8.31 (2.86 - NC)	. (4.67 - NC)
	Min, Max	0.03+, 28.35+	0.03+, 23.26+
	Hazard ratio [3]	1.732	
	95% CI for Hazard ratio [3]	0.737 - 4.357	
	2-sided p-value [4]	0.2209	
No	Number of Subjects	75	69
	Events, n (%)	20 (26.7)	19 (27.5)
	Censored subjects, n (%)	55 (73.3)	50 (72.5)
	Median vas (months) [2]	15.64	10.25
	95% CI for VAS Score worsening [2]	6.47 - NC	6.28 - NC
	Q1 (95% CI)	4.01 (2.79 - 8.31)	2.14 (1.91 - 6.47)
	Q3 (95% CI)	. (15.64 - NC)	. (10.25 - NC)
	Min, Max	0.03+, 30.42+	0.03+, 20.34+
	Hazard ratio [3]	0.763	
	95% CI for Hazard ratio [3]	0.403 - 1.447	
	2-sided p-value [4]	0.4031	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error .
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.4: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.6504	
Yes	Number of Subjects	72	69
	Events, n (%)	22 (30.6)	20 (29)
	Censored subjects, n (%)	50 (69.4)	49 (71)
	Median vas (months) [2]	.	6.47
	95% CI for VAS Score worsening [2]	4.01 - NC	5.88 - NC
	Q1 (95% CI)	2.30 (0.99 - 4.73)	2.14 (1.87 - 6.28)
	Q3 (95% CI)	. (. - NC)	. (6.47 - NC)
	Min, Max	0.03+, 30.42+	0.03+, 23.26+
	Hazard ratio [3]	0.938	
	95% CI for Hazard ratio [3]	0.509 - 1.736	
	2-sided p-value [4]	0.8331	
No	Number of Subjects	30	27
	Events, n (%)	12 (40)	7 (25.9)
	Censored subjects, n (%)	18 (60)	20 (74.1)
	Median vas (months) [2]	6.47	.
	95% CI for VAS Score worsening [2]	4.67 - NC	2.79 - NC
	Q1 (95% CI)	3.75 (1.91 - 6.47)	2.00 (0.95 - NC)
	Q3 (95% CI)	15.64 (6.47 - NC)	. (. - NC)
	Min, Max	0.03+, 15.64	0.03+, 11.53+
	Hazard ratio [3]	1.049	
	95% CI for Hazard ratio [3]	0.410 - 2.871	
	2-sided p-value [4]	0.9154	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error .
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.5: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.1212	
<65 years	Number of Subjects	49	48
	Events, n (%)	14 (28.6)	17 (35.4)
	Censored subjects, n (%)	35 (71.4)	31 (64.6)
	Median vas (months) [2]	15.64	6.28
	95% CI for VAS Score worsening [2]	4.67 - NC	2.07 - NC
	Q1 (95% CI)	2.86 (1.87 - 15.64)	1.91 (0.95 - 5.88)
	Q3 (95% CI)	. (15.64 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 19.45+	0.03+, 23.26+
	Hazard ratio [3]	0.678	
	95% CI for Hazard ratio [3]	0.328 - 1.376	
	2-sided p-value [4]	0.2788	
>=65 years	Number of Subjects	53	48
	Events, n (%)	20 (37.7)	10 (20.8)
	Censored subjects, n (%)	33 (62.3)	38 (79.2)
	Median vas (months) [2]	8.31	.
	95% CI for VAS Score worsening [2]	3.75 - NC	6.47 - NC
	Q1 (95% CI)	2.30 (0.99 - 4.73)	4.67 (1.87 - NC)
	Q3 (95% CI)	. (8.31 - NC)	. (. - NC)
	Min, Max	0.03+, 30.42+	0.03+, 20.34+
	Hazard ratio [3]	1.566	
	95% CI for Hazard ratio [3]	0.743 - 3.512	
	2-sided p-value [4]	0.2452	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.6: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0526	
<75 years	Number of Subjects	85	80
	Events, n (%)	24 (28.2)	23 (28.8)
	Censored subjects, n (%)	61 (71.8)	57 (71.3)
	Median vas (months) [2]	15.64	6.47
	95% CI for VAS Score worsening [2]	5.59 - NC	5.88 - NC
	Q1 (95% CI)	2.86 (1.91 - 8.31)	2.07 (1.87 - 6.28)
	Q3 (95% CI)	. (. - NC)	. (10.25 - NC)
	Min, Max	0.03+, 30.42+	0.03+, 23.26+
	Hazard ratio [3]	0.784	
	95% CI for Hazard ratio [3]	0.439 - 1.401	
	2-sided p-value [4]	0.4048	
>=75 years	Number of Subjects	17	16
	Events, n (%)	10 (58.8)	4 (25)
	Censored subjects, n (%)	7 (41.2)	12 (75)
	Median vas (months) [2]	4.01	.
	95% CI for VAS Score worsening [2]	0.99 - 6.47	4.67 - NC
	Q1 (95% CI)	0.97 (0.49 - 4.01)	4.67 (0.95 - NC)
	Q3 (95% CI)	6.47 (4.01 - NC)	. (. - NC)
	Min, Max	0.03+, 8.31	0.49+, 9.26+
	Hazard ratio [3]	2.737	
	95% CI for Hazard ratio [3]	0.909 - 10.029	
	2-sided p-value [4]	0.0727	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.7: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.4590	
Europe	Number of Subjects	54	43
	Events, n (%)	24 (44.4)	13 (30.2)
	Censored subjects, n (%)	30 (55.6)	30 (69.8)
	Median vas (months) [2]	4.73	10.25
	95% CI for VAS Score worsening [2]	2.86 - 15.64	4.67 - NC
	Q1 (95% CI)	2.79 (0.95 - 4.01)	2.14 (0.99 - 10.25)
	Q3 (95% CI)	15.64 (6.47 - NC)	. (10.25 - NC)
	Min, Max	0.03+, 22.14+	0.03+, 20.34+
	Hazard ratio [3]	1.391	
	95% CI for Hazard ratio [3]	0.720 - 2.816	
	2-sided p-value [4]	0.3276	
North America	Number of Subjects	32	37
	Events, n (%)	5 (15.6)	8 (21.6)
	Censored subjects, n (%)	27 (84.4)	29 (78.4)
	Median vas (months) [2]	.	.
	95% CI for VAS Score worsening [2]	. - NC	5.88 - NC
	Q1 (95% CI)	. (2.86 - NC)	2.79 (0.99 - NC)
	Q3 (95% CI)	. (. - NC)	. (5.88 - NC)
	Min, Max	0.03+, 28.35+	0.03+, 23.26+
	Hazard ratio [3]	0.549	
	95% CI for Hazard ratio [3]	0.163 - 1.675	
	2-sided p-value [4]	0.2943	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	6 (42.9)
	Censored subjects, n (%)	5 (62.5)	8 (57.1)
	Median vas (months) [2]	.	6.28
	95% CI for VAS Score worsening [2]	0.95 - NC	2.00 - NC
	Q1 (95% CI)	1.43 (0.59 - NC)	1.95 (1.87 - 6.28)
	Q3 (95% CI)	. (1.91 - NC)	. (2.79 - NC)
	Min, Max	0.59, 2.83+	0.03+, 6.47+
	Hazard ratio [3]	1.320	
	95% CI for Hazard ratio [3]	0.266 - 5.513	
	2-sided p-value [4]	0.7117	
Other	Number of Subjects	8	2
	Events, n (%)	2 (25)	0 (0.0)
	Censored subjects, n (%)	6 (75)	2 (100)
	Median vas (months) [2]	8.31	.
	95% CI for VAS Score worsening [2]	8.31 - NC	. - NC
	Q1 (95% CI)	8.31 (1.87 - NC)	. (. - NC)
	Q3 (95% CI)	. (8.31 - NC)	. (. - NC)
	Min, Max	0.07+, 30.42+	0.49+, 0.49+
	Hazard ratio [3]	1.1E7	
	95% CI for Hazard ratio [3]	0.025 - .	
	2-sided p-value [4]	0.7055	
Zero cell correction test	Odds Ratio	1.269	.6712 - 2.399
	Relative Risk (Event)	1.192	.7740 - 1.837

Study: RAD1901-308
Section: Tables

Table 3.7: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
	Relative Risk (Censor)	.9358	.7963 - 1.100
	p-value	0.463	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS =Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.8: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.3500	
0	Number of Subjects	59	51
	Events, n (%)	15 (25.4)	14 (27.5)
	Censored subjects, n (%)	44 (74.6)	37 (72.5)
	Median vas (months) [2]	15.64	10.25
	95% CI for VAS Score worsening [2]	4.73 - NC	5.88 - NC
	Q1 (95% CI)	4.67 (2.30 - 15.64)	2.07 (1.91 - 10.25)
	Q3 (95% CI)	. (15.64 - NC)	. (10.25 - NC)
	Min, Max	0.03+, 28.35+	0.03+, 23.26+
	Hazard ratio [3]	0.758	
	95% CI for Hazard ratio [3]	0.362 - 1.595	
	2-sided p-value [4]	0.4584	
1	Number of Subjects	43	45
	Events, n (%)	19 (44.2)	13 (28.9)
	Censored subjects, n (%)	24 (55.8)	32 (71.1)
	Median vas (months) [2]	5.59	6.28
	95% CI for VAS Score worsening [2]	2.83 - NC	2.79 - NC
	Q1 (95% CI)	1.51 (0.95 - 2.86)	2.14 (0.95 - NC)
	Q3 (95% CI)	. (6.47 - NC)	. (6.28 - NC)
	Min, Max	0.07+, 30.42+	0.03+, 20.34+
	Hazard ratio [3]	1.274	
	95% CI for Hazard ratio [3]	0.628 - 2.662	
	2-sided p-value [4]	0.5053	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.9: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.1458	
yes	Number of Subjects	82	78
	Events, n (%)	23 (28)	23 (29.5)
	Censored subjects, n (%)	59 (72)	55 (70.5)
	Median vas (months) [2]	.	6.47
	95% CI for VAS Score worsening [2]	4.70 - NC	4.67 - NC
	Q1 (95% CI)	2.86 (1.87 - 4.73)	2.14 (1.18 - 5.88)
	Q3 (95% CI)	. (. - NC)	. (6.47 - NC)
	Min, Max	0.03+, 30.42+	0.03+, 23.26+
	Hazard ratio [3]	0.800	
	95% CI for Hazard ratio [3]	0.446 - 1.434	
	2-sided p-value [4]	0.4537	
no	Number of Subjects	20	18
	Events, n (%)	11 (55)	4 (22.2)
	Censored subjects, n (%)	9 (45)	14 (77.8)
	Median vas (months) [2]	6.47	.
	95% CI for VAS Score worsening [2]	1.91 - 15.64	2.00 - NC
	Q1 (95% CI)	1.91 (0.95 - 6.47)	2.00 (0.95 - NC)
	Q3 (95% CI)	15.64 (6.47 - NC)	. (. - NC)
	Min, Max	0.03+, 15.74+	0.03+, 11.53+
	Hazard ratio [3]	1.931	
	95% CI for Hazard ratio [3]	0.636 - 7.106	
	2-sided p-value [4]	0.2616	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.10: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.9961	
1	Number of Subjects	64	56
	Events, n (%)	20 (31.3)	15 (26.8)
	Censored subjects, n (%)	44 (68.8)	41 (73.2)
	Median vas (months) [2]	8.31	10.25
	95% CI for VAS Score worsening [2]	4.70 - NC	5.88 - NC
	Q1 (95% CI)	2.86 (1.87 - 6.47)	2.14 (0.99 - 10.25)
	Q3 (95% CI)	. (. - NC)	. (10.25 - NC)
	Min, Max	0.03+, 22.14+	0.03+, 20.34+
	Hazard ratio [3]	1.009	
	95% CI for Hazard ratio [3]	0.518 - 2.009	
	2-sided p-value [4]	0.9649	
2	Number of Subjects	38	40
	Events, n (%)	14 (36.8)	12 (30)
	Censored subjects, n (%)	24 (63.2)	28 (70)
	Median vas (months) [2]	8.31	6.28
	95% CI for VAS Score worsening [2]	2.86 - NC	2.79 - NC
	Q1 (95% CI)	2.30 (0.99 - 5.59)	1.94 (0.95 - 6.28)
	Q3 (95% CI)	. (8.31 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 30.42+	0.03+, 23.26+
	Hazard ratio [3]	0.985	
	95% CI for Hazard ratio [3]	0.448 - 2.193	
	2-sided p-value [4]	0.9641	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 3.11: Subgroup Analysis of Time to first worsening from baseline of VAS score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.3248	
0	Number of Subjects	76	67
	Events, n (%)	29 (38.2)	18 (26.9)
	Censored subjects, n (%)	47 (61.8)	49 (73.1)
	Median vas (months) [2]	8.31	10.25
	95% CI for VAS Score worsening [2]	4.67 - NC	6.47 - NC
	Q1 (95% CI)	2.79 (1.41 - 4.70)	2.14 (1.18 - 10.25)
	Q3 (95% CI)	. (15.64 - NC)	. (10.25 - NC)
	Min, Max	0.03+, 28.35+	0.03+, 20.34+
	Hazard ratio [3]	1.132	
	95% CI for Hazard ratio [3]	0.631 - 2.084	
	2-sided p-value [4]	0.6786	
1	Number of Subjects	26	29
	Events, n (%)	5 (19.2)	9 (31)
	Censored subjects, n (%)	21 (80.8)	20 (69)
	Median vas (months) [2]	.	6.28
	95% CI for VAS Score worsening [2]	2.86 - NC	2.79 - NC
	Q1 (95% CI)	2.86 (1.87 - NC)	2.00 (0.95 - 6.28)
	Q3 (95% CI)	. (. - NC)	. (5.88 - NC)
	Min, Max	0.03+, 30.42+	0.03+, 23.26+
	Hazard ratio [3]	0.601	
	95% CI for Hazard ratio [3]	0.184 - 1.741	
	2-sided p-value [4]	0.351	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, VAS = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-VAS a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of VAS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.
N.B. For patients that started a new anticancer therapy prior to death or a disease progression, the start of new therapy is considered as an event.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 4: EORTC-QLQ-C30 Completion Rate in ESR1-mut Subjects (Label population)
(Intent-to-Treat Population)

Visit Name	Elacestrant QLQ-C30 Expected (N)	Elacestrant QLQ-C30 Completed (N)	Elacestrant QLQ-C30 Completion Rate (%)	SOC QLQ-C30 Expected (N)	SOC QLQ-C30 Completed (N)	SOC QLQ-C30 Completion Rate (%)
Cycle 1 Day 1	102	96	94.1	96	83	86.5
Cycle 1 Day 15	102	91	89.2	87	72	82.8
Cycle 2 Day 1	95	88	92.6	86	82	95.3
Cycle 3 Day 1	70	57	81.4	51	45	88.2
Cycle 4 Day 1	51	46	90.2	37	32	86.5
Cycle 6 Day 1	35	29	82.9	20	18	90.0
Cycle 8 Day 1	26	22	84.6	14	13	92.9
Cycle 10 Day 1	20	18	90.0	11	10	90.9
Cycle 12 Day 1	18	13	72.2	8	8	100.0
Cycle 14 Day 1	14	11	78.6	5	4	80.0
Cycle 16 Day 1	12	9	75.0	2	2	100.0
Cycle 18 Day 1	10	8	80.0	2	2	100.0
Cycle 20 Day 1	10	8	80.0	2	2	100.0
Cycle 22 Day 1	7	6	85.7	2	2	100.0
Cycle 24 Day 1	6	4	66.7	0	0	.
Cycle 26 Day 1	4	4	100.0	0	0	.
Cycle 28 Day 1	4	3	75.0	0	0	.
Cycle 30 Day 1	3	3	100.0	0	0	.
Cycle 32 Day 1	2	2	100.0	0	0	.
Cycle 34 Day 1	1	1	100.0	0	0	.
End of Treatment	102	70	68.6	96	72	75.0

SOC = Standard of Care
Intent-to-Treat population: Elacestrant N = 102 ; SOC N = 96

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.1: Global Health Status and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	83	.
	mean	69.6	.	68.6	.
	SD	18.9	.	20.9	.
	median	75	.	66.7	.
	min	16.7	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	69.1	0.19	71.8	4.29
	SD	19.9	15.9	17.9	15.8
	median	66.7	0	75	0
	min	16.7	-50	0	-50
	max	100	33.3	100	41.7
Cycle 2 Day 1	n	88	86	82	76
	mean	69.6	-.19	64.9	-1.4
	SD	19.3	14.3	23.6	22.8
	median	75	0	66.7	0
	min	16.7	-42	0	-100
	max	100	33.3	100	50
Cycle 3 Day 1	n	57	57	45	42
	mean	74.7	5.26	72.4	5.36
	SD	18.2	14	16.3	13.6
	median	75	0	66.7	0
	min	33.3	-33	16.7	-25
	max	100	41.7	100	50
Cycle 4 Day 1	n	46	45	32	30
	mean	69.9	1.85	74.2	4.44
	SD	18.8	17.4	13.8	13.1
	median	66.7	0	75	0
	min	25	-42	50	-25
	max	100	50	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	69	2.08	73.6	2.6
	SD	22.4	20	16.5	13.5
	median	66.7	0	70.8	0
	min	25	-50	41.7	-17
	max	100	50	100	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	70.8	4.37	76.9	0
	SD	23.8	18.9	22.3	23
	median	70.8	0	83.3	0
	min	33.3	-25	16.7	-58
	max	100	58.3	100	33.3
Cycle 10 Day 1	n	18	17	10	8
	mean	66.2	0	84.2	9.38
	SD	25	21	8.29	12.1
	median	66.7	0	83.3	8.33
	min	25	-42	75	-8.3

Study: RAD1901-308
Section: Tables

Table 5.1: Global Health Status and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	50	100	25
Cycle 12 Day 1	n	13	12	8	6
	mean	65.4	3.47	72.9	-4.2
	SD	22.3	14.8	20.3	12.6
	median	66.7	0	79.2	-4.2
	min	33.3	-17	33.3	-17
	max	100	41.7	100	16.7
Cycle 14 Day 1	n	11	11	4	3
	mean	69.7	6.06	70.8	0
	SD	26.4	14.9	16	25
	median	66.7	8.33	75	0
	min	16.7	-17	50	-25
	max	100	25	83.3	25
Cycle 16 Day 1	n	9	8	2	2
	mean	63.9	5.21	75	4.17
	SD	22	14.7	23.6	5.89
	median	66.7	8.33	75	4.17
	min	33.3	-17	58.3	0
	max	100	25	91.7	8.33
Cycle 18 Day 1	n	8	8	2	2
	mean	64.6	7.29	70.8	0
	SD	25.5	20.1	5.89	11.8
	median	58.3	4.17	70.8	0
	min	25	-17	66.7	-8.3
	max	100	50	75	8.33
Cycle 20 Day 1	n	8	8	2	2
	mean	61.5	-4.2	66.7	-4.2
	SD	25.6	19.4	35.4	17.7
	median	58.3	0	66.7	-4.2
	min	33.3	-33	41.7	-17
	max	100	16.7	91.7	8.33
Cycle 22 Day 1	n	6	6	2	2
	mean	68.1	-4.2	66.7	-4.2
	SD	22	11.5	23.6	5.89
	median	75	-4.2	66.7	-4.2
	min	33.3	-17	50	-8.3
	max	91.7	8.33	83.3	0
Cycle 24 Day 1	n	4	4	0	0
	mean	60.4	-2.1	.	.
	SD	22.9	12.5	.	.
	median	62.5	0	.	.
	min	33.3	-17	.	.
	max	83.3	8.33	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	56.3	-6.2	.	.
	SD	24.9	14.2	.	.
	median	58.3	-4.2	.	.

Study: RAD1901-308
Section: Tables

Table 5.1: Global Health Status and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

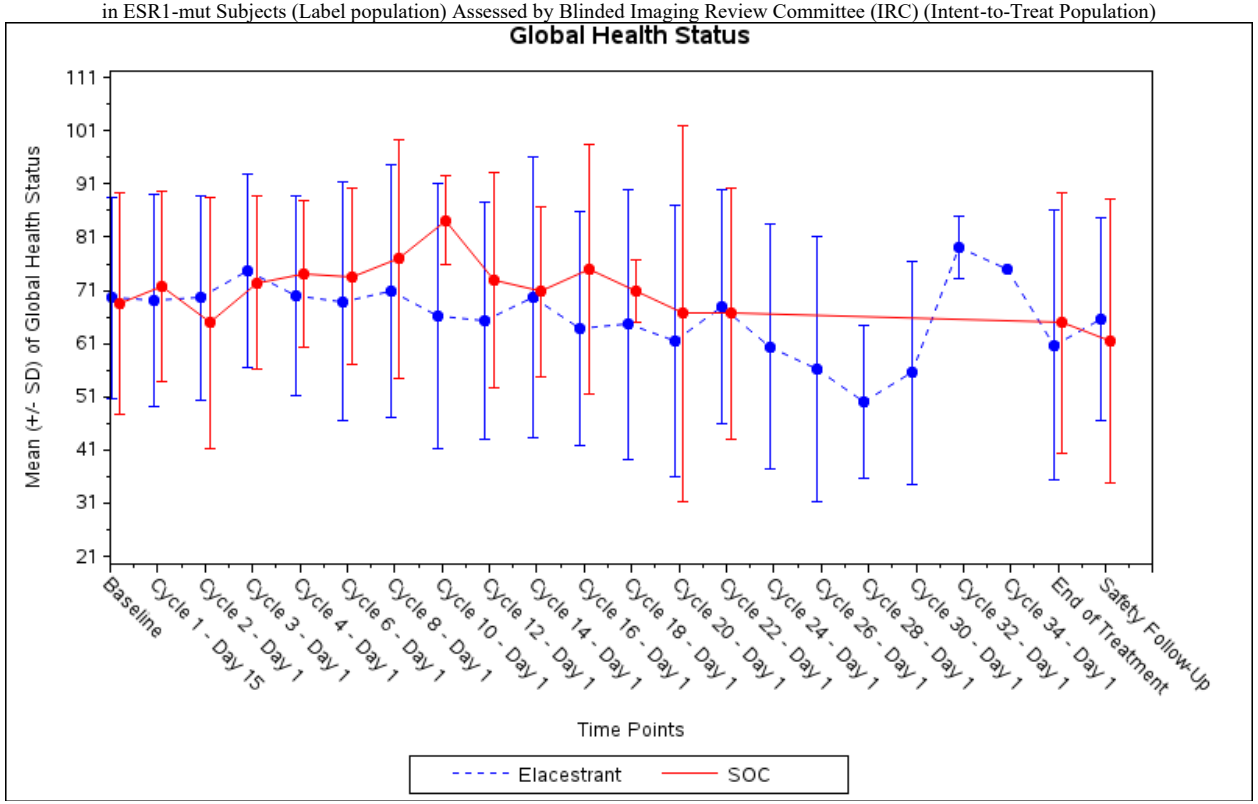
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	25	-25	.	.
	max	83.3	8.33	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	50	-19	.	.
	SD	14.4	12.7	.	.
	median	58.3	-17	.	.
	min	33.3	-33	.	.
	max	58.3	-8.3	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	55.6	-14	.	.
	SD	21	4.81	.	.
	median	58.3	-17	.	.
	min	33.3	-17	.	.
	max	75	-8.3	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	79.2	0	.	.
	SD	5.89	11.8	.	.
	median	79.2	0	.	.
	min	75	-8.3	.	.
	max	83.3	8.33	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	75	8.33	.	.
	SD	.	.	.	.
	median	75	8.33	.	.
	min	75	8.33	.	.
	max	75	8.33	.	.
End of Treatment	n	70	68	72	67
	mean	60.7	-11	64.9	-3.4
	SD	25.5	22.5	24.5	22.8
	median	66.7	-8.3	66.7	0
	min	0	-83	0	-100
	max	100	33.3	100	75
Safety Follow-Up	n	31	31	19	18
	mean	65.6	-6.2	61.4	-6.5
	SD	19.1	17.3	26.7	23.8
	median	66.7	0	66.7	0
	min	25	-42	0	-67
	max	100	33.3	100	33.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 5.1: Mean (+/-SD) of Global Health Status score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.2: Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

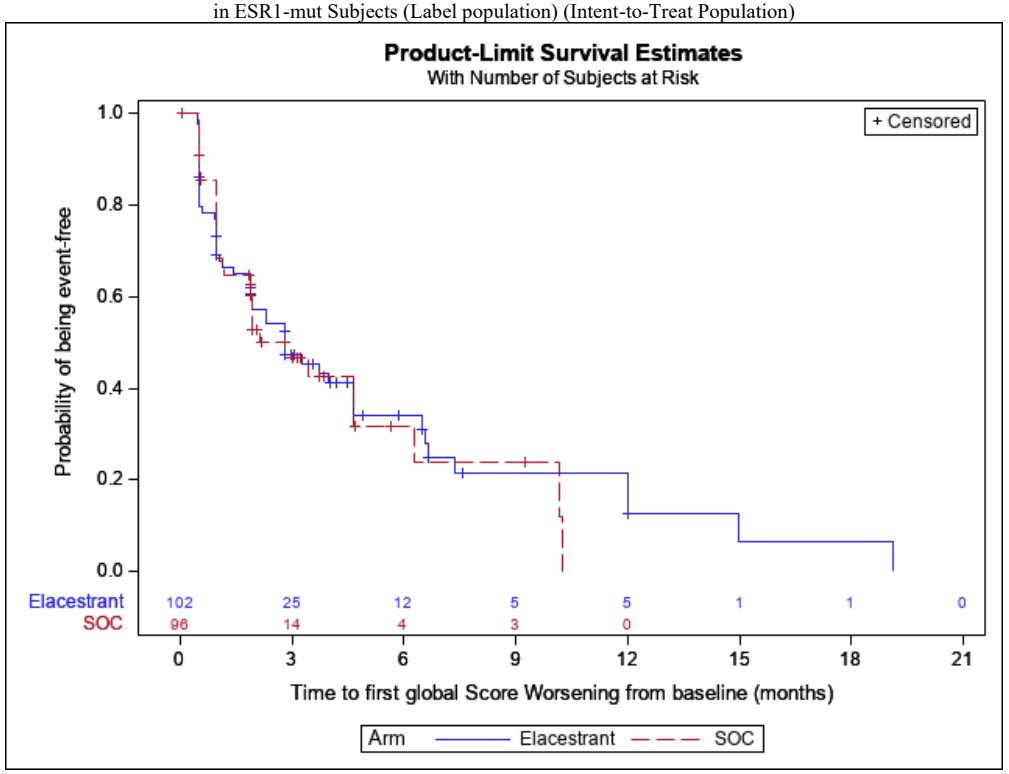
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.41	1.41
median	0.99	0.53
min	0.03	0.03
max	19.12	10.25
Events, n (%)	52 (51)	32 (33.3)
Global health status score worsening	52 (51)	32 (33.3)
Censored subjects, n (%)	50 (49)	64 (66.7)
No event	49 (48)	63 (65.6)
Death	1 (1)	1 (1)
Median (months) [2]	2.83	2.83
95% CI for Score worsening [2]	1.91 - 4.67	1.87 - 4.67
Q1 (95% CI)	0.95 (0.53 - 1.87)	0.99 (0.95 - 1.91)
Q3 (95% CI)	6.67 (4.67 - 12.02)	6.28 (4.63 - NC)
Min, Max	0.03+, 19.12	0.03+, 10.25
Score worsening rate at 3 months (95% CI) [2]	47.31 (35.45 - 59.17)	46.71 (31.90 - 61.51)
Score worsening rate at 6 months (95% CI) [2]	33.94 (21.44 - 46.45)	31.85 (14.54 - 49.16)
Score worsening rate at 12 months (95% CI) [2]	21.34 (8.67 - 34.00)	0.00 (. - .)
Score worsening rate at 18 months (95% CI) [2]	6.40 (0.00 - 17.08)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	0.00 (. - .)
Hazard ratio [3]	0.894	
95% CI for Hazard ratio [3]	0.565 - 1.430	
2-sided p-value [4]	0.6186	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 5.2: Kaplan-Meier Plot of Time to first worsening for Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.3: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.4151	
Yes	Number of Subjects	27	27
	Events, n (%)	15 (55.6)	10 (37)
	Censored subjects, n (%)	12 (44.4)	17 (63)
	Median (months) [2]	1.41	1.94
	95% CI for Score worsening [2]	0.95 - 3.98	0.99 - NC
	Q1 (95% CI)	0.92 (0.49 - 1.12)	0.99 (0.53 - 1.94)
	Q3 (95% CI)	6.47 (1.91 - NC)	. (1.94 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.65+
	Hazard ratio [3]	1.254	
	95% CI for Hazard ratio [3]	0.559 - 2.915	
	2-sided p-value [4]	0.5904	
No	Number of Subjects	75	69
	Events, n (%)	37 (49.3)	22 (31.9)
	Censored subjects, n (%)	38 (50.7)	47 (68.1)
	Median (months) [2]	2.83	2.83
	95% CI for Score worsening [2]	2.30 - 6.57	1.91 - 6.28
	Q1 (95% CI)	0.99 (0.53 - 2.30)	0.99 (0.56 - 1.94)
	Q3 (95% CI)	7.36 (4.67 - 14.98)	6.28 (3.42 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.25
	Hazard ratio [3]	0.823	
	95% CI for Hazard ratio [3]	0.481 - 1.436	
	2-sided p-value [4]	0.4789	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Global Health Status = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.4: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.9126	
Yes	Number of Subjects	72	69
	Events, n (%)	35 (48.6)	24 (34.8)
	Censored subjects, n (%)	37 (51.4)	45 (65.2)
	Median (months) [2]	2.83	2.14
	95% CI for Score worsening [2]	1.87 - 6.57	1.15 - 4.67
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.99 (0.95 - 1.94)
	Q3 (95% CI)	7.36 (6.47 - 12.02)	6.28 (4.63 - NC)
	Min, Max	0.03+, 14.98	0.03+, 10.25
	Hazard ratio [3]	0.857	
	95% CI for Hazard ratio [3]	0.501 - 1.482	
	2-sided p-value [4]	0.5792	
No	Number of Subjects	30	27
	Events, n (%)	17 (56.7)	8 (29.6)
	Censored subjects, n (%)	13 (43.3)	19 (70.4)
	Median (months) [2]	3.25	3.42
	95% CI for Score worsening [2]	1.12 - 4.67	0.99 - NC
	Q1 (95% CI)	0.53 (0.49 - 2.83)	0.99 (0.49 - 3.42)
	Q3 (95% CI)	4.67 (3.25 - NC)	10.15 (3.42 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.15
	Hazard ratio [3]	0.981	
	95% CI for Hazard ratio [3]	0.428 - 2.435	
	2-sided p-value [4]	0.9625	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.5: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.2955	
<65 years	Number of Subjects	49	48
	Events, n (%)	22 (44.9)	16 (33.3)
	Censored subjects, n (%)	27 (55.1)	32 (66.7)
	Median (months) [2]	2.83	1.94
	95% CI for Score worsening [2]	1.87 - 14.98	1.18 - 6.28
	Q1 (95% CI)	0.95 (0.49 - 2.30)	0.99 (0.56 - 1.94)
	Q3 (95% CI)	14.98 (4.67 - NC)	6.28 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.25
	Hazard ratio [3]	0.758	
	95% CI for Hazard ratio [3]	0.390 - 1.493	
	2-sided p-value [4]	0.4019	
>=65 years	Number of Subjects	53	48
	Events, n (%)	30 (56.6)	16 (33.3)
	Censored subjects, n (%)	23 (43.4)	32 (66.7)
	Median (months) [2]	2.83	3.42
	95% CI for Score worsening [2]	1.12 - 4.67	1.15 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.99 (0.53 - 2.14)
	Q3 (95% CI)	6.57 (3.75 - 12.02)	10.15 (3.42 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 10.15
	Hazard ratio [3]	1.143	
	95% CI for Hazard ratio [3]	0.624 - 2.169	
	2-sided p-value [4]	0.6518	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.6: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0559	
<75 years	Number of Subjects	85	80
	Events, n (%)	41 (48.2)	27 (33.8)
	Censored subjects, n (%)	44 (51.8)	53 (66.3)
	Median (months) [2]	2.83	2.14
	95% CI for Score worsening [2]	1.94 - 4.67	1.87 - 4.67
	Q1 (95% CI)	0.99 (0.59 - 1.94)	0.99 (0.56 - 1.91)
	Q3 (95% CI)	12.02 (4.67 - 14.98)	4.67 (3.42 - 10.15)
	Min, Max	0.03+, 19.12	0.03+, 10.25
	Hazard ratio [3]	0.748	
	95% CI for Hazard ratio [3]	0.455 - 1.247	
	2-sided p-value [4]	0.2535	
>=75 years	Number of Subjects	17	16
	Events, n (%)	11 (64.7)	5 (31.3)
	Censored subjects, n (%)	6 (35.3)	11 (68.8)
	Median (months) [2]	0.99	.
	95% CI for Score worsening [2]	0.49 - 6.47	0.99 - NC
	Q1 (95% CI)	0.49 (0.49 - 0.99)	0.99 (0.95 - NC)
	Q3 (95% CI)	6.47 (0.99 - NC)	. (1.94 - NC)
	Min, Max	0.03+, 6.57	0.03+, 9.26+
	Hazard ratio [3]	2.324	
	95% CI for Hazard ratio [3]	0.841 - 7.409	
	2-sided p-value [4]	0.1061	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.7: Subgroup Analysis of Time to first worsening from baseline of Global Health Status for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.3628	
Europe	Number of Subjects	54	43
	Events, n (%)	32 (59.3)	15 (34.9)
	Censored subjects, n (%)	22 (40.7)	28 (65.1)
	Median (months) [2]	2.79	2.83
	95% CI for Score worsening [2]	1.87 - 3.98	1.18 - 10.15
	Q1 (95% CI)	0.59 (0.49 - 1.91)	1.15 (0.53 - 2.14)
	Q3 (95% CI)	6.57 (3.75 - 14.98)	10.15 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.25
	Hazard ratio [3]	1.107	
	95% CI for Hazard ratio [3]	0.604 - 2.120	
	2-sided p-value [4]	0.758	
North America	Number of Subjects	32	37
	Events, n (%)	14 (43.8)	11 (29.7)
	Censored subjects, n (%)	18 (56.3)	26 (70.3)
	Median (months) [2]	2.83	4.63
	95% CI for Score worsening [2]	0.99 - NC	1.87 - 4.67
	Q1 (95% CI)	0.95 (0.49 - 1.94)	0.99 (0.53 - 1.94)
	Q3 (95% CI)	12.02 (2.83 - NC)	4.67 (4.63 - NC)
	Min, Max	0.03+, 12.02	0.03+, 9.26+
	Hazard ratio [3]	1.003	
	95% CI for Hazard ratio [3]	0.445 - 2.300	
	2-sided p-value [4]	0.9732	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	5 (35.7)
	Censored subjects, n (%)	5 (62.5)	9 (64.3)
	Median (months) [2]	2.83	3.63
	95% CI for Score worsening [2]	1.05 - NC	0.56 - NC
	Q1 (95% CI)	1.05 (0.46 - NC)	0.76 (0.49 - NC)
	Q3 (95% CI)	. (2.83 - NC)	6.28 (0.99 - NC)
	Min, Max	0.03+, 4.9+	0.03+, 6.28
	Hazard ratio [3]	0.785	
	95% CI for Hazard ratio [3]	0.151 - 3.640	
	2-sided p-value [4]	0.7546	
Other	Number of Subjects	8	2
	Events, n (%)	3 (37.5)	1 (50)
	Censored subjects, n (%)	5 (62.5)	1 (50)
	Median (months) [2]	12.02	0.95
	95% CI for Score worsening [2]	4.67 - NC	. - NC
	Q1 (95% CI)	4.67 (0.95 - NC)	0.95 (. - NC)
	Q3 (95% CI)	12.02 (4.67 - NC)	0.95 (. - NC)
	Min, Max	0.03+, 12.02	0.03+, 0.95
	Hazard ratio [3]	0.123	
	95% CI for Hazard ratio [3]	0.005 - 3.176	
	2-sided p-value [4]	0.1138	

Study: RAD1901-308
Section: Tables

Table 5.7: Subgroup Analysis of Time to first worsening from baseline of Global Health Status for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, global =Visual Analogue Scale, NC = Not calculable, SE = Standard Error .
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-global a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of global are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

'

Study: RAD1901-308
Section: Tables

Table 5.8: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.2510	
0	Number of Subjects	59	51
	Events, n (%)	24 (40.7)	17 (33.3)
	Censored subjects, n (%)	35 (59.3)	34 (66.7)
	Median (months) [2]	3.98	1.94
	95% CI for Score worsening [2]	2.30 - 6.67	0.99 - 4.63
	Q1 (95% CI)	1.41 (0.92 - 2.83)	0.99 (0.95 - 1.94)
	Q3 (95% CI)	6.67 (4.67 - NC)	10.15 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.25
	Hazard ratio [3]	0.750	
	95% CI for Hazard ratio [3]	0.401 - 1.428	
	2-sided p-value [4]	0.379	
1	Number of Subjects	43	45
	Events, n (%)	28 (65.1)	15 (33.3)
	Censored subjects, n (%)	15 (34.9)	30 (66.7)
	Median (months) [2]	1.94	4.67
	95% CI for Score worsening [2]	0.95 - 4.63	1.15 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.99 (0.49 - 2.14)
	Q3 (95% CI)	6.47 (3.25 - 12.02)	6.28 (4.67 - NC)
	Min, Max	0.03+, 14.98	0.03+, 6.28
	Hazard ratio [3]	1.268	
	95% CI for Hazard ratio [3]	0.668 - 2.486	
	2-sided p-value [4]	0.4783	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.9: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.0732	
yes	Number of Subjects	82	78
	Events, n (%)	40 (48.8)	25 (32.1)
	Censored subjects, n (%)	42 (51.2)	53 (67.9)
	Median (months) [2]	2.83	2.83
	95% CI for Score worsening [2]	1.87 - 4.67	1.87 - 6.28
	Q1 (95% CI)	0.92 (0.53 - 1.41)	0.99 (0.95 - 1.94)
	Q3 (95% CI)	6.57 (3.98 - NC)	6.28 (4.63 - NC)
	Min, Max	0.03+, 12.02	0.03+, 10.25
	Hazard ratio [3]	1.119	
	95% CI for Hazard ratio [3]	0.680 - 1.876	
	2-sided p-value [4]	0.6533	
no	Number of Subjects	20	18
	Events, n (%)	12 (60)	7 (38.9)
	Censored subjects, n (%)	8 (40)	11 (61.1)
	Median (months) [2]	4.63	1.91
	95% CI for Score worsening [2]	1.91 - 14.98	0.53 - NC
	Q1 (95% CI)	1.12 (0.49 - 4.63)	0.53 (0.49 - 3.42)
	Q3 (95% CI)	14.98 (4.63 - NC)	3.42 (0.99 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.15
	Hazard ratio [3]	0.477	
	95% CI for Hazard ratio [3]	0.174 - 1.359	
	2-sided p-value [4]	0.1412	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.10: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.9656	
1	Number of Subjects	64	56
	Events, n (%)	32 (50)	16 (28.6)
	Censored subjects, n (%)	32 (50)	40 (71.4)
	Median (months) [2]	2.83	2.83
	95% CI for Score worsening [2]	1.94 - 4.67	1.18 - 10.15
	Q1 (95% CI)	0.95 (0.53 - 1.94)	0.99 (0.53 - 2.83)
	Q3 (95% CI)	7.36 (4.63 - NC)	10.15 (2.83 - NC)
	Min, Max	0.03+, 14.98	0.03+, 10.25
	Hazard ratio [3]	0.906	
	95% CI for Hazard ratio [3]	0.499 - 1.707	
	2-sided p-value [4]	0.7442	
2	Number of Subjects	38	40
	Events, n (%)	20 (52.6)	16 (40)
	Censored subjects, n (%)	18 (47.4)	24 (60)
	Median (months) [2]	2.30	1.94
	95% CI for Score worsening [2]	0.99 - 6.47	0.99 - NC
	Q1 (95% CI)	0.92 (0.49 - 1.91)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	6.67 (3.25 - NC)	6.28 (1.94 - NC)
	Min, Max	0.03+, 19.12	0.03+, 6.28
	Hazard ratio [3]	0.961	
	95% CI for Hazard ratio [3]	0.473 - 1.947	
	2-sided p-value [4]	0.9139	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 5.11: Subgroup Analysis of Time to first worsening from baseline of Global Health Status score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.8001	
0	Number of Subjects	76	67
	Events, n (%)	42 (55.3)	21 (31.3)
	Censored subjects, n (%)	34 (44.7)	46 (68.7)
	Median (months) [2]	2.83	2.14
	95% CI for Score worsening [2]	1.12 - 4.67	1.15 - 10.15
	Q1 (95% CI)	0.92 (0.53 - 1.12)	0.99 (0.56 - 1.94)
	Q3 (95% CI)	6.67 (4.63 - 14.98)	10.15 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 10.25
	Hazard ratio [3]	0.981	
	95% CI for Hazard ratio [3]	0.580 - 1.705	
	2-sided p-value [4]	0.9487	
1	Number of Subjects	26	29
	Events, n (%)	10 (38.5)	11 (37.9)
	Censored subjects, n (%)	16 (61.5)	18 (62.1)
	Median (months) [2]	3.98	4.63
	95% CI for Score worsening [2]	1.94 - NC	0.99 - NC
	Q1 (95% CI)	1.94 (0.53 - 3.98)	0.95 (0.53 - 4.63)
	Q3 (95% CI)	7.36 (3.98 - NC)	6.28 (4.63 - NC)
	Min, Max	0.03+, 12.02	0.03+, 6.28
	Hazard ratio [3]	0.741	
	95% CI for Hazard ratio [3]	0.285 - 1.842	
	2-sided p-value [4]	0.5066	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Global Health Status a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Global Health Status are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.1: Role Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	83	.
	mean	77.8	.	78.9	.
	SD	26.7	.	23.9	.
	median	83.3	.	83.3	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	76.6	-1.1	81.3	4.9
	SD	25.7	19.8	24.4	17.1
	median	83.3	0	83.3	0
	min	0	-50	0	-33
	max	100	50	100	50
Cycle 2 Day 1	n	88	86	82	76
	mean	78.8	-.58	78.7	1.97
	SD	25.2	19.5	26.9	25.2
	median	83.3	0	83.3	0
	min	0	-50	0	-83
	max	100	50	100	100
Cycle 3 Day 1	n	57	57	45	42
	mean	79.8	1.46	80.7	1.19
	SD	24.7	24.7	22.2	18.2
	median	83.3	0	83.3	0
	min	0	-100	16.7	-33
	max	100	83.3	100	50
Cycle 4 Day 1	n	46	45	32	30
	mean	81.5	4.07	83.3	2.22
	SD	21.7	21.1	19.9	16.8
	median	83.3	0	83.3	0
	min	33.3	-50	33.3	-33
	max	100	83.3	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	75.3	-6	82.4	1.04
	SD	25.8	25.7	28.3	19.7
	median	83.3	0	100	0
	min	16.7	-50	0	-33
	max	100	83.3	100	50
Cycle 8 Day 1	n	22	21	13	11
	mean	72.7	-5.6	87.2	0
	SD	30.2	35.1	20.6	16.7
	median	83.3	0	100	0
	min	0	-100	33.3	-33
	max	100	83.3	100	33.3
Cycle 10 Day 1	n	18	17	10	8
	mean	71.3	-7.8	95	4.17
	SD	33.7	40.4	11.2	11.8
	median	75	0	100	0
	min	0	-100	66.7	0

Study: RAD1901-308
Section: Tables

Table 6.1: Role Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	100	100	33.3
Cycle 12 Day 1	n	13	12	8	6
	mean	74.4	-2.8	87.5	-5.6
	SD	30.9	45.4	19.4	22.8
	median	83.3	0	100	0
	min	0	-100	50	-50
	max	100	100	100	16.7
Cycle 14 Day 1	n	11	11	4	3
	mean	74.2	0	91.7	0
	SD	24	33.3	16.7	0
	median	66.7	0	100	0
	min	33.3	-50	66.7	0
	max	100	83.3	100	0
Cycle 16 Day 1	n	9	8	2	2
	mean	64.8	-15	83.3	0
	SD	31.7	37.2	23.6	0
	median	66.7	0	83.3	0
	min	0	-100	66.7	0
	max	100	16.7	100	0
Cycle 18 Day 1	n	8	8	2	2
	mean	77.1	4.17	83.3	0
	SD	25.1	40.6	23.6	0
	median	83.3	0	83.3	0
	min	33.3	-33	66.7	0
	max	100	100	100	0
Cycle 20 Day 1	n	8	8	2	2
	mean	60.4	-25	83.3	0
	SD	35.6	37.8	23.6	0
	median	66.7	-17	83.3	0
	min	0	-100	66.7	0
	max	100	16.7	100	0
Cycle 22 Day 1	n	6	6	2	2
	mean	66.7	-25	83.3	0
	SD	35	40.5	23.6	0
	median	75	-17	83.3	0
	min	0	-100	66.7	0
	max	100	16.7	100	0
Cycle 24 Day 1	n	4	4	0	0
	mean	58.3	-29	.	.
	SD	41.9	51.6	.	.
	median	66.7	-17	.	.
	min	0	-100	.	.
	max	100	16.7	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	50	-38	.	.
	SD	40.8	47.9	.	.
	median	50	-25	.	.

Study: RAD1901-308
Section: Tables

MENARINI RICERCHE

Table 6.1: Role Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

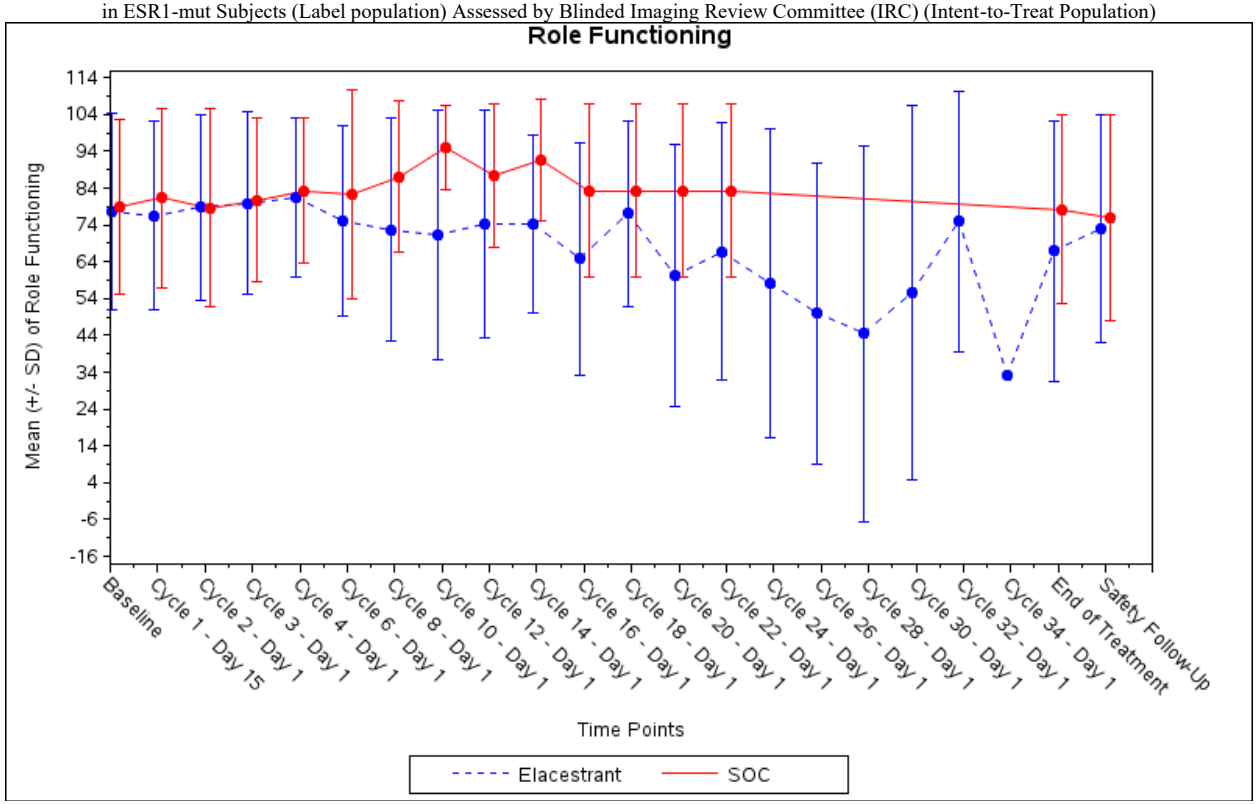
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	-100	.	.
	max	100	0	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	44.4	-39	.	.
	SD	50.9	53.6	.	.
	median	33.3	-17	.	.
	min	0	-100	.	.
	max	100	0	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	55.6	-28	.	.
	SD	50.9	63.1	.	.
	median	66.7	0	.	.
	min	0	-100	.	.
	max	100	16.7	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	75	0	.	.
	SD	35.4	0	.	.
	median	75	0	.	.
	min	50	0	.	.
	max	100	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	33.3	-17	.	.
	SD	.	.	.	.
	median	33.3	-17	.	.
	min	33.3	-17	.	.
	max	33.3	-17	.	.
End of Treatment	n	70	68	72	67
	mean	66.9	-13	78.2	1.24
	SD	35.3	30.5	25.7	25
	median	75	0	83.3	0
	min	0	-100	0	-67
	max	100	50	100	100
Safety Follow-Up	n	31	31	18	17
	mean	73.1	-3.8	75.9	-2
	SD	30.9	30.6	28.1	18.5
	median	83.3	0	75	0
	min	0	-100	0	-33
	max	100	50	100	33.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 6.1: Mean (+/-SD) of Role Functioning score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.2: Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

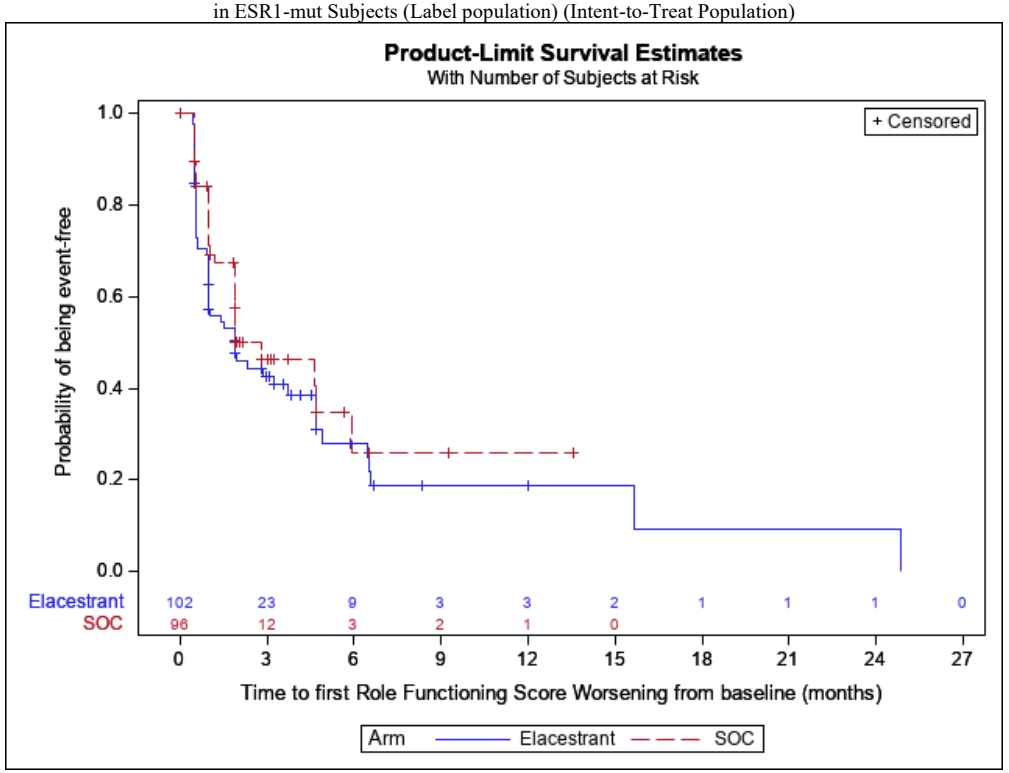
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.13	1.37
median	0.95	0.53
min	0.03	0.03
max	24.84	13.57
Events, n (%)	54 (52.9)	30 (31.3)
Role functioning score worsening	54 (52.9)	30 (31.3)
Censored subjects, n (%)	48 (47.1)	66 (68.8)
No event	47 (46.1)	65 (67.7)
Death	1 (1)	1 (1)
Median (months) [2]	1.91	1.91
95% CI for Score worsening [2]	0.99 - 4.67	1.87 - 5.91
Q1 (95% CI)	0.53 (0.53 - 0.95)	0.99 (0.53 - 1.87)
Q3 (95% CI)	6.47 (4.67 - 15.64)	. (4.63 - NC)
Min, Max	0.03+, 24.84	0.03+, 13.57+
Score worsening rate at 3 months (95% CI) [2]	42.64 (31.24 - 54.04)	46.30 (31.66 - 60.94)
Score worsening rate at 6 months (95% CI) [2]	28.05 (15.82 - 40.27)	26.05 (6.21 - 45.88)
Score worsening rate at 12 months (95% CI) [2]	18.70 (6.82 - 30.57)	26.05 (6.21 - 45.88)
Score worsening rate at 18 months (95% CI) [2]	9.35 (0.00 - 23.60)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	9.35 (0.00 - 23.60)	. (. - .)
Hazard ratio [3]	1.278	
95% CI for Hazard ratio [3]	0.814 - 2.040	
2-sided p-value [4]	0.2904	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 6.2: Kaplan-Meier Plot of Time to first worsening for Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.3: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.1087	
Yes	Number of Subjects	27	27
	Events, n (%)	15 (55.6)	5 (18.5)
	Censored subjects, n (%)	12 (44.4)	22 (81.5)
	Median (months) [2]	1.41	.
	95% CI for Score worsening [2]	0.53 - 4.67	1.91 - NC
	Q1 (95% CI)	0.53 (0.49 - 1.02)	1.18 (0.95 - NC)
	Q3 (95% CI)	4.67 (1.51 - NC)	. (. - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.65+
	Hazard ratio [3]	2.599	
	95% CI for Hazard ratio [3]	1.005 - 8.004	
	2-sided p-value [4]	0.0546	
No	Number of Subjects	75	69
	Events, n (%)	39 (52)	25 (36.2)
	Censored subjects, n (%)	36 (48)	44 (63.8)
	Median (months) [2]	1.94	1.91
	95% CI for Score worsening [2]	0.95 - 4.67	1.87 - 4.67
	Q1 (95% CI)	0.56 (0.53 - 0.99)	0.99 (0.53 - 1.87)
	Q3 (95% CI)	6.51 (4.67 - 15.64)	5.91 (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 13.57+
	Hazard ratio [3]	1.000	
	95% CI for Hazard ratio [3]	0.603 - 1.686	
	2-sided p-value [4]	0.996	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Role = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.4: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.7018	
Yes	Number of Subjects	72	69
	Events, n (%)	38 (52.8)	21 (30.4)
	Censored subjects, n (%)	34 (47.2)	48 (69.6)
	Median (months) [2]	1.87	1.91
	95% CI for Score worsening [2]	0.99 - 3.25	1.87 - NC
	Q1 (95% CI)	0.59 (0.53 - 0.99)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	4.90 (2.86 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.51+
	Hazard ratio [3]	1.337	
	95% CI for Hazard ratio [3]	0.784 - 2.335	
	2-sided p-value [4]	0.2767	
No	Number of Subjects	30	27
	Events, n (%)	16 (53.3)	9 (33.3)
	Censored subjects, n (%)	14 (46.7)	18 (66.7)
	Median (months) [2]	2.83	2.79
	95% CI for Score worsening [2]	0.53 - NC	0.95 - NC
	Q1 (95% CI)	0.49 (0.49 - 0.99)	0.74 (0.49 - 2.79)
	Q3 (95% CI)	15.64 (3.75 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 13.57+
	Hazard ratio [3]	1.099	
	95% CI for Hazard ratio [3]	0.487 - 2.627	
	2-sided p-value [4]	0.8633	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.5: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.4182	
<65 years	Number of Subjects	49	48
	Events, n (%)	27 (55.1)	12 (25)
	Censored subjects, n (%)	22 (44.9)	36 (75)
	Median (months) [2]	1.64	2.79
	95% CI for Score worsening [2]	0.95 - 4.67	1.87 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.99 (0.99 - 2.79)
	Q3 (95% CI)	4.90 (3.25 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 13.57+
	Hazard ratio [3]	1.477	
	95% CI for Hazard ratio [3]	0.757 - 3.049	
	2-sided p-value [4]	0.2739	
>=65 years	Number of Subjects	53	48
	Events, n (%)	27 (50.9)	18 (37.5)
	Censored subjects, n (%)	26 (49.1)	30 (62.5)
	Median (months) [2]	1.94	1.91
	95% CI for Score worsening [2]	0.99 - 6.47	1.02 - 5.91
	Q1 (95% CI)	0.59 (0.49 - 0.99)	0.95 (0.53 - 1.87)
	Q3 (95% CI)	6.57 (3.75 - NC)	5.91 (4.67 - NC)
	Min, Max	0.03+, 24.84	0.03+, 9.26+
	Hazard ratio [3]	1.049	
	95% CI for Hazard ratio [3]	0.573 - 1.960	
	2-sided p-value [4]	0.8561	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.6: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.3838	
<75 years	Number of Subjects	85	80
	Events, n (%)	43 (50.6)	23 (28.8)
	Censored subjects, n (%)	42 (49.4)	57 (71.3)
	Median (months) [2]	1.94	2.79
	95% CI for Score worsening [2]	1.02 - 4.67	1.87 - 5.91
	Q1 (95% CI)	0.59 (0.53 - 0.99)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	6.51 (4.67 - NC)	5.91 (4.63 - NC)
	Min, Max	0.03+, 24.84	0.03+, 13.57+
	Hazard ratio [3]	1.131	
	95% CI for Hazard ratio [3]	0.681 - 1.923	
	2-sided p-value [4]	0.6278	
>=75 years	Number of Subjects	17	16
	Events, n (%)	11 (64.7)	7 (43.8)
	Censored subjects, n (%)	6 (35.3)	9 (56.3)
	Median (months) [2]	0.97	1.87
	95% CI for Score worsening [2]	0.49 - 6.47	0.95 - NC
	Q1 (95% CI)	0.49 (0.46 - 0.99)	0.95 (0.53 - 1.87)
	Q3 (95% CI)	6.47 (0.95 - NC)	. (1.02 - NC)
	Min, Max	0.03+, 6.57	0.03+, 9.26+
	Hazard ratio [3]	1.800	
	95% CI for Hazard ratio [3]	0.704 - 4.920	
	2-sided p-value [4]	0.2189	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.7: Subgroup Analysis of Time to first worsening from baseline of Role Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.6351	
Europe	Number of Subjects	54	43
	Events, n (%)	32 (59.3)	15 (34.9)
	Censored subjects, n (%)	22 (40.7)	28 (65.1)
	Median (months) [2]	1.25	4.63
	95% CI for Score worsening [2]	0.59 - 3.75	0.99 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.95 (0.49 - 1.87)
	Q3 (95% CI)	6.51 (2.86 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 15.64	0.03+, 13.57+
	Hazard ratio [3]	1.363	
	95% CI for Hazard ratio [3]	0.746 - 2.600	
	2-sided p-value [4]	0.3192	
North America	Number of Subjects	32	37
	Events, n (%)	13 (40.6)	8 (21.6)
	Censored subjects, n (%)	19 (59.4)	29 (78.4)
	Median (months) [2]	4.67	4.67
	95% CI for Score worsening [2]	0.95 - 4.67	1.91 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.41)	1.87 (0.53 - 4.67)
	Q3 (95% CI)	4.67 (4.67 - NC)	. (4.67 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 9.26+
	Hazard ratio [3]	1.505	
	95% CI for Hazard ratio [3]	0.625 - 3.843	
	2-sided p-value [4]	0.3526	
Asia	Number of Subjects	8	14
	Events, n (%)	4 (50)	6 (42.9)
	Censored subjects, n (%)	4 (50)	8 (57.1)
	Median (months) [2]	1.43	1.87
	95% CI for Score worsening [2]	0.59 - NC	0.99 - NC
	Q1 (95% CI)	0.77 (0.59 - 1.91)	0.99 (0.53 - 1.91)
	Q3 (95% CI)	3.40 (0.95 - NC)	1.91 (1.02 - NC)
	Min, Max	0.03+, 4.9	0.03+, 2.79
	Hazard ratio [3]	0.818	
	95% CI for Hazard ratio [3]	0.169 - 3.178	
	2-sided p-value [4]	0.7704	
Other	Number of Subjects	8	2
	Events, n (%)	5 (62.5)	1 (50)
	Censored subjects, n (%)	3 (37.5)	1 (50)
	Median (months) [2]	3.25	1.87
	95% CI for Score worsening [2]	1.87 - NC	. - NC
	Q1 (95% CI)	1.89 (0.53 - NC)	1.87 (. - NC)
	Q3 (95% CI)	24.84 (1.91 - NC)	1.87 (. - NC)
	Min, Max	0.53, 24.84	0.03+, 1.87
	Hazard ratio [3]	0.225	
	95% CI for Hazard ratio [3]	0.021 - 4.889	
	2-sided p-value [4]	0.2324	

Study: RAD1901-308
Section: Tables

Table 6.7: Subgroup Analysis of Time to first worsening from baseline of Role Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Role = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.8: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.1411	
0	Number of Subjects	59	51
	Events, n (%)	28 (47.5)	17 (33.3)
	Censored subjects, n (%)	31 (52.5)	34 (66.7)
	Median (months) [2]	1.91	1.87
	95% CI for Score worsening [2]	0.99 - 6.51	0.99 - 4.63
	Q1 (95% CI)	0.92 (0.53 - 1.02)	0.95 (0.53 - 1.87)
	Q3 (95% CI)	6.57 (3.25 - NC)	4.63 (1.91 - NC)
	Min, Max	0.03+, 15.64	0.03+, 13.57+
	Hazard ratio [3]	0.905	
	95% CI for Hazard ratio [3]	0.496 - 1.697	
	2-sided p-value [4]	0.7797	
1	Number of Subjects	43	45
	Events, n (%)	26 (60.5)	13 (28.9)
	Censored subjects, n (%)	17 (39.5)	32 (71.1)
	Median (months) [2]	1.51	4.67
	95% CI for Score worsening [2]	0.59 - 4.67	1.91 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	1.02 (0.95 - 4.67)
	Q3 (95% CI)	4.90 (3.75 - NC)	5.91 (4.67 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.51+
	Hazard ratio [3]	1.777	
	95% CI for Hazard ratio [3]	0.921 - 3.595	
	2-sided p-value [4]	0.0897	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role Functioning a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role Functioning are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.9: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.9507	
yes	Number of Subjects	82	78
	Events, n (%)	45 (54.9)	24 (30.8)
	Censored subjects, n (%)	37 (45.1)	54 (69.2)
	Median (months) [2]	1.87	1.91
	95% CI for Score worsening [2]	0.95 - 3.75	1.87 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.99 (0.53 - 1.87)
	Q3 (95% CI)	4.90 (3.75 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 9.26+
	Hazard ratio [3]	1.249	
	95% CI for Hazard ratio [3]	0.762 - 2.095	
	2-sided p-value [4]	0.3776	
no	Number of Subjects	20	18
	Events, n (%)	9 (45)	6 (33.3)
	Censored subjects, n (%)	11 (55)	12 (66.7)
	Median (months) [2]	1.91	4.63
	95% CI for Score worsening [2]	0.95 - NC	0.95 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.95 (0.49 - 5.91)
	Q3 (95% CI)	15.64 (1.91 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 15.64	0.03+, 13.57+
	Hazard ratio [3]	1.111	
	95% CI for Hazard ratio [3]	0.385 - 3.385	
	2-sided p-value [4]	0.8533	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.10: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

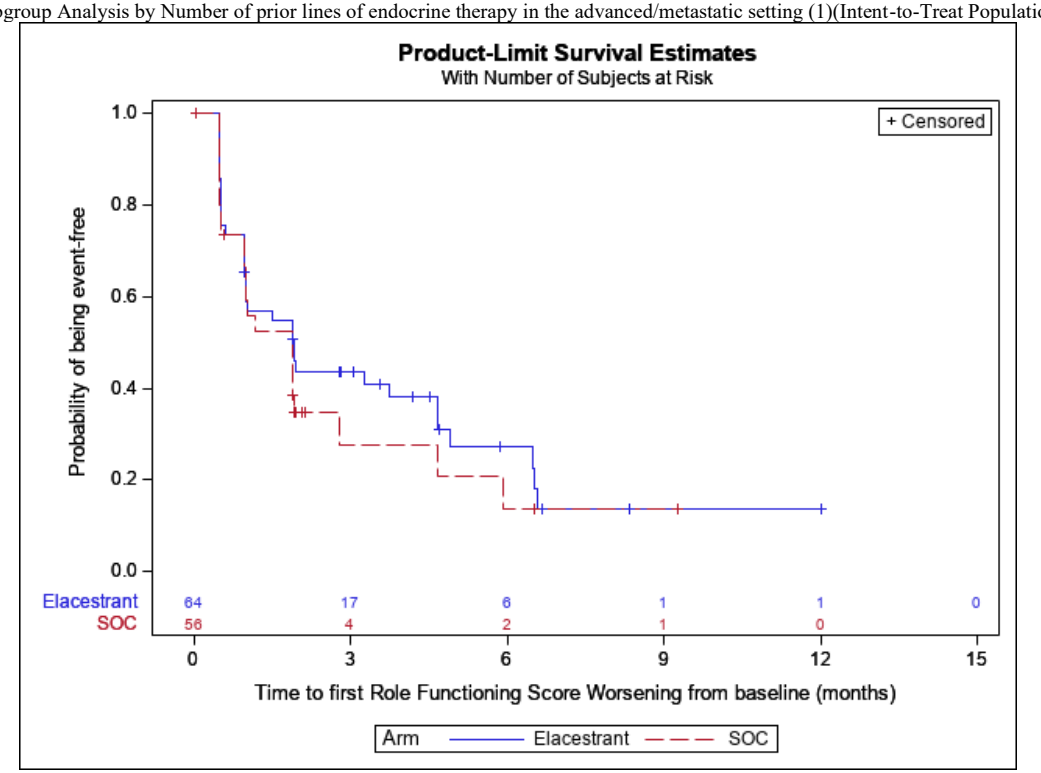
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.0357	
1	Number of Subjects	64	56
	Events, n (%)	35 (54.7)	22 (39.3)
	Censored subjects, n (%)	29 (45.3)	34 (60.7)
	Median (months) [2]	1.91	1.87
	95% CI for Score worsening [2]	0.99 - 4.67	0.95 - 2.79
	Q1 (95% CI)	0.59 (0.53 - 0.99)	0.53 (0.49 - 1.02)
	Q3 (95% CI)	6.47 (3.75 - NC)	4.67 (1.87 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 9.26+
	Hazard ratio [3]	0.821	
	95% CI for Hazard ratio [3]	0.484 - 1.423	
	2-sided p-value [4]	0.4859	
2	Number of Subjects	38	40
	Events, n (%)	19 (50)	8 (20)
	Censored subjects, n (%)	19 (50)	32 (80)
	Median (months) [2]	2.30	.
	95% CI for Score worsening [2]	0.59 - 15.64	1.91 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	1.91 (0.99 - NC)
	Q3 (95% CI)	15.64 (2.86 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 24.84	0.03+, 13.57+
	Hazard ratio [3]	2.455	
	95% CI for Hazard ratio [3]	1.088 - 6.034	
	2-sided p-value [4]	0.0308	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

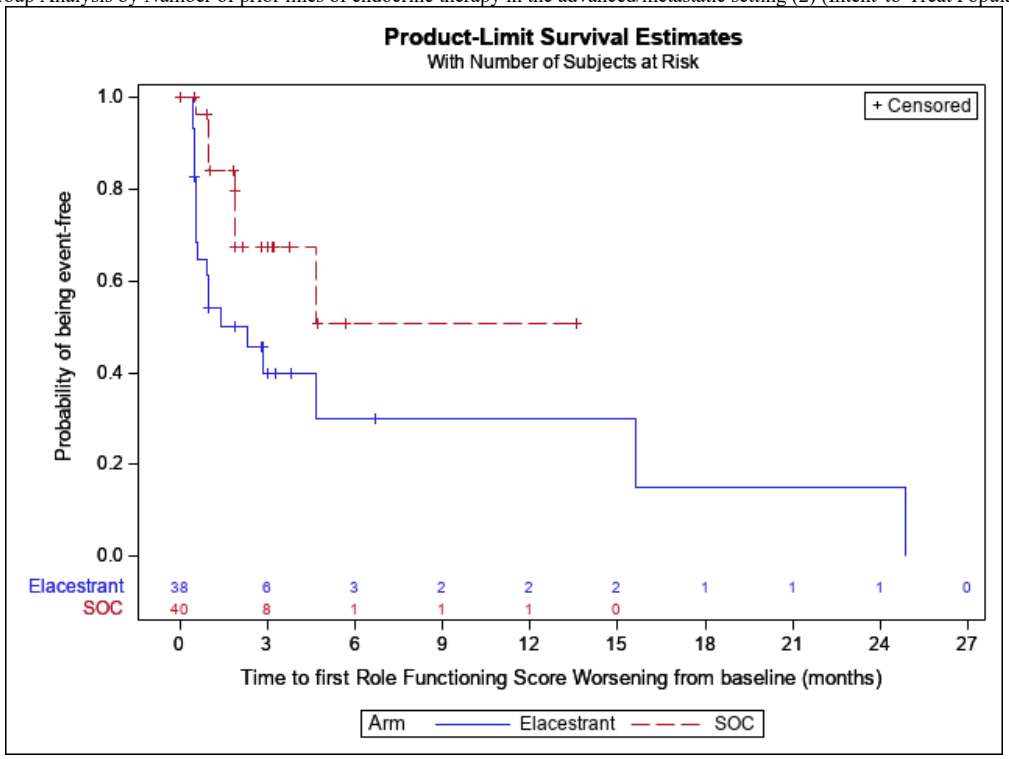
Figure 6.10.a: Kaplan-Meier Plot of Role Function Score for Elacestrant vs SOC,
Subgroup Analysis by Number of prior lines of endocrine therapy in the advanced/metastatic setting (1)(Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 6.10.b: Kaplan-Meier Plot of Role (EORTC) Score for Elacestrant vs SOC,
Subgroup Analysis by Number of prior lines of endocrine therapy in the advanced/metastatic setting (2) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 6.11: Subgroup Analysis of Time to first worsening from baseline of Role Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.3272	
0	Number of Subjects	76	67
	Events, n (%)	39 (144.4)	20 (74.1)
	Censored subjects, n (%)	37 (137)	47 (174.1)
	Median (months) [2]	1.91	1.87
	95% CI for Score worsening [2]	0.95 - 4.67	0.99 - NC
	Q1 (95% CI)	0.56 (0.53 - 0.99)	0.95 (0.53 - 1.18)
	Q3 (95% CI)	6.51 (4.67 - NC)	. (5.91 - NC)
	Min, Max	0.03+, 15.64	0.03+, 13.57+
	Hazard ratio [3]	1.081	
	95% CI for Hazard ratio [3]	0.633 - 1.901	
	2-sided p-value [4]	0.7686	
1	Number of Subjects	26	29
	Events, n (%)	15 (55.6)	10 (37)
	Censored subjects, n (%)	11 (40.7)	19 (70.4)
	Median (months) [2]	1.02	4.63
	95% CI for Score worsening [2]	0.53 - 2.86	1.91 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	1.87 (0.95 - 4.63)
	Q3 (95% CI)	24.84 (1.87 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.51+
	Hazard ratio [3]	1.928	
	95% CI for Hazard ratio [3]	0.853 - 4.525	
	2-sided p-value [4]	0.1108	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Role a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Role are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.1: Emotional Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	80.3	.	77.2	.
	SD	16.6	.	19.3	.
	median	83.3	.	83.3	.
	min	33.3	.	16.7	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	81	1.78	81.8	7.84
	SD	19.2	17.7	17.8	13.7
	median	83.3	0	83.3	8.33
	min	0	-58	25	-17
	max	100	58.3	100	50
Cycle 2 Day 1	n	88	86	82	75
	mean	83.1	3.49	81.3	7
	SD	15.7	16.4	19.8	13.1
	median	83.3	0	83.3	8.33
	min	41.7	-50	0	-17
	max	100	50	100	41.7
Cycle 3 Day 1	n	57	57	45	42
	mean	83	4.53	84.3	4.17
	SD	14.9	16.9	17.7	16.4
	median	83.3	0	91.7	0
	min	33.3	-50	41.7	-25
	max	100	50	100	58.3
Cycle 4 Day 1	n	46	45	32	30
	mean	84.4	7.59	79.4	0.28
	SD	14.2	16.9	21	19
	median	83.3	8.33	83.3	0
	min	41.7	-33	25	-42
	max	100	41.7	100	41.7
Cycle 6 Day 1	n	29	28	18	16
	mean	85.1	8.33	84.3	6.77
	SD	15	16	21.9	14.3
	median	91.7	0	91.7	0
	min	50	-17	25	-17
	max	100	41.7	100	41.7
Cycle 8 Day 1	n	22	21	13	11
	mean	79.2	1.98	85.9	9.09
	SD	20.9	20.1	22.1	14.2
	median	83.3	0	100	8.33
	min	33.3	-50	33.3	-8.3
	max	100	25	100	41.7
Cycle 10 Day 1	n	18	17	10	8
	mean	77.3	-2	84.2	-1
	SD	26.5	24.2	13.9	15.7
	median	83.3	0	83.3	0
	min	8.33	-75	66.7	-17

Study: RAD1901-308
Section: Tables

Table 7.1: Emotional Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	33.3	100	25
Cycle 12 Day 1	n	13	12	8	6
	mean	85.3	0	78.1	-4.2
	SD	20.2	16.7	15.4	15.6
	median	91.7	0	75	-4.2
	min	33.3	-50	58.3	-25
	max	100	16.7	100	16.7
Cycle 14 Day 1	n	11	11	4	3
	mean	78.8	-6.8	83.3	-2.8
	SD	28.5	23.5	19.2	12.7
	median	91.7	0	83.3	0
	min	8.33	-75	66.7	-17
	max	100	8.33	100	8.33
Cycle 16 Day 1	n	9	8	2	2
	mean	88	-2.1	87.5	0
	SD	20.9	18.2	17.7	11.8
	median	100	4.17	87.5	0
	min	41.7	-42	75	-8.3
	max	100	16.7	100	8.33
Cycle 18 Day 1	n	8	8	2	2
	mean	90.6	5.21	83.3	-4.2
	SD	12.1	14	23.6	17.7
	median	95.8	4.17	83.3	-4.2
	min	66.7	-17	66.7	-17
	max	100	33.3	100	8.33
Cycle 20 Day 1	n	8	8	2	2
	mean	83.3	-2.1	83.3	-4.2
	SD	24.8	18.8	23.6	17.7
	median	100	4.17	83.3	-4.2
	min	41.7	-42	66.7	-17
	max	100	16.7	100	8.33
Cycle 22 Day 1	n	6	6	2	2
	mean	80.6	-2.8	83.3	-4.2
	SD	21.5	14.6	23.6	17.7
	median	83.3	-4.2	83.3	-4.2
	min	58.3	-25	66.7	-17
	max	100	16.7	100	8.33
Cycle 24 Day 1	n	4	4	0	0
	mean	79.2	-4.2	.	.
	SD	22	21	.	.
	median	83.3	0	.	.
	min	50	-33	.	.
	max	100	16.7	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	70.8	-13	.	.
	SD	24.1	21	.	.
	median	70.8	-8.3	.	.

Study: RAD1901-308
Section: Tables

Table 7.1: Emotional Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

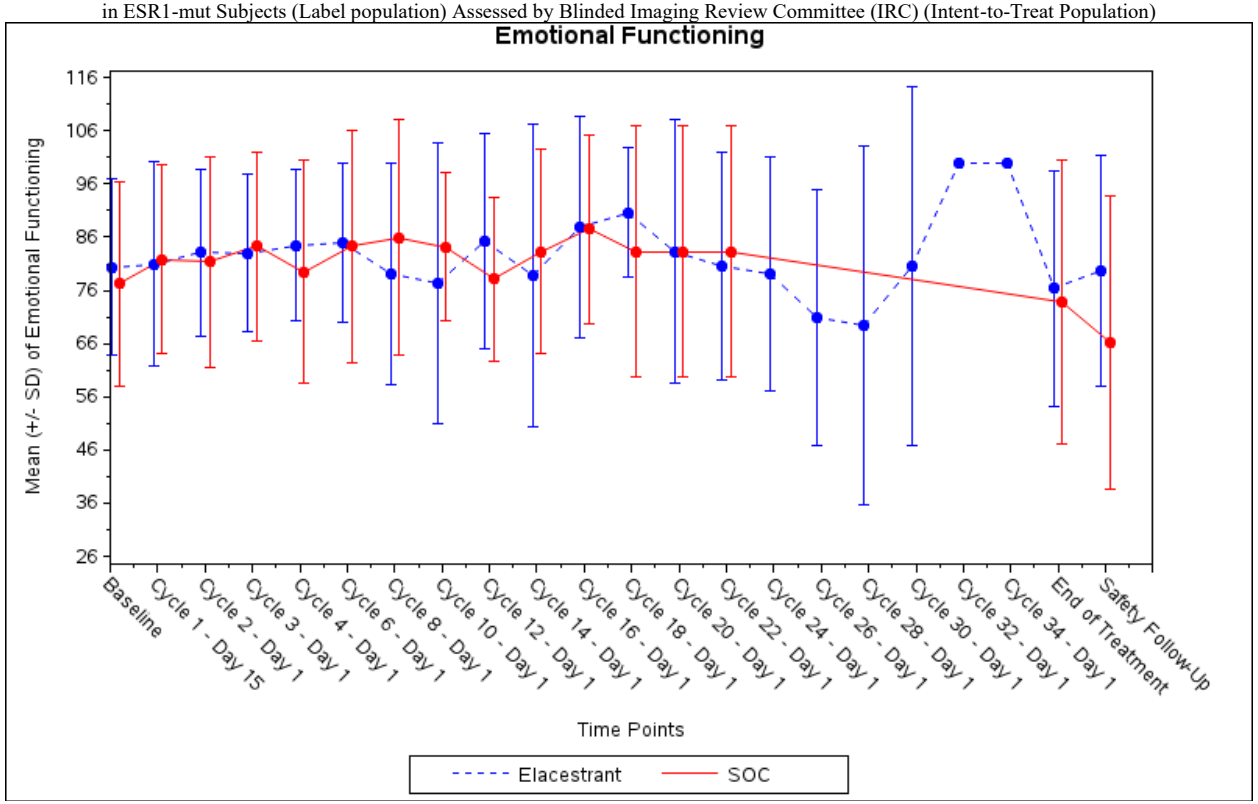
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	41.7	-42	.	.
	max	100	8.33	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	69.4	-17	.	.
	SD	33.7	30	.	.
	median	75	-8.3	.	.
	min	33.3	-50	.	.
	max	100	8.33	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	80.6	-5.6	.	.
	SD	33.7	31.5	.	.
	median	100	8.33	.	.
	min	41.7	-42	.	.
	max	100	16.7	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	100	12.5	.	.
	SD	0	5.89	.	.
	median	100	12.5	.	.
	min	100	8.33	.	.
	max	100	16.7	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	100	16.7	.	.
	SD	.	.	.	.
	median	100	16.7	.	.
	min	100	16.7	.	.
	max	100	16.7	.	.
End of Treatment	n	70	68	72	66
	mean	76.4	-4.9	73.8	-1.1
	SD	22.1	20.4	26.8	21
	median	75	0	83.3	0
	min	8.33	-75	0	-83
	max	100	33.3	100	41.7
Safety Follow-Up	n	31	31	18	17
	mean	79.6	1.34	66.2	-14
	SD	21.7	23.4	27.5	14.7
	median	83.3	0	75	-17
	min	25	-50	0	-33
	max	100	41.7	100	8.33

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 7.1: Mean (+/-SD) of Emotional Functioning score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.2: Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

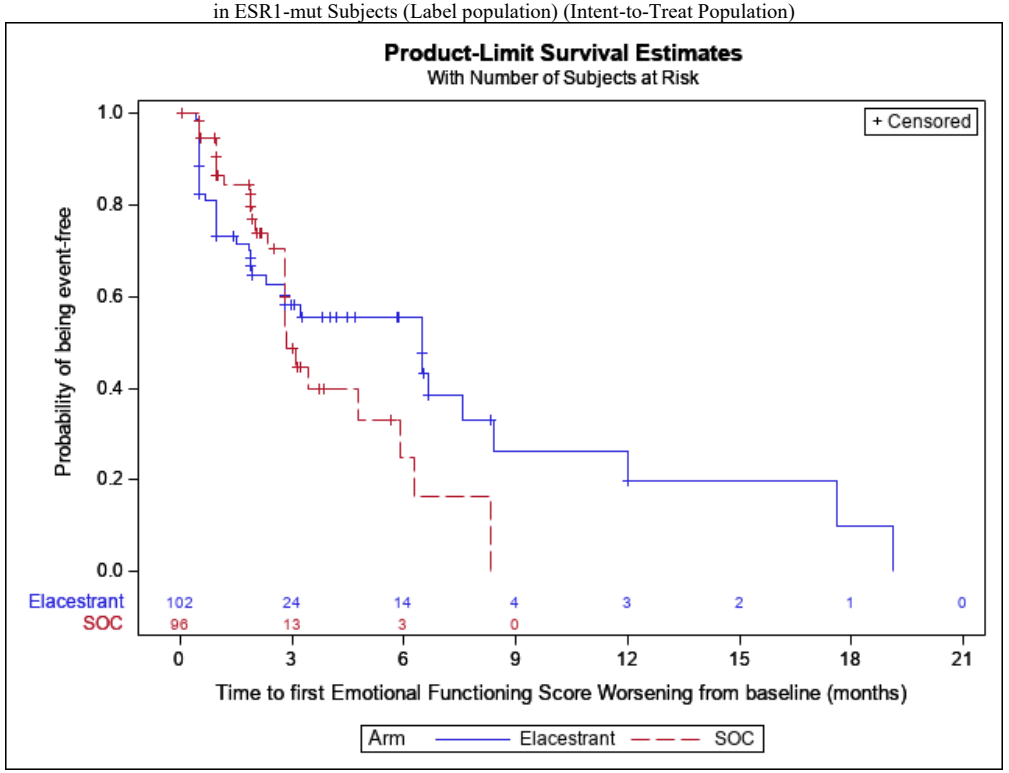
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.31	1.41
median	0.97	0.94
min	0.03	0.03
max	19.12	8.34
Events, n (%)	36 (35.3)	26 (27.1)
Emotional functioning score worsening	36 (35.3)	26 (27.1)
Censored subjects, n (%)	66 (64.7)	70 (72.9)
No event	65 (63.7)	69 (71.9)
Death	1 (1)	1 (1)
Median (months) [2]	6.47	2.86
95% CI for Score worsening [2]	2.79 - 8.41	2.79 - 5.91
Q1 (95% CI)	0.99 (0.53 - 2.30)	2.00 (1.18 - 2.83)
Q3 (95% CI)	11.99 (6.67 - NC)	5.91 (3.42 - NC)
Min, Max	0.03+, 19.12	0.03+,
Score worsening rate at 3 months (95% CI) [2]	58.14 (45.48 - 70.80)	48.71 (31.23 - 66.19)
Score worsening rate at 6 months (95% CI) [2]	55.61 (42.56 - 68.65)	24.80 (4.66 - 44.95)
Score worsening rate at 12 months (95% CI) [2]	19.81 (2.17 - 37.45)	0.00 (. - .)
Score worsening rate at 18 months (95% CI) [2]	9.90 (0.00 - 26.22)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	0.00 (. - .)
Hazard ratio [3]	0.942	
95% CI for Hazard ratio [3]	0.546 - 1.638	
2-sided p-value [4]	0.8222	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 7.2: Kaplan-Meier Plot of Time to first worsening for Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.3: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	1.0000	
Yes	Number of Subjects	27	27
	Events, n (%)	9 (33.3)	9 (33.3)
	Censored subjects, n (%)	18 (66.7)	18 (66.7)
	Median (months) [2]	6.47	2.79
	95% CI for Score worsening [2]	1.84 - NC	2.79 - NC
	Q1 (95% CI)	1.51 (0.53 - 6.47)	2.00 (0.95 - 2.79)
	Q3 (95% CI)	. (6.47 - NC)	3.12 (2.79 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.65+
	Hazard ratio [3]	0.796	
	95% CI for Hazard ratio [3]	0.297 - 2.092	
	2-sided p-value [4]	0.6786	
No	Number of Subjects	75	69
	Events, n (%)	27 (100)	17 (63)
	Censored subjects, n (%)	48 (177.8)	52 (192.6)
	Median (months) [2]	6.51	3.42
	95% CI for Score worsening [2]	1.94 - 8.41	2.83 - 6.28
	Q1 (95% CI)	0.99 (0.53 - 2.30)	1.94 (0.99 - 3.42)
	Q3 (95% CI)	11.99 (6.67 - NC)	6.28 (4.76 - NC)
	Min, Max	0.03+, 19.12	0.03+,
	Hazard ratio [3]	0.826	
	95% CI for Hazard ratio [3]	0.437 - 1.591	
	2-sided p-value [4]	0.5609	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Emotional = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.4: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

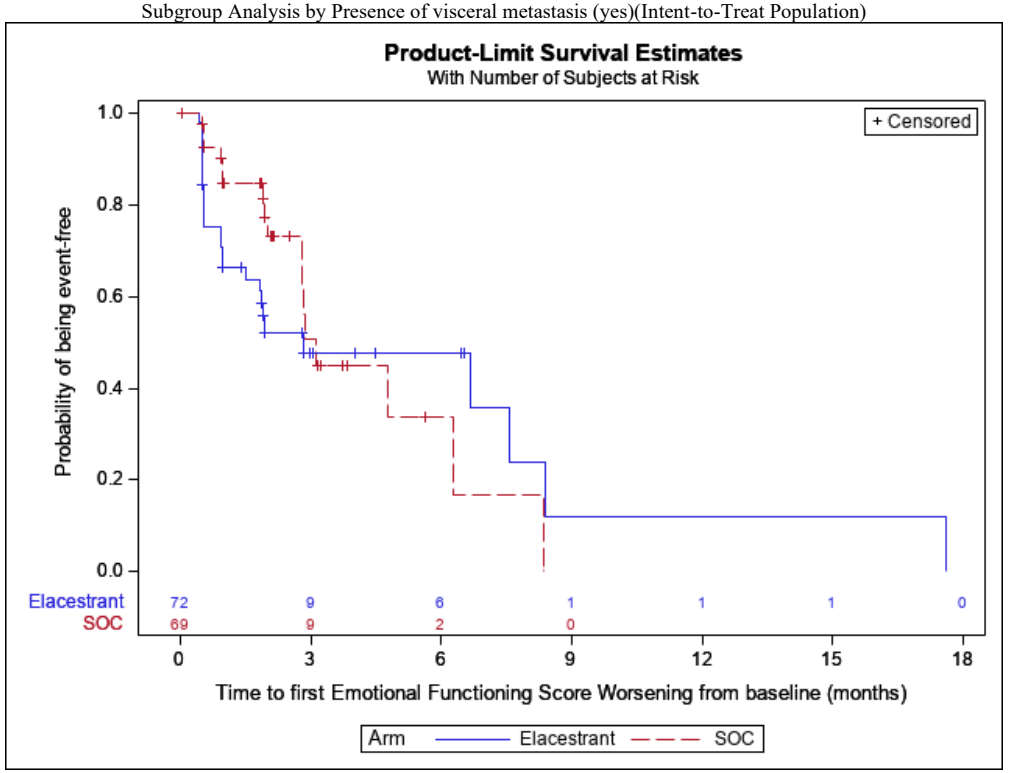
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.0292	
Yes	Number of Subjects	72	69
	Events, n (%)	25 (34.7)	17 (24.6)
	Censored subjects, n (%)	47 (65.3)	52 (75.4)
	Median (months) [2]	2.83	3.12
	95% CI for Score worsening [2]	1.51 - 7.56	2.79 - 6.28
	Q1 (95% CI)	0.95 (0.49 - 1.87)	2.00 (0.99 - 2.86)
	Q3 (95% CI)	7.56 (6.67 - NC)	6.28 (3.12 - NC)
	Min, Max	0.03+, 17.61	0.03+, 8.34
	Hazard ratio [3]	1.302	
	95% CI for Hazard ratio [3]	0.693 - 2.492	
	2-sided p-value [4]	0.4272	
No	Number of Subjects	30	27
	Events, n (%)	11 (36.7)	9 (33.3)
	Censored subjects, n (%)	19 (63.3)	18 (66.7)
	Median (months) [2]	6.51	2.83
	95% CI for Score worsening [2]	6.47 - NC	2.33 - 5.91
	Q1 (95% CI)	3.22 (0.99 - 6.51)	2.10 (1.18 - 3.42)
	Q3 (95% CI)	19.12 (6.51 - NC)	5.91 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 8.34
	Hazard ratio [3]	0.342	
	95% CI for Hazard ratio [3]	0.130 - 0.900	
	2-sided p-value [4]	0.0204	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

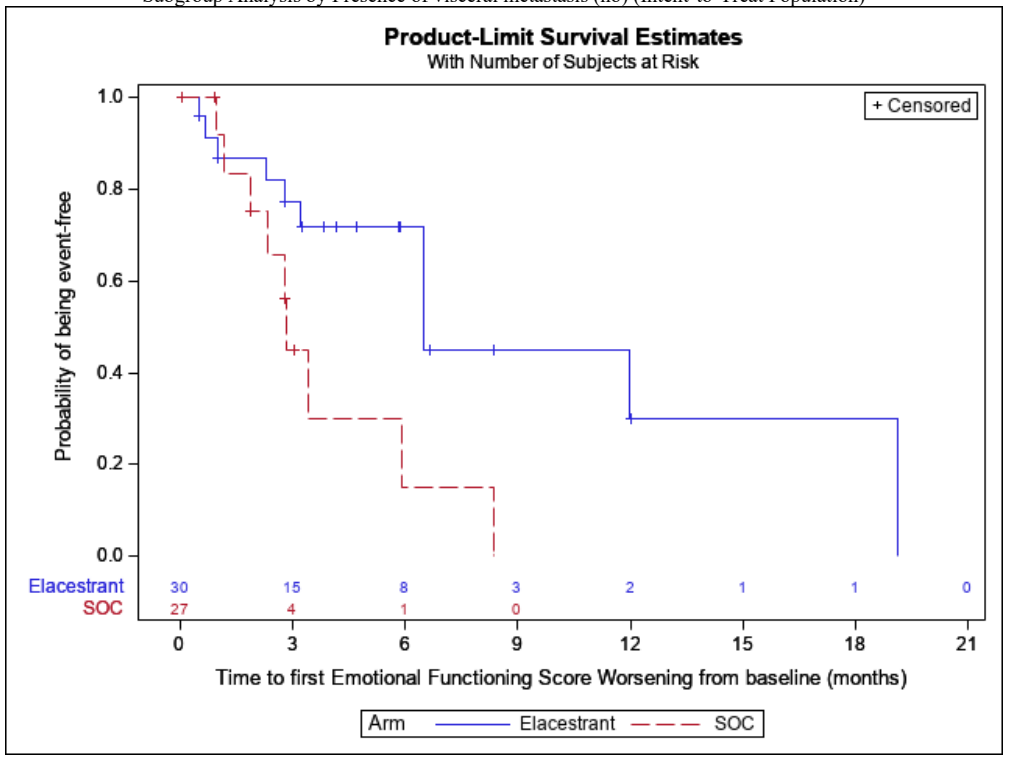
Figure 7.4.a: Kaplan-Meier Plot of Emotional Functioning Score for Elacestrant vs SOC, Subgroup Analysis by Presence of visceral metastasis (yes)(Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 7.4.b: Kaplan-Meier Plot of Emotional Functioning Score for Elacestrant vs SOC, Subgroup Analysis by Presence of visceral metastasis (no) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.5: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.0890	
<65 years	Number of Subjects	49	48
	Events, n (%)	15 (30.6)	13 (27.1)
	Censored subjects, n (%)	34 (69.4)	35 (72.9)
	Median (months) [2]	7.56	2.83
	95% CI for Score worsening [2]	2.30 - 17.61	1.91 - 4.76
	Q1 (95% CI)	1.87 (0.95 - 7.56)	1.87 (0.99 - 2.83)
	Q3 (95% CI)	17.61 (7.56 - NC)	4.76 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 6.28
	Hazard ratio [3]	0.515	
	95% CI for Hazard ratio [3]	0.215 - 1.192	
	2-sided p-value [4]	0.1077	
>=65 years	Number of Subjects	53	48
	Events, n (%)	21 (39.6)	13 (27.1)
	Censored subjects, n (%)	32 (60.4)	35 (72.9)
	Median (months) [2]	3.22	2.86
	95% CI for Score worsening [2]	1.84 - 6.67	2.79 - NC
	Q1 (95% CI)	0.66 (0.53 - 2.79)	2.79 (2.00 - 2.86)
	Q3 (95% CI)	6.67 (6.47 - NC)	8.34 (2.86 - NC)
	Min, Max	0.03+, 12.02+	0.03+,
	Hazard ratio [3]	1.159	
	95% CI for Hazard ratio [3]	0.579 - 2.402	
	2-sided p-value [4]	0.636	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.6: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.1252	
<75 years	Number of Subjects	85	80
	Events, n (%)	25 (29.4)	20 (25)
	Censored subjects, n (%)	60 (70.6)	60 (75)
	Median (months) [2]	6.67	3.12
	95% CI for Score worsening [2]	2.83 - 17.61	2.79 - 5.91
	Q1 (95% CI)	1.87 (0.95 - 6.47)	2.00 (1.87 - 2.83)
	Q3 (95% CI)	17.61 (7.56 - NC)	5.91 (3.42 - NC)
	Min, Max	0.03+, 19.12	0.03+, 8.34
	Hazard ratio [3]	0.635	
	95% CI for Hazard ratio [3]	0.337 - 1.199	
	2-sided p-value [4]	0.1471	
>=75 years	Number of Subjects	17	16
	Events, n (%)	11 (64.7)	6 (37.5)
	Censored subjects, n (%)	6 (35.3)	10 (62.5)
	Median (months) [2]	1.87	2.86
	95% CI for Score worsening [2]	0.53 - 6.47	0.95 - NC
	Q1 (95% CI)	0.53 (0.49 - 1.91)	0.95 (0.53 - 2.86)
	Q3 (95% CI)	6.47 (1.84 - NC)	8.34 (2.79 - NC)
	Min, Max	0.03+, 8.41	0.03+, 8.34
	Hazard ratio [3]	1.484	
	95% CI for Hazard ratio [3]	0.547 - 4.382	
	2-sided p-value [4]	0.4444	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.7: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.8635	
Europe	Number of Subjects	54	43
	Events, n (%)	21 (38.9)	16 (37.2)
	Censored subjects, n (%)	33 (61.1)	27 (62.8)
	Median (months) [2]	6.47	2.83
	95% CI for Score worsening [2]	2.30 - 8.41	2.00 - 3.42
	Q1 (95% CI)	0.53 (0.49 - 3.22)	1.18 (0.95 - 2.83)
	Q3 (95% CI)	8.41 (6.47 - NC)	5.91 (2.86 - NC)
	Min, Max	0.03+, 19.12	0.03+, 8.34
	Hazard ratio [3]	0.661	
	95% CI for Hazard ratio [3]	0.330 - 1.332	
	2-sided p-value [4]	0.2147	
North America	Number of Subjects	32	37
	Events, n (%)	11 (34.4)	8 (21.6)
	Censored subjects, n (%)	21 (65.6)	29 (78.4)
	Median (months) [2]	7.56	4.76
	95% CI for Score worsening [2]	1.91 - NC	2.79 - NC
	Q1 (95% CI)	1.84 (0.95 - 7.56)	2.79 (1.94 - 4.76)
	Q3 (95% CI)	17.61 (7.56 - NC)	8.34 (2.83 - NC)
	Min, Max	0.03+, 17.61	0.03+, 8.34
	Hazard ratio [3]	0.989	
	95% CI for Hazard ratio [3]	0.383 - 2.629	
	2-sided p-value [4]	0.9922	
Asia	Number of Subjects	8	14
	Events, n (%)	1 (12.5)	2 (14.3)
	Censored subjects, n (%)	7 (87.5)	12 (85.7)
	Median (months) [2]	.	6.28
	95% CI for Score worsening [2]	0.95 - NC	1.91 - NC
	Q1 (95% CI)	0.95 (0.95 - NC)	6.28 (1.91 - NC)
	Q3 (95% CI)	. (0.95 - NC)	6.28 (. - NC)
	Min, Max	0.03+, 1.91+	0.03+, 6.28
	Hazard ratio [3]	2.041	
	95% CI for Hazard ratio [3]	0.080 - 52.061	
	2-sided p-value [4]	0.6084	
Other	Number of Subjects	8	2
	Events, n (%)	3 (37.5)	0 (0.0)
	Censored subjects, n (%)	5 (62.5)	2 (100)
	Median (months) [2]	6.51	.
	95% CI for Score worsening [2]	0.99 - NC	. - NC
	Q1 (95% CI)	0.99 (0.49 - NC)	. (. - NC)
	Q3 (95% CI)	6.51 (. - NC)	. (. - NC)
	Min, Max	0.03+, 6.51	0.03+, 0.03+
	Hazard ratio [3]	1.17E7	
	95% CI for Hazard ratio [3]	0.113 - .	
	2-sided p-value [4]	0.5449	
Zero cell correction test	Odds Ratio	1.3352	0.7166 - 2.4879
	Relative Risk (Event)	1.1937	0.7881 - 1.8080

Study: RAD1901-308
Section: Tables

Table 7.7: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
	Relative Risk (Censor)	0.8958	0.7533 - 1.0652
	p-value	0.6527	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Emotional = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.8: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

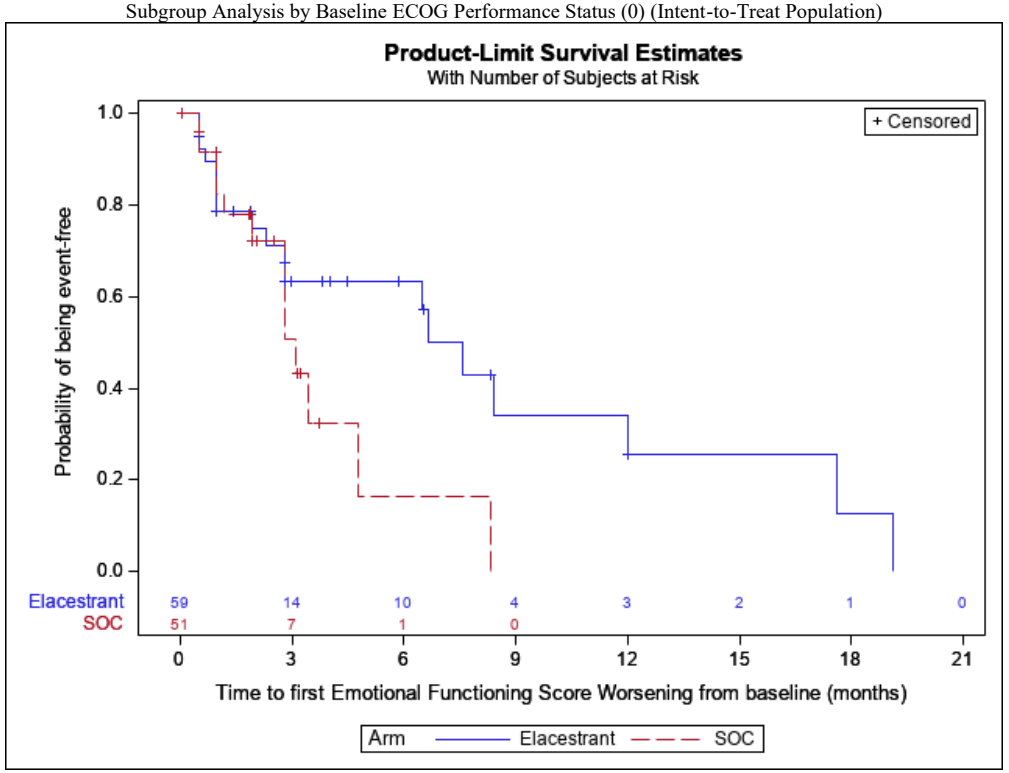
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.0437	
0	Number of Subjects	59	51
	Events, n (%)	19 (32.2)	13 (25.5)
	Censored subjects, n (%)	40 (67.8)	38 (74.5)
	Median (months) [2]	6.67	3.12
	95% CI for Score worsening [2]	2.83 - 11.99	2.79 - 4.76
	Q1 (95% CI)	1.94 (0.99 - 6.67)	1.94 (0.99 - 3.12)
	Q3 (95% CI)	17.61 (7.56 - NC)	4.76 (3.12 - NC)
	Min, Max	0.03+, 19.12	0.03+, 8.34
	Hazard ratio [3]	0.526	
	95% CI for Hazard ratio [3]	0.243 - 1.147	
	2-sided p-value [4]	0.0942	
1	Number of Subjects	43	45
	Events, n (%)	17 (39.5)	13 (28.9)
	Censored subjects, n (%)	26 (60.5)	32 (71.1)
	Median (months) [2]	3.22	2.86
	95% CI for Score worsening [2]	1.51 - 6.47	2.33 - 6.28
	Q1 (95% CI)	0.53 (0.49 - 1.87)	2.33 (1.87 - 2.86)
	Q3 (95% CI)	6.47 (6.47 - NC)	6.28 (2.86 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 8.34
	Hazard ratio [3]	1.441	
	95% CI for Hazard ratio [3]	0.683 - 3.129	
	2-sided p-value [4]	0.3622	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional Functioning a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional Functioning are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

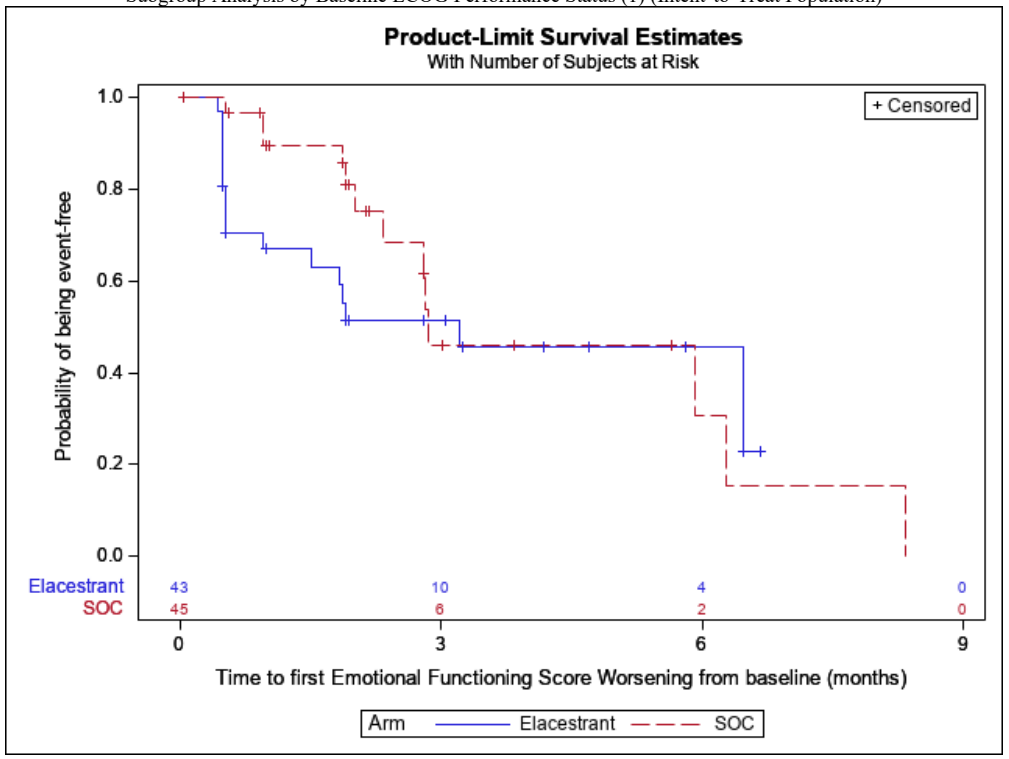
Figure 7.8.a: Kaplan-Meier Plot of Emotional Functioning Score for Elacestrant vs SOC, Subgroup Analysis by Baseline ECOG Performance Status (0) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 7.8.b: Kaplan-Meier Plot of Emotional Functioning for Elacestrant vs SOC,
Subgroup Analysis by Baseline ECOG Performance Status (1) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.9: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.0898	
yes	Number of Subjects	82	78
	Events, n (%)	29 (35.4)	20 (25.6)
	Censored subjects, n (%)	53 (64.6)	58 (74.4)
	Median (months) [2]	6.67	3.12
	95% CI for Score worsening [2]	1.91 - 8.41	2.79 - 6.28
	Q1 (95% CI)	0.99 (0.53 - 1.94)	2.00 (1.18 - 2.83)
	Q3 (95% CI)	8.41 (6.67 - NC)	6.28 (3.12 - NC)
	Min, Max	0.03+, 17.61	0.03+,
	Hazard ratio [3]	1.008	
	95% CI for Hazard ratio [3]	0.561 - 1.837	
	2-sided p-value [4]	0.9661	
no	Number of Subjects	20	18
	Events, n (%)	7 (35)	6 (33.3)
	Censored subjects, n (%)	13 (65)	12 (66.7)
	Median (months) [2]	6.47	2.83
	95% CI for Score worsening [2]	2.30 - NC	1.87 - NC
	Q1 (95% CI)	2.30 (0.66 - 6.51)	1.87 (0.53 - 3.42)
	Q3 (95% CI)	19.12 (6.47 - NC)	3.42 (2.79 - NC)
	Min, Max	0.03+, 19.12	0.03+, 5.91
	Hazard ratio [3]	0.246	
	95% CI for Hazard ratio [3]	0.050 - 0.969	
	2-sided p-value [4]	0.039	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.10: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.7431	
1	Number of Subjects	64	56
	Events, n (%)	25 (39.1)	13 (23.2)
	Censored subjects, n (%)	39 (60.9)	43 (76.8)
	Median (months) [2]	6.47	3.42
	95% CI for Score worsening [2]	1.91 - 8.41	2.33 - NC
	Q1 (95% CI)	0.99 (0.53 - 1.94)	1.91 (0.95 - 3.42)
	Q3 (95% CI)	11.99 (6.51 - NC)	5.91 (3.42 - NC)
	Min, Max	0.03+, 17.61	0.03+,
	Hazard ratio [3]	0.871	
	95% CI for Hazard ratio [3]	0.441 - 1.790	
	2-sided p-value [4]	0.7011	
2	Number of Subjects	38	40
	Events, n (%)	11 (28.9)	13 (32.5)
	Censored subjects, n (%)	27 (71.1)	27 (67.5)
	Median (months) [2]	6.47	2.83
	95% CI for Score worsening [2]	2.79 - NC	2.79 - NC
	Q1 (95% CI)	1.84 (0.53 - 6.67)	2.00 (1.87 - 2.83)
	Q3 (95% CI)	6.67 (6.47 - NC)	6.28 (2.86 - NC)
	Min, Max	0.03+, 19.12	0.03+, 6.28
	Hazard ratio [3]	0.651	
	95% CI for Hazard ratio [3]	0.254 - 1.565	
	2-sided p-value [4]	0.3512	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 7.11: Subgroup Analysis of Time to first worsening from baseline of Emotional Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.7226	
0	Number of Subjects	76	67
	Events, n (%)	29 (38.2)	17 (25.4)
	Censored subjects, n (%)	47 (61.8)	50 (74.6)
	Median (months) [2]	6.47	2.86
	95% CI for Score worsening [2]	1.91 - 8.41	2.79 - 5.91
	Q1 (95% CI)	0.99 (0.53 - 2.79)	2.00 (1.18 - 2.83)
	Q3 (95% CI)	11.99 (6.67 - NC)	5.91 (2.86 - NC)
	Min, Max	0.03+, 19.12	0.03+,
	Hazard ratio [3]	0.796	
	95% CI for Hazard ratio [3]	0.426 - 1.522	
	2-sided p-value [4]	0.4859	
1	Number of Subjects	26	29
	Events, n (%)	7 (26.9)	9 (31)
	Censored subjects, n (%)	19 (73.1)	20 (69)
	Median (months) [2]	3.22	4.76
	95% CI for Score worsening [2]	1.94 - NC	2.79 - NC
	Q1 (95% CI)	1.94 (0.95 - 3.22)	1.87 (0.95 - 4.76)
	Q3 (95% CI)	. (3.22 - NC)	6.28 (4.76 - NC)
	Min, Max	0.03+, 6.54+	0.03+, 6.28
	Hazard ratio [3]	0.997	
	95% CI for Hazard ratio [3]	0.355 - 2.683	
	2-sided p-value [4]	0.993	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Emotional a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Emotional are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.1: Physical Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	76.5	.	79.2	.
	SD	21	.	20	.
	median	86.7	.	83.3	.
	min	20	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	75.1	-1.2	77.8	1.86
	SD	21.6	11.1	22.4	9.63
	median	80	0	86.7	0
	min	6.67	-40	0	-27
	max	100	26.7	100	26.7
Cycle 2 Day 1	n	88	86	79	73
	mean	76.6	-1	77	-.16
	SD	19.6	11	24.6	14.9
	median	80	0	86.7	0
	min	26.7	-33	0	-67
	max	100	26.7	100	33.3
Cycle 3 Day 1	n	57	57	45	42
	mean	76	-1.3	79.1	0.04
	SD	21.6	10.6	20.5	12.3
	median	80	0	80	0
	min	26.7	-33	26.7	-27
	max	100	26.7	100	33.3
Cycle 4 Day 1	n	46	45	31	29
	mean	76.4	-.59	78.1	-1.4
	SD	22.3	14.8	23.2	14.4
	median	80	0	86.7	0
	min	6.67	-60	0	-33
	max	100	40	100	40
Cycle 6 Day 1	n	29	28	18	16
	mean	77.5	-2.4	85.6	-2.5
	SD	21.2	16.1	13	9.07
	median	86.7	0	86.7	0
	min	33.3	-40	60	-20
	max	100	40	100	13.3
Cycle 8 Day 1	n	22	21	13	11
	mean	77	-1.3	86.7	-3.6
	SD	25.1	20.7	16.8	9.6
	median	86.7	0	93.3	0
	min	20	-47	46.7	-27
	max	100	40	100	6.67
Cycle 10 Day 1	n	18	17	10	8
	mean	74.8	-2.7	87.3	-2.5
	SD	23.4	16.5	14.6	7.92
	median	80	0	86.7	0
	min	13.3	-33	53.3	-20

Study: RAD1901-308
Section: Tables

Table 8.1: Physical Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	40	100	6.67
Cycle 12 Day 1	n	13	12	8	6
	mean	74.4	-1.1	85	-4.4
	SD	27.6	19	15.8	11.7
	median	80	0	93.3	0
	min	6.67	-33	60	-27
	max	100	40	100	6.67
Cycle 14 Day 1	n	11	11	4	3
	mean	73.9	0	81.7	-6.7
	SD	25	16.3	14.8	6.67
	median	80	0	86.7	-6.7
	min	33.3	-27	60	-13
	max	100	40	93.3	0
Cycle 16 Day 1	n	9	8	2	2
	mean	65.7	-7.8	73.3	-6.7
	SD	29	17.5	18.9	9.43
	median	66.7	0	73.3	-6.7
	min	13.3	-42	60	-13
	max	100	6.67	86.7	0
Cycle 18 Day 1	n	8	8	2	2
	mean	68.3	-4.2	73.3	-6.7
	SD	23	25.2	18.9	9.43
	median	63.3	-10	73.3	-6.7
	min	40	-27	60	-13
	max	100	40	86.7	0
Cycle 20 Day 1	n	8	8	2	2
	mean	64.2	-15	70	-10
	SD	27.8	19.1	23.6	14.1
	median	63.3	-10	70	-10
	min	13.3	-40	53.3	-20
	max	100	6.67	86.7	0
Cycle 22 Day 1	n	6	6	2	2
	mean	70	-8.9	73.3	-6.7
	SD	30.9	8.07	18.9	9.43
	median	80	-10	73.3	-6.7
	min	20	-20	60	-13
	max	100	0	86.7	0
Cycle 24 Day 1	n	4	4	0	0
	mean	61.7	-8.3	.	.
	SD	30	8.39	.	.
	median	70	-6.7	.	.
	min	20	-20	.	.
	max	86.7	0	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	51.7	-18	.	.
	SD	31.9	8.39	.	.
	median	53.3	-20	.	.

Study: RAD1901-308
Section: Tables

Table 8.1: Physical Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

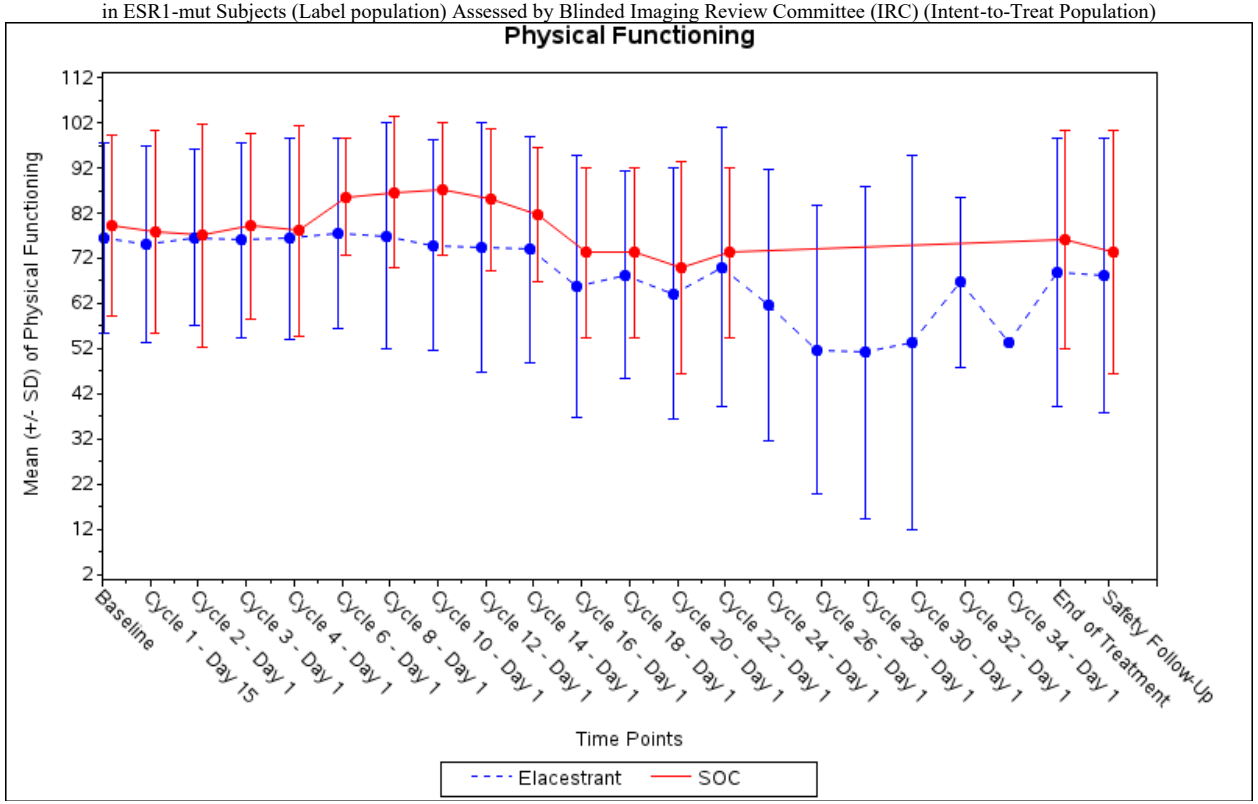
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	13.3	-27	.	.
	max	86.7	-6.7	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	51.1	-13	.	.
	SD	36.7	11.5	.	.
	median	53.3	-6.7	.	.
	min	13.3	-27	.	.
	max	86.7	-6.7	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	53.3	-11	.	.
	SD	41.6	20.4	.	.
	median	66.7	-6.7	.	.
	min	6.67	-33	.	.
	max	86.7	6.67	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	66.7	-10	.	.
	SD	18.9	4.71	.	.
	median	66.7	-10	.	.
	min	53.3	-13	.	.
	max	80	-6.7	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	53.3	-6.7	.	.
	SD	.	.	.	.
	median	53.3	-6.7	.	.
	min	53.3	-6.7	.	.
	max	53.3	-6.7	.	.
End of Treatment	n	70	68	71	66
	mean	68.9	-9.2	76.1	-1.2
	SD	29.8	20.6	24.2	15.1
	median	80	0	86.7	0
	min	0	-87	0	-53
	max	100	33.3	100	33.3
Safety Follow-Up	n	31	31	18	17
	mean	68.2	-8.2	73.3	-2.7
	SD	30.4	17.3	27	15.5
	median	80	0	83.3	0
	min	0	-53	13.3	-33
	max	100	13.3	100	26.7

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 8.1: Mean (+/-SD) of Physical Functioning score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.2: Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

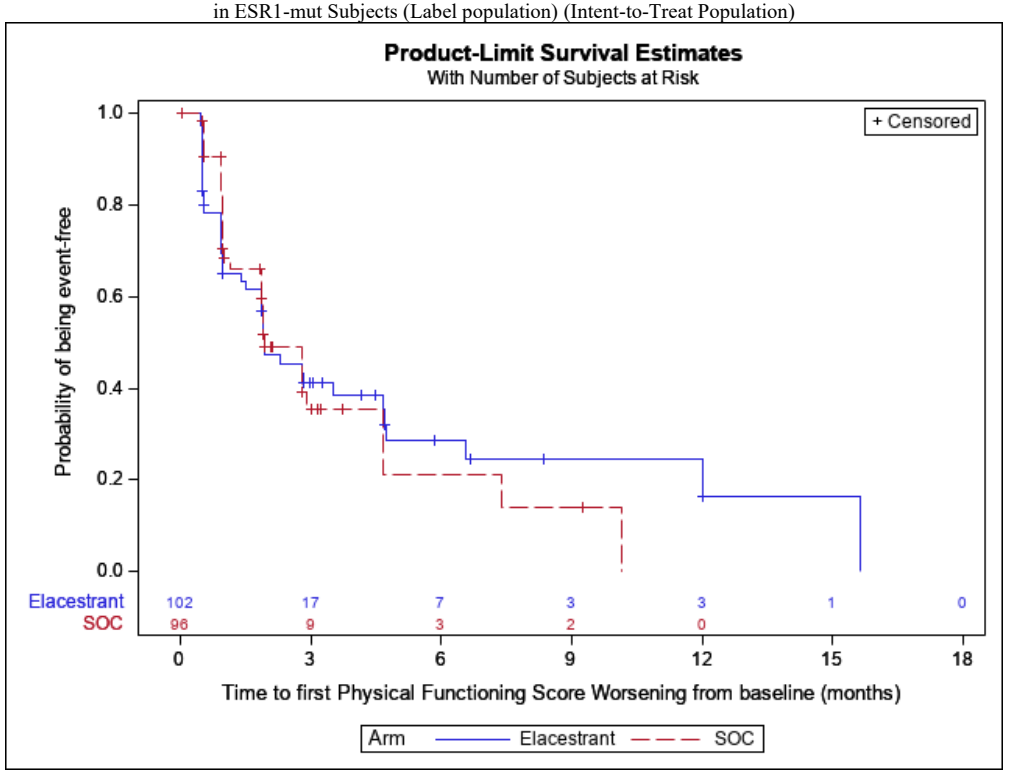
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.77	1.22
median	0.94	0.53
min	0.03	0.03
max	15.64	10.15
Events, n (%)	44 (43.1)	32 (33.3)
Physical functioning score worsening	44 (43.1)	32 (33.3)
Censored subjects, n (%)	58 (56.9)	64 (66.7)
No event	57 (55.9)	63 (65.6)
Death	1 (1)	1 (1)
Median (months) [2]	1.94	1.94
95% CI for Score worsening [2]	1.51 - 4.67	1.87 - 4.67
Q1 (95% CI)	0.95 (0.49 - 1.41)	0.99 (0.95 - 1.87)
Q3 (95% CI)	6.57 (4.67 - NC)	4.67 (2.79 - NC)
Min, Max	0.03+, 15.64	0.03+, 10.15
Score worsening rate at 3 months (95% CI) [2]	41.25 (28.57 - 53.93)	35.30 (19.64 - 50.95)
Score worsening rate at 6 months (95% CI) [2]	28.52 (14.84 - 42.20)	21.18 (3.35 - 39.01)
Score worsening rate at 12 months (95% CI) [2]	24.44 (10.58 - 38.31)	0.00 (. - .)
Score worsening rate at 18 months (95% CI) [2]	0.00 (. - .)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	0.00 (. - .)
Hazard ratio [3]	0.964	
95% CI for Hazard ratio [3]	0.603 - 1.552	
2-sided p-value [4]	0.9306	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 8.2: Kaplan-Meier Plot of Time to first worsening for Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.3: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.8288	
Yes	Number of Subjects	27	27
	Events, n (%)	15 (55.6)	12 (44.4)
	Censored subjects, n (%)	12 (44.4)	15 (55.6)
	Median (months) [2]	1.87	1.94
	95% CI for Score worsening [2]	0.92 - 3.52	0.99 - 2.79
	Q1 (95% CI)	0.53 (0.49 - 1.51)	0.99 (0.53 - 1.94)
	Q3 (95% CI)	4.73 (1.91 - NC)	2.79 (1.94 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 3.15+
	Hazard ratio [3]	0.978	
	95% CI for Hazard ratio [3]	0.442 - 2.180	
	2-sided p-value [4]	0.9963	
No	Number of Subjects	75	69
	Events, n (%)	29 (38.7)	20 (29)
	Censored subjects, n (%)	46 (61.3)	49 (71)
	Median (months) [2]	2.30	1.91
	95% CI for Score worsening [2]	1.87 - 6.57	1.87 - 7.39
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	12.02 (4.67 - NC)	7.39 (4.67 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	0.952	
	95% CI for Hazard ratio [3]	0.535 - 1.724	
	2-sided p-value [4]	0.8834	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Physical =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.4: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.3970	
Yes	Number of Subjects	72	69
	Events, n (%)	29 (40.3)	26 (37.7)
	Censored subjects, n (%)	43 (59.7)	43 (62.3)
	Median (months) [2]	1.94	1.91
	95% CI for Score worsening [2]	1.41 - 3.52	1.15 - 2.79
	Q1 (95% CI)	0.95 (0.53 - 1.51)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	6.57 (2.83 - NC)	4.67 (1.94 - NC)
	Min, Max	0.03+, 12.02	0.03+, 7.39
	Hazard ratio [3]	0.844	
	95% CI for Hazard ratio [3]	0.491 - 1.456	
	2-sided p-value [4]	0.5666	
No	Number of Subjects	30	27
	Events, n (%)	15 (50)	6 (22.2)
	Censored subjects, n (%)	15 (50)	21 (77.8)
	Median (months) [2]	2.30	4.67
	95% CI for Score worsening [2]	0.99 - NC	2.92 - NC
	Q1 (95% CI)	0.71 (0.49 - 1.91)	2.92 (0.95 - NC)
	Q3 (95% CI)	15.64 (2.30 - NC)	10.15 (4.67 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	1.356	
	95% CI for Hazard ratio [3]	0.542 - 3.840	
	2-sided p-value [4]	0.5558	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.5: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.7400	
<65 years	Number of Subjects	49	48
	Events, n (%)	19 (38.8)	11 (22.9)
	Censored subjects, n (%)	30 (61.2)	37 (77.1)
	Median (months) [2]	3.52	2.79
	95% CI for Score worsening [2]	0.99 - 4.73	1.87 - NC
	Q1 (95% CI)	0.95 (0.49 - 1.94)	1.87 (0.99 - 2.79)
	Q3 (95% CI)	4.73 (4.67 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 7.39
	Hazard ratio [3]	1.048	
	95% CI for Hazard ratio [3]	0.493 - 2.324	
	2-sided p-value [4]	0.9017	
>=65 years	Number of Subjects	53	48
	Events, n (%)	25 (47.2)	21 (43.8)
	Censored subjects, n (%)	28 (52.8)	27 (56.3)
	Median (months) [2]	1.91	1.91
	95% CI for Score worsening [2]	0.99 - 2.83	0.99 - 2.92
	Q1 (95% CI)	0.95 (0.49 - 1.87)	0.99 (0.53 - 1.15)
	Q3 (95% CI)	12.02 (1.94 - NC)	4.67 (1.94 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 10.15
	Hazard ratio [3]	0.927	
	95% CI for Hazard ratio [3]	0.515 - 1.683	
	2-sided p-value [4]	0.8012	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.6: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.1730	
<75 years	Number of Subjects	85	80
	Events, n (%)	30 (35.3)	22 (27.5)
	Censored subjects, n (%)	55 (64.7)	58 (72.5)
	Median (months) [2]	2.83	2.79
	95% CI for Score worsening [2]	1.91 - 4.73	1.87 - 4.67
	Q1 (95% CI)	0.99 (0.53 - 1.91)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	12.02 (4.70 - NC)	4.67 (4.67 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	0.828	
	95% CI for Hazard ratio [3]	0.471 - 1.473	
	2-sided p-value [4]	0.5365	
>=75 years	Number of Subjects	17	16
	Events, n (%)	14 (82.4)	10 (62.5)
	Censored subjects, n (%)	3 (17.6)	6 (37.5)
	Median (months) [2]	0.95	1.91
	95% CI for Score worsening [2]	0.49 - 1.87	0.99 - 2.79
	Q1 (95% CI)	0.49 (0.49 - 0.95)	0.99 (0.53 - 1.91)
	Q3 (95% CI)	1.91 (0.95 - NC)	2.79 (1.91 - NC)
	Min, Max	0.03+, 6.57	0.03+, 9.26+
	Hazard ratio [3]	1.719	
	95% CI for Hazard ratio [3]	0.764 - 4.010	
	2-sided p-value [4]	0.1903	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

MENARINI RICERCHE

Table 8.7: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.4911	
Europe	Number of Subjects	54	43
	Events, n (%)	26 (48.1)	15 (34.9)
	Censored subjects, n (%)	28 (51.9)	28 (65.1)
	Median (months) [2]	1.87	2.79
	95% CI for Score worsening [2]	0.95 - 4.70	1.91 - 7.39
	Q1 (95% CI)	0.53 (0.49 - 1.51)	0.99 (0.95 - 2.79)
	Q3 (95% CI)	6.57 (2.30 - NC)	7.39 (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	1.185	
	95% CI for Hazard ratio [3]	0.630 - 2.306	
	2-sided p-value [4]	0.6302	
North America	Number of Subjects	32	37
	Events, n (%)	14 (43.8)	11 (29.7)
	Censored subjects, n (%)	18 (56.3)	26 (70.3)
	Median (months) [2]	1.94	2.79
	95% CI for Score worsening [2]	0.99 - 4.73	1.87 - NC
	Q1 (95% CI)	0.95 (0.49 - 1.94)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	4.73 (2.79 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 9.26+
	Hazard ratio [3]	1.085	
	95% CI for Hazard ratio [3]	0.487 - 2.474	
	2-sided p-value [4]	0.8118	
Asia	Number of Subjects	8	14
	Events, n (%)	1 (12.5)	5 (35.7)
	Censored subjects, n (%)	7 (87.5)	9 (64.3)
	Median (months) [2]	.	1.02
	95% CI for Score worsening [2]	0.95 - NC	0.99 - 1.91
	Q1 (95% CI)	0.95 (0.95 - NC)	0.99 (0.53 - 1.02)
	Q3 (95% CI)	. (0.95 - NC)	1.91 (0.99 - NC)
	Min, Max	0.03+, 1.91+	0.03+, 2.79+
	Hazard ratio [3]	0.340	
	95% CI for Hazard ratio [3]	0.018 - 2.149	
	2-sided p-value [4]	0.3099	
Other	Number of Subjects	8	2
	Events, n (%)	3 (37.5)	1 (50)
	Censored subjects, n (%)	5 (62.5)	1 (50)
	Median (months) [2]	12.02	1.87
	95% CI for Score worsening [2]	1.91 - NC	. - NC
	Q1 (95% CI)	1.91 (0.99 - NC)	1.87 (. - NC)
	Q3 (95% CI)	12.02 (1.91 - NC)	1.87 (. - NC)
	Min, Max	0.03+, 12.02	0.03+, 1.87
	Hazard ratio [3]	0.183	
	95% CI for Hazard ratio [3]	0.007 - 4.621	
	2-sided p-value [4]	0.1768	

Study: RAD1901-308
Section: Tables

Table 8.7: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Physical = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

'

Study: RAD1901-308
Section: Tables

Table 8.8: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.3362	
0	Number of Subjects	59	51
	Events, n (%)	23 (39)	16 (31.4)
	Censored subjects, n (%)	36 (61)	35 (68.6)
	Median (months) [2]	2.83	1.91
	95% CI for Score worsening [2]	1.91 - 4.73	0.99 - 7.39
	Q1 (95% CI)	0.99 (0.92 - 1.94)	0.95 (0.95 - 1.91)
	Q3 (95% CI)	6.57 (4.67 - NC)	7.39 (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	0.807	
	95% CI for Hazard ratio [3]	0.425 - 1.567	
	2-sided p-value [4]	0.5403	
1	Number of Subjects	43	45
	Events, n (%)	21 (48.8)	16 (35.6)
	Censored subjects, n (%)	22 (51.2)	29 (64.4)
	Median (months) [2]	1.87	2.79
	95% CI for Score worsening [2]	0.95 - 2.79	1.15 - 2.92
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.99 (0.99 - 1.94)
	Q3 (95% CI)	12.02 (1.91 - NC)	2.92 (2.79 - NC)
	Min, Max	0.03+, 12.02	0.03+, 4.67
	Hazard ratio [3]	1.294	
	95% CI for Hazard ratio [3]	0.669 - 2.544	
	2-sided p-value [4]	0.4496	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical Functioning a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical Functioning are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.9: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.5457	
yes	Number of Subjects	82	78
	Events, n (%)	35 (42.7)	25 (32.1)
	Censored subjects, n (%)	47 (57.3)	53 (67.9)
	Median (months) [2]	1.94	1.94
	95% CI for Score worsening [2]	1.41 - 4.70	1.87 - 2.92
	Q1 (95% CI)	0.95 (0.49 - 1.41)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	6.57 (3.52 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 12.02	0.03+, 9.26+
	Hazard ratio [3]	1.002	
	95% CI for Hazard ratio [3]	0.593 - 1.711	
	2-sided p-value [4]	0.9774	
no	Number of Subjects	20	18
	Events, n (%)	9 (45)	7 (38.9)
	Censored subjects, n (%)	11 (55)	11 (61.1)
	Median (months) [2]	2.30	4.67
	95% CI for Score worsening [2]	0.99 - NC	0.95 - NC
	Q1 (95% CI)	0.99 (0.49 - 2.30)	0.95 (0.49 - 7.39)
	Q3 (95% CI)	15.64 (2.30 - NC)	7.39 (4.67 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	0.781	
	95% CI for Hazard ratio [3]	0.278 - 2.241	
	2-sided p-value [4]	0.6161	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.10: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.9897	
1	Number of Subjects	64	56
	Events, n (%)	27 (42.2)	15 (26.8)
	Censored subjects, n (%)	37 (57.8)	41 (73.2)
	Median (months) [2]	1.94	1.91
	95% CI for Score worsening [2]	1.51 - 4.70	1.02 - 4.67
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	6.57 (4.67 - NC)	4.67 (2.92 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 10.15
	Hazard ratio [3]	0.990	
	95% CI for Hazard ratio [3]	0.532 - 1.914	
	2-sided p-value [4]	0.9735	
2	Number of Subjects	38	40
	Events, n (%)	17 (44.7)	17 (42.5)
	Censored subjects, n (%)	21 (55.3)	23 (57.5)
	Median (months) [2]	1.91	1.94
	95% CI for Score worsening [2]	0.99 - 12.02	1.15 - 4.67
	Q1 (95% CI)	0.53 (0.49 - 1.87)	0.99 (0.99 - 1.94)
	Q3 (95% CI)	12.02 (2.83 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 7.39
	Hazard ratio [3]	0.986	
	95% CI for Hazard ratio [3]	0.484 - 1.986	
	2-sided p-value [4]	0.9975	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 8.11: Subgroup Analysis of Time to first worsening from baseline of Physical Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.8600	
0	Number of Subjects	76	67
	Events, n (%)	31 (40.8)	17 (25.4)
	Censored subjects, n (%)	45 (59.2)	50 (74.6)
	Median (months) [2]	1.91	1.94
	95% CI for Score worsening [2]	1.51 - 4.70	1.15 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.99 (0.95 - 1.91)
	Q3 (95% CI)	15.64 (4.67 - NC)	10.15 (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	1.002	
	95% CI for Hazard ratio [3]	0.557 - 1.861	
	2-sided p-value [4]	0.985	
1	Number of Subjects	26	29
	Events, n (%)	13 (50)	15 (51.7)
	Censored subjects, n (%)	13 (50)	14 (48.3)
	Median (months) [2]	2.30	2.79
	95% CI for Score worsening [2]	0.95 - 4.73	0.99 - 4.67
	Q1 (95% CI)	0.56 (0.49 - 1.94)	0.99 (0.53 - 1.87)
	Q3 (95% CI)	4.73 (2.30 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 12.02	0.03+, 7.39
	Hazard ratio [3]	1.010	
	95% CI for Hazard ratio [3]	0.460 - 2.171	
	2-sided p-value [4]	0.9567	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Physical a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Physical are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.1: Cognitive Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	88.4	.	87.6	.
	SD	17.6	.	18.1	.
	median	100	.	100	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	88.3	0.56	87.7	2.7
	SD	17.3	14.3	16.5	15.4
	median	100	0	100	0
	min	16.7	-33	16.7	-33
	max	100	50	100	66.7
Cycle 2 Day 1	n	88	86	82	75
	mean	88.3	0.19	85.8	1.33
	SD	18.6	11	21.5	12.8
	median	100	0	100	0
	min	0	-33	0	-33
	max	100	33.3	100	50
Cycle 3 Day 1	n	57	57	45	42
	mean	89.2	0.58	87	0
	SD	17.1	15.1	17.4	11.6
	median	100	0	100	0
	min	33.3	-50	33.3	-33
	max	100	50	100	33.3
Cycle 4 Day 1	n	46	45	32	30
	mean	86.6	-1.1	84.9	-3.3
	SD	17.8	14.8	23.7	14.8
	median	100	0	100	0
	min	33.3	-50	16.7	-33
	max	100	33.3	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	87.9	2.98	91.7	-2.1
	SD	16	11.2	14.3	14.8
	median	100	0	100	0
	min	50	-17	50	-33
	max	100	33.3	100	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	89.4	2.38	89.7	-1.5
	SD	13.2	13.2	16	8.99
	median	100	0	100	0
	min	66.7	-33	50	-17
	max	100	33.3	100	16.7
Cycle 10 Day 1	n	18	17	10	8
	mean	79.6	-8.8	91.7	-2.1
	SD	21.8	18.7	14.2	5.89
	median	83.3	0	100	0
	min	33.3	-50	66.7	-17

Study: RAD1901-308
Section: Tables

Table 9.1: Cognitive Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	33.3	100	0
Cycle 12 Day 1	n	13	12	8	6
	mean	87.2	-4.2	87.5	-5.6
	SD	18.2	16.1	14.8	8.61
	median	100	0	91.7	0
	min	50	-50	66.7	-17
	max	100	16.7	100	0
Cycle 14 Day 1	n	11	11	4	3
	mean	86.4	-4.5	79.2	-5.6
	SD	16.4	13.1	16	9.62
	median	83.3	0	75	0
	min	50	-33	66.7	-17
	max	100	16.7	100	0
Cycle 16 Day 1	n	9	8	2	2
	mean	77.8	-17	75	-8.3
	SD	25	25.2	11.8	11.8
	median	83.3	0	75	-8.3
	min	33.3	-67	66.7	-17
	max	100	0	83.3	0
Cycle 18 Day 1	n	8	8	2	2
	mean	95.8	4.17	83.3	0
	SD	7.72	14.8	23.6	0
	median	100	0	83.3	0
	min	83.3	-17	66.7	0
	max	100	33.3	100	0
Cycle 20 Day 1	n	8	8	2	2
	mean	89.6	-6.3	75	-8.3
	SD	17.7	19.8	35.4	11.8
	median	100	0	75	-8.3
	min	50	-50	50	-17
	max	100	16.7	100	0
Cycle 22 Day 1	n	6	6	2	2
	mean	86.1	-8.3	83.3	0
	SD	19.5	20.4	23.6	0
	median	91.7	0	83.3	0
	min	50	-50	66.7	0
	max	100	0	100	0
Cycle 24 Day 1	n	4	4	0	0
	mean	70.8	-21	.	.
	SD	25	25	.	.
	median	66.7	-17	.	.
	min	50	-50	.	.
	max	100	0	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	75	-17	.	.
	SD	21.5	23.6	.	.
	median	75	-8.3	.	.

Study: RAD1901-308
Section: Tables

Table 9.1: Cognitive Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

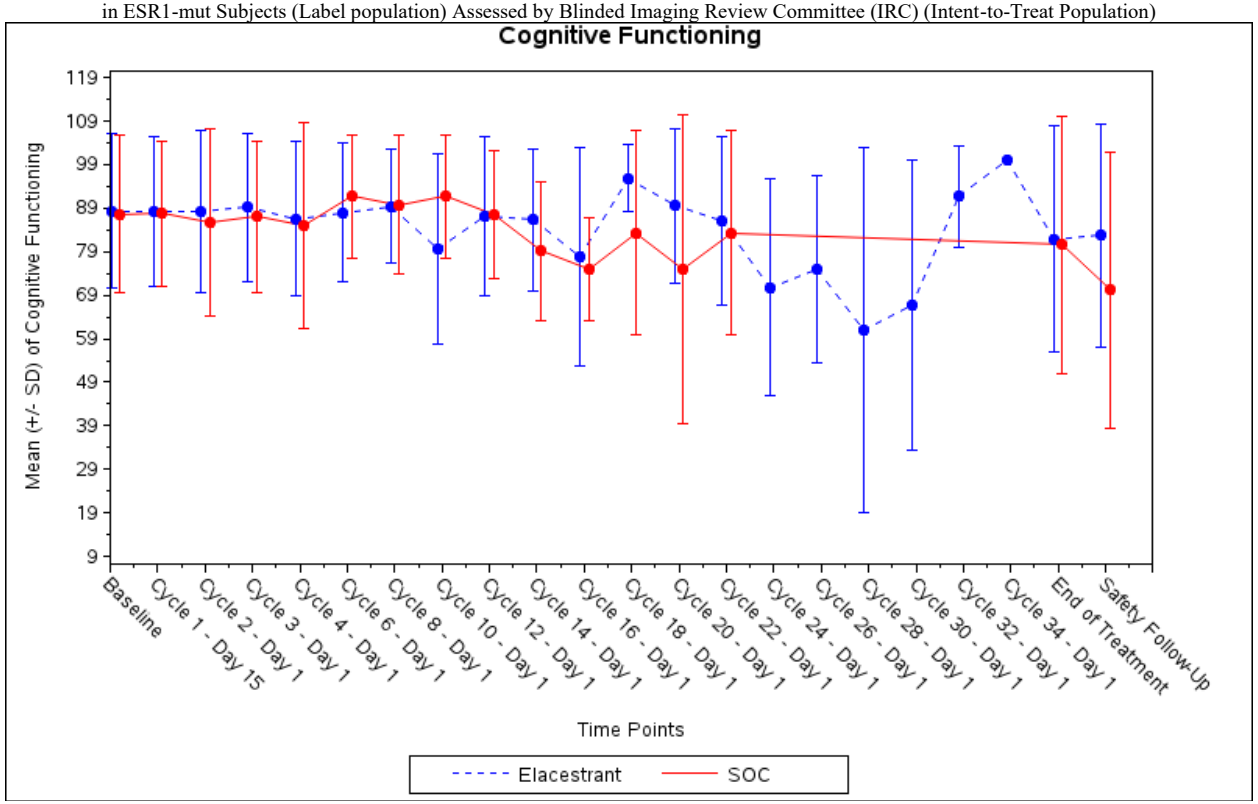
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	50	-50	.	.
	max	100	0	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	61.1	-33	.	.
	SD	41.9	44.1	.	.
	median	66.7	-17	.	.
	min	16.7	-83	.	.
	max	100	0	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	66.7	-28	.	.
	SD	33.3	34.7	.	.
	median	66.7	-17	.	.
	min	33.3	-67	.	.
	max	100	0	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	91.7	0	.	.
	SD	11.8	0	.	.
	median	91.7	0	.	.
	min	83.3	0	.	.
	max	100	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	100	0	.	.
	SD	.	.	.	.
	median	100	0	.	.
	min	100	0	.	.
	max	100	0	.	.
End of Treatment	n	70	68	72	66
	mean	81.9	-6.4	80.6	-2.8
	SD	26	22.3	29.6	18.4
	median	100	0	100	0
	min	0	-100	0	-83
	max	100	33.3	100	16.7
Safety Follow-Up	n	31	31	19	17
	mean	82.8	-1.6	70.2	-8.8
	SD	25.6	24.1	31.7	12
	median	100	0	83.3	-17
	min	16.7	-83	0	-33
	max	100	50	100	16.7

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 9.1: Mean (+/-SD) of Cognitive Functioning score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.2: Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

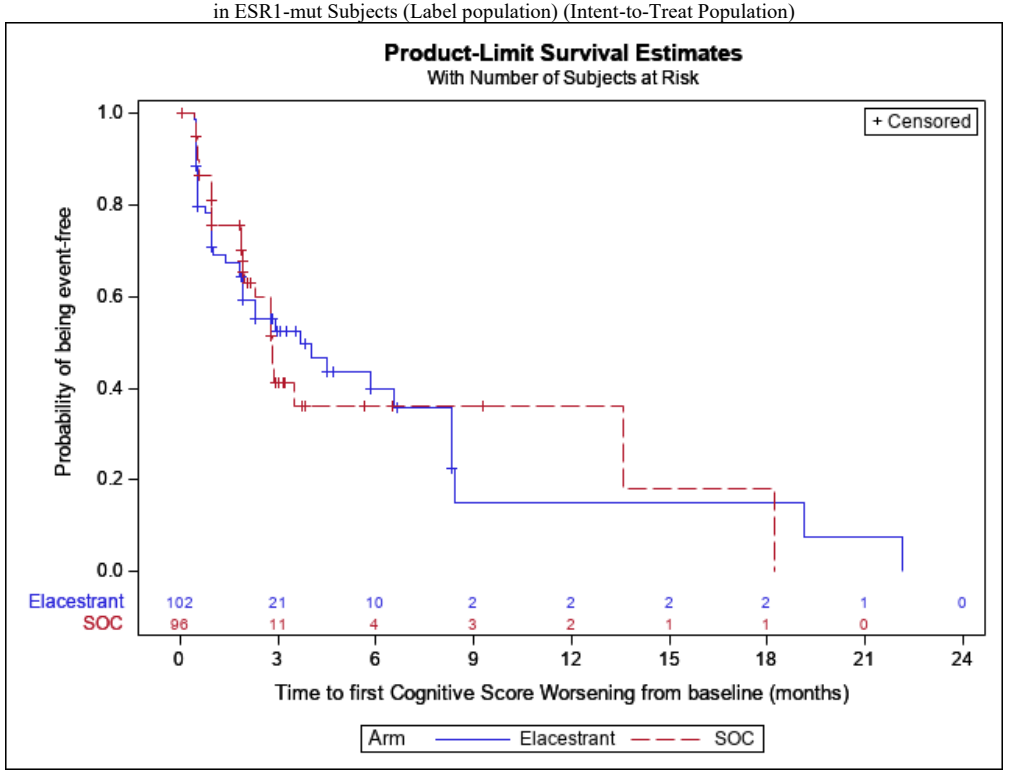
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.12	1.61
median	0.95	0.95
min	0.03	0.03
max	22.14	18.20
Events, n (%)	41 (40.2)	30 (31.3)
Cognitive functioning score worsening	41 (40.2)	30 (31.3)
Censored subjects, n (%)	61 (59.8)	66 (68.8)
No event	60 (58.8)	65 (67.7)
Death	1 (1)	1 (1)
Median (months) [2]	3.68	2.83
95% CI for Score worsening [2]	1.91 - 8.31	1.97 - 13.57
Q1 (95% CI)	0.95 (0.53 - 1.91)	1.87 (0.95 - 2.30)
Q3 (95% CI)	8.31 (6.54 - 19.12)	13.57 (3.52 - NC)
Min, Max	0.03+, 22.14	0.03+, 18.2
Score worsening rate at 3 months (95% CI) [2]	52.57 (39.80 - 65.34)	41.13 (25.35 - 56.90)
Score worsening rate at 6 months (95% CI) [2]	39.83 (25.20 - 54.45)	35.98 (19.27 - 52.70)
Score worsening rate at 12 months (95% CI) [2]	14.93 (0.00 - 30.64)	35.98 (19.27 - 52.70)
Score worsening rate at 18 months (95% CI) [2]	14.93 (0.00 - 30.64)	17.99 (0.00 - 44.29)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	0.00 (. - .)
Hazard ratio [3]	1.099	
95% CI for Hazard ratio [3]	0.668 - 1.827	
2-sided p-value [4]	0.7415	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 9.2: Kaplan-Meier Plot of Time to first worsening for Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.3: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.0660	
Yes	Number of Subjects	27	27
	Events, n (%)	11 (40.7)	7 (25.9)
	Censored subjects, n (%)	16 (59.3)	20 (74.1)
	Median (months) [2]	1.91	18.20
	95% CI for Score worsening [2]	0.95 - NC	2.30 - NC
	Q1 (95% CI)	0.53 (0.53 - 1.91)	2.30 (1.87 - NC)
	Q3 (95% CI)	4.50 (1.91 - NC)	18.20 (2.86 - NC)
	Min, Max	0.03+, 5.85+	0.03+, 18.2
	Hazard ratio [3]	2.387	
	95% CI for Hazard ratio [3]	0.901 - 6.978	
	2-sided p-value [4]	0.0821	
No	Number of Subjects	75	69
	Events, n (%)	30 (40)	23 (33.3)
	Censored subjects, n (%)	45 (60)	46 (66.7)
	Median (months) [2]	4.01	2.79
	95% CI for Score worsening [2]	2.30 - 8.31	1.87 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.30)	0.99 (0.56 - 1.94)
	Q3 (95% CI)	8.41 (6.54 - 19.12)	13.57 (2.83 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57
	Hazard ratio [3]	0.801	
	95% CI for Hazard ratio [3]	0.457 - 1.417	
	2-sided p-value [4]	0.4144	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Cognitive = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.4: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.8836	
Yes	Number of Subjects	72	69
	Events, n (%)	29 (40.3)	23 (33.3)
	Censored subjects, n (%)	43 (59.7)	46 (66.7)
	Median (months) [2]	2.92	2.79
	95% CI for Score worsening [2]	1.41 - 6.54	1.91 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.84)	0.99 (0.95 - 2.30)
	Q3 (95% CI)	8.41 (4.01 - NC)	18.20 (2.83 - NC)
	Min, Max	0.03+, 22.14	0.03+, 18.2
	Hazard ratio [3]	1.045	
	95% CI for Hazard ratio [3]	0.599 - 1.839	
	2-sided p-value [4]	0.8831	
No	Number of Subjects	30	27
	Events, n (%)	12 (40)	7 (25.9)
	Censored subjects, n (%)	18 (60)	20 (74.1)
	Median (months) [2]	8.31	3.52
	95% CI for Score worsening [2]	1.91 - 8.31	1.97 - NC
	Q1 (95% CI)	1.84 (0.49 - 8.31)	1.97 (0.49 - NC)
	Q3 (95% CI)	8.31 (8.31 - NC)	13.57 (3.52 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57
	Hazard ratio [3]	1.050	
	95% CI for Hazard ratio [3]	0.409 - 2.881	
	2-sided p-value [4]	0.9838	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.5: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.9791	
<65 years	Number of Subjects	49	48
	Events, n (%)	17 (34.7)	13 (27.1)
	Censored subjects, n (%)	32 (65.3)	35 (72.9)
	Median (months) [2]	4.50	3.52
	95% CI for Score worsening [2]	1.91 - NC	1.91 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.92)	1.87 (0.95 - 3.52)
	Q3 (95% CI)	19.12 (6.54 - NC)	13.57 (3.52 - NC)
	Min, Max	0.03+, 19.12	0.03+, 18.2
	Hazard ratio [3]	0.995	
	95% CI for Hazard ratio [3]	0.475 - 2.121	
	2-sided p-value [4]	0.9808	
>=65 years	Number of Subjects	53	48
	Events, n (%)	24 (45.3)	17 (35.4)
	Censored subjects, n (%)	29 (54.7)	31 (64.6)
	Median (months) [2]	3.68	2.79
	95% CI for Score worsening [2]	1.84 - 8.31	2.30 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.99 (0.56 - 2.79)
	Q3 (95% CI)	8.31 (4.01 - 8.41)	. (2.83 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.063	
	95% CI for Hazard ratio [3]	0.563 - 2.042	
	2-sided p-value [4]	0.8642	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.6: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

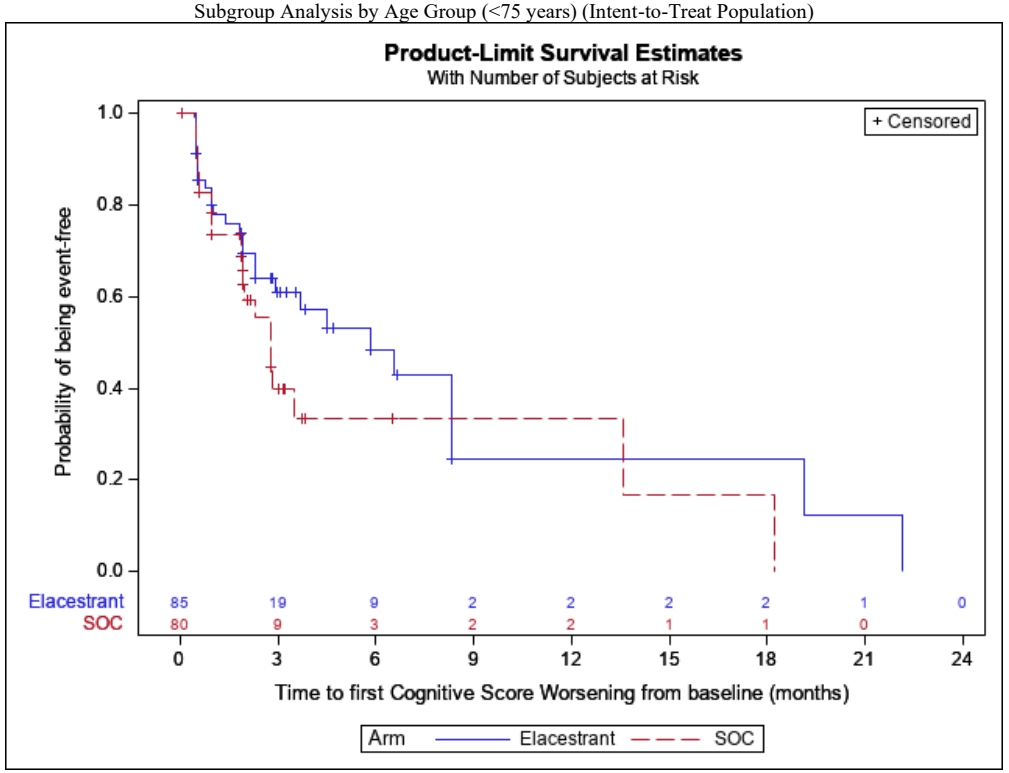
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0033	
<75 years	Number of Subjects	85	80
	Events, n (%)	28 (32.9)	25 (31.3)
	Censored subjects, n (%)	57 (67.1)	55 (68.8)
	Median (months) [2]	5.82	2.79
	95% CI for Score worsening [2]	2.92 - 8.31	1.94 - 13.57
	Q1 (95% CI)	1.84 (0.79 - 3.68)	0.99 (0.56 - 1.97)
	Q3 (95% CI)	8.31 (6.54 - NC)	13.57 (2.83 - NC)
	Min, Max	0.03+, 22.14	0.03+, 18.2
	Hazard ratio [3]	0.684	
	95% CI for Hazard ratio [3]	0.390 - 1.200	
	2-sided p-value [4]	0.1656	
>=75 years	Number of Subjects	17	16
	Events, n (%)	13 (76.5)	5 (31.3)
	Censored subjects, n (%)	4 (23.5)	11 (68.8)
	Median (months) [2]	0.95	2.86
	95% CI for Score worsening [2]	0.53 - 1.91	2.83 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	2.35 (0.99 - NC)
	Q3 (95% CI)	1.91 (0.95 - NC)	. (2.86 - NC)
	Min, Max	0.03+, 8.41	0.03+, 9.26+
	Hazard ratio [3]	4.019	
	95% CI for Hazard ratio [3]	1.497 - 12.642	
	2-sided p-value [4]	0.0055	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

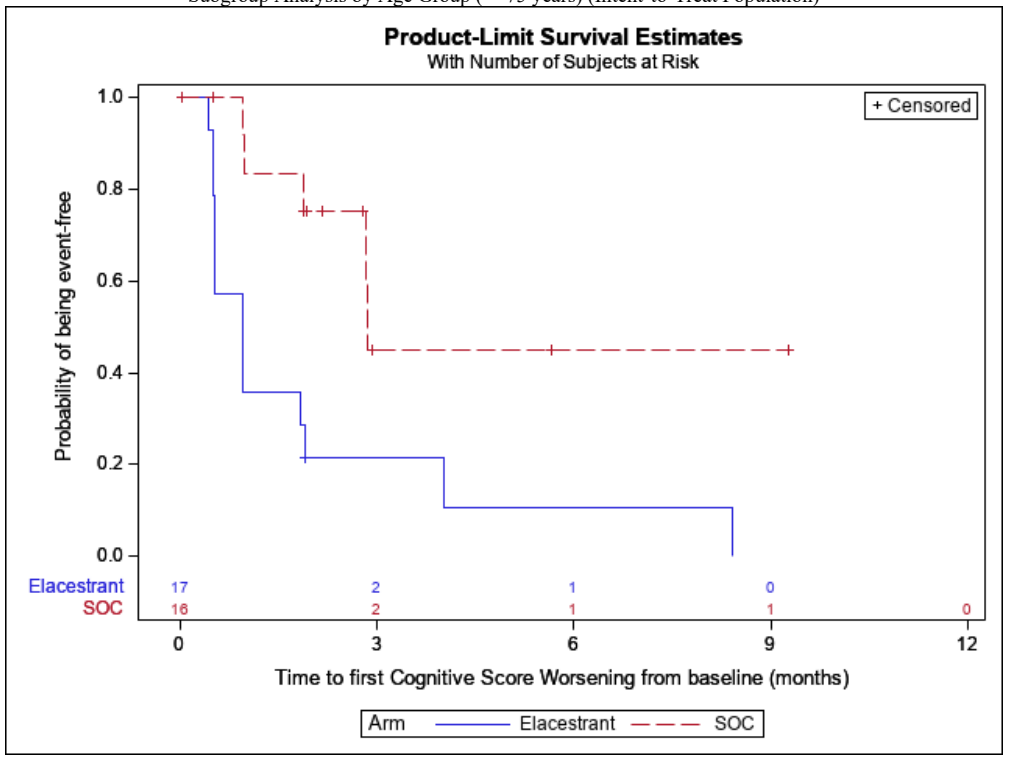
Figure 9.6.a: Kaplan-Meier Plot of Cognitive Functional Score for Elacestrant vs SOC, Subgroup Analysis by Age Group (<75 years) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 9.6.b: Kaplan-Meier Plot of Cognitive Functional Score for Elacestrant vs SOC, Subgroup Analysis by Age Group (>=75 years) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.7: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.7035	
Europe	Number of Subjects	54	43
	Events, n (%)	23 (42.6)	14 (32.6)
	Censored subjects, n (%)	31 (57.4)	29 (67.4)
	Median (months) [2]	4.50	2.79
	95% CI for Score worsening [2]	2.30 - 8.31	1.97 - NC
	Q1 (95% CI)	0.79 (0.49 - 4.01)	1.87 (0.95 - 2.79)
	Q3 (95% CI)	8.31 (5.82 - 19.12)	13.57 (2.86 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57
	Hazard ratio [3]	0.986	
	95% CI for Hazard ratio [3]	0.500 - 2.001	
	2-sided p-value [4]	0.9379	
North America	Number of Subjects	32	37
	Events, n (%)	15 (46.9)	11 (29.7)
	Censored subjects, n (%)	17 (53.1)	26 (70.3)
	Median (months) [2]	1.91	2.83
	95% CI for Score worsening [2]	1.02 - 3.68	1.94 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.84)	1.87 (0.53 - 3.52)
	Q3 (95% CI)	6.54 (1.91 - NC)	18.20 (2.83 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 18.2
	Hazard ratio [3]	1.620	
	95% CI for Hazard ratio [3]	0.733 - 3.739	
	2-sided p-value [4]	0.2443	
Asia	Number of Subjects	8	14
	Events, n (%)	1 (12.5)	5 (35.7)
	Censored subjects, n (%)	7 (87.5)	9 (64.3)
	Median (months) [2]	.	1.91
	95% CI for Score worsening [2]	0.95 - NC	0.99 - NC
	Q1 (95% CI)	0.95 (0.95 - NC)	0.99 (0.49 - NC)
	Q3 (95% CI)	. (0.95 - NC)	2.83 (0.99 - NC)
	Min, Max	0.03+, 1.91+	0.03+, 2.83
	Hazard ratio [3]	0.581	
	95% CI for Hazard ratio [3]	0.030 - 3.944	
	2-sided p-value [4]	0.6366	
Other	Number of Subjects	8	2
	Events, n (%)	2 (25)	0 (0.0)
	Censored subjects, n (%)	6 (75)	2 (100)
	Median (months) [2]	8.31	.
	95% CI for Score worsening [2]	0.95 - NC	. - NC
	Q1 (95% CI)	8.31 (0.95 - NC)	. (. - NC)
	Q3 (95% CI)	8.31 (. - NC)	. (. - NC)
	Min, Max	0.03+, 8.31	0.03+, 0.03+
	Hazard ratio [3]	3.24E7	
	95% CI for Hazard ratio [3]	0.034 - .	
	2-sided p-value [4]	0.6547	
Zero cell correction test	Odds Ratio	1.5434	0.8418 - 2.8296
	Relative Risk (Event)	1.3444	0.9102 - 1.9858

Study: RAD1901-308
Section: Tables

Table 9.7: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
	Relative Risk (Censor)	0.8679	0.7181 - 1.0489
	p-value	0.3464	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Cognitive = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.8: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

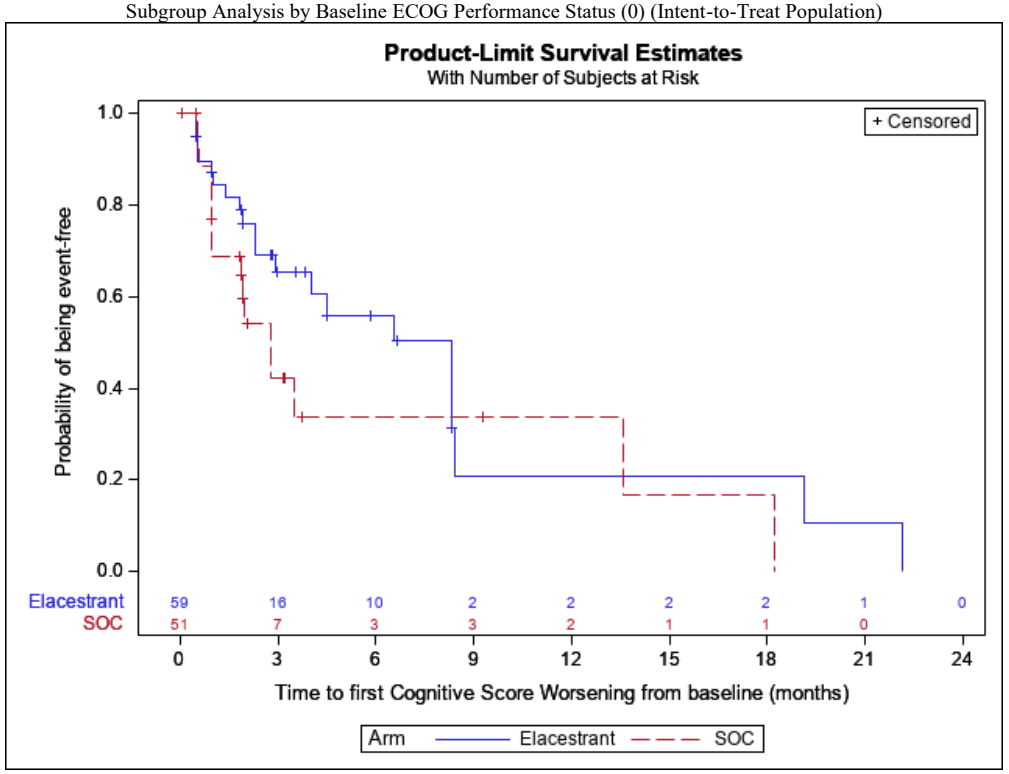
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.0115	
0	Number of Subjects	59	51
	Events, n (%)	21 (35.6)	16 (31.4)
	Censored subjects, n (%)	38 (64.4)	35 (68.6)
	Median (months) [2]	8.31	2.79
	95% CI for Score worsening [2]	2.92 - 8.41	1.87 - 13.57
	Q1 (95% CI)	2.30 (1.02 - 4.50)	0.99 (0.95 - 1.97)
	Q3 (95% CI)	8.41 (8.31 - NC)	13.57 (2.79 - NC)
	Min, Max	0.03+, 22.14	0.03+, 18.2
	Hazard ratio [3]	0.626	
	95% CI for Hazard ratio [3]	0.319 - 1.244	
	2-sided p-value [4]	0.1599	
1	Number of Subjects	43	45
	Events, n (%)	20 (46.5)	14 (31.1)
	Censored subjects, n (%)	23 (53.5)	31 (68.9)
	Median (months) [2]	0.95	2.83
	95% CI for Score worsening [2]	0.79 - 3.68	2.30 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	1.87 (0.56 - 2.83)
	Q3 (95% CI)	3.68 (1.91 - NC)	. (2.83 - NC)
	Min, Max	0.03+, 5.82	0.03+, 6.51+
	Hazard ratio [3]	2.033	
	95% CI for Hazard ratio [3]	1.028 - 4.130	
	2-sided p-value [4]	0.0424	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive Functioning a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive Functioning are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

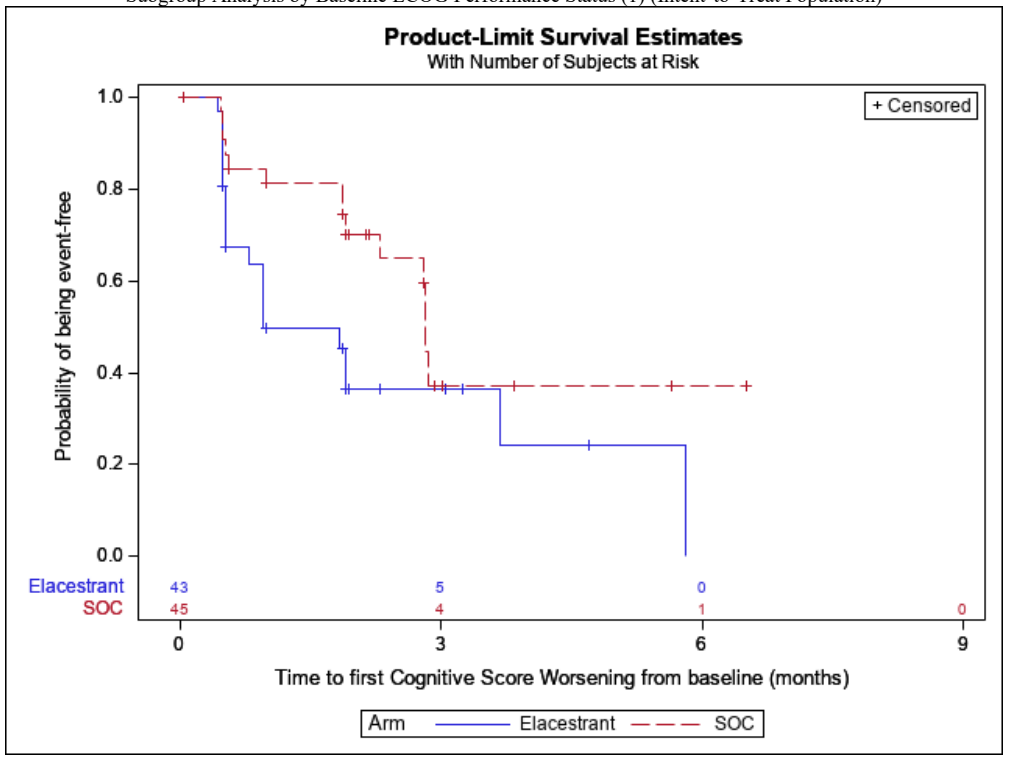
Figure 9.8.a: Kaplan-Meier Plot of Cognitive Functioning Score for Elacestrant vs SOC, Subgroup Analysis by Baseline ECOG Performance Status (0) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 9.8.b: Kaplan-Meier Plot of Cognitive Functioning for Elacestrant vs SOC,
Subgroup Analysis by Baseline ECOG Performance Status (1) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.9: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.8583	
yes	Number of Subjects	82	78
	Events, n (%)	33 (40.2)	25 (32.1)
	Censored subjects, n (%)	49 (59.8)	53 (67.9)
	Median (months) [2]	4.01	2.79
	95% CI for Score worsening [2]	1.84 - 6.54	1.94 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.84)	0.99 (0.95 - 1.97)
	Q3 (95% CI)	8.41 (5.82 - NC)	18.20 (2.86 - NC)
	Min, Max	0.03+, 22.14	0.03+, 18.2
	Hazard ratio [3]	1.037	
	95% CI for Hazard ratio [3]	0.611 - 1.776	
	2-sided p-value [4]	0.9129	
no	Number of Subjects	20	18
	Events, n (%)	8 (40)	5 (27.8)
	Censored subjects, n (%)	12 (60)	13 (72.2)
	Median (months) [2]	3.68	8.20
	95% CI for Score worsening [2]	1.91 - 8.31	2.79 - NC
	Q1 (95% CI)	1.91 (0.49 - 8.31)	2.79 (0.49 - NC)
	Q3 (95% CI)	8.31 (3.68 - NC)	13.57 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57
	Hazard ratio [3]	1.029	
	95% CI for Hazard ratio [3]	0.323 - 3.527	
	2-sided p-value [4]	0.9881	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.10: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.2830	
1	Number of Subjects	64	56
	Events, n (%)	27 (42.2)	17 (30.4)
	Censored subjects, n (%)	37 (57.8)	39 (69.6)
	Median (months) [2]	5.82	2.79
	95% CI for Score worsening [2]	1.91 - 8.31	0.99 - 3.52
	Q1 (95% CI)	0.95 (0.53 - 2.30)	0.95 (0.56 - 2.79)
	Q3 (95% CI)	8.31 (6.54 - NC)	. (2.83 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	0.834	
	95% CI for Hazard ratio [3]	0.449 - 1.583	
	2-sided p-value [4]	0.5455	
2	Number of Subjects	38	40
	Events, n (%)	14 (36.8)	13 (32.5)
	Censored subjects, n (%)	24 (63.2)	27 (67.5)
	Median (months) [2]	2.30	2.86
	95% CI for Score worsening [2]	1.41 - NC	1.94 - NC
	Q1 (95% CI)	0.53 (0.49 - 2.30)	1.91 (0.99 - 2.86)
	Q3 (95% CI)	4.50 (4.01 - NC)	13.57 (2.86 - NC)
	Min, Max	0.03+, 19.12	0.03+, 18.2
	Hazard ratio [3]	1.322	
	95% CI for Hazard ratio [3]	0.605 - 2.889	
	2-sided p-value [4]	0.4824	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 9.11: Subgroup Analysis of Time to first worsening from baseline of Cognitive Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.3956	
0	Number of Subjects	76	67
	Events, n (%)	33 (43.4)	22 (32.8)
	Censored subjects, n (%)	43 (56.6)	45 (67.2)
	Median (months) [2]	2.92	2.79
	95% CI for Score worsening [2]	1.41 - 8.31	1.87 - 2.86
	Q1 (95% CI)	0.95 (0.53 - 1.84)	0.99 (0.56 - 1.97)
	Q3 (95% CI)	8.31 (5.82 - 19.12)	13.57 (2.79 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57
	Hazard ratio [3]	0.901	
	95% CI for Hazard ratio [3]	0.520 - 1.588	
	2-sided p-value [4]	0.6828	
1	Number of Subjects	26	29
	Events, n (%)	8 (30.8)	8 (27.6)
	Censored subjects, n (%)	18 (69.2)	21 (72.4)
	Median (months) [2]	4.50	3.52
	95% CI for Score worsening [2]	2.30 - NC	2.83 - NC
	Q1 (95% CI)	1.91 (0.53 - NC)	1.91 (1.87 - NC)
	Q3 (95% CI)	6.54 (4.50 - NC)	18.20 (3.52 - NC)
	Min, Max	0.03+, 6.54	0.03+, 18.2
	Hazard ratio [3]	1.327	
	95% CI for Hazard ratio [3]	0.473 - 3.803	
	2-sided p-value [4]	0.5826	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Cognitive a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Cognitive are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.1: Social Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	83	.
	mean	84.7	.	85.9	.
	SD	23.2	.	22.2	.
	median	100	.	100	.
	min	16.7	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	87.2	3	85	0.49
	SD	22.2	18.7	23.3	18.7
	median	100	0	100	0
	min	0	-50	0	-50
	max	100	66.7	100	50
Cycle 2 Day 1	n	88	86	82	76
	mean	86.4	1.36	84.6	0.22
	SD	19.8	21.1	25.2	18.4
	median	100	0	100	0
	min	16.7	-50	0	-50
	max	100	66.7	100	66.7
Cycle 3 Day 1	n	56	56	45	42
	mean	89.9	5.65	86.7	-0.4
	SD	16.4	16.9	21.8	18.9
	median	100	0	100	0
	min	33.3	-33	33.3	-67
	max	100	50	100	33.3
Cycle 4 Day 1	n	46	45	32	30
	mean	87.7	5.56	88	0
	SD	20.9	20.4	24.8	20.5
	median	100	0	100	0
	min	33.3	-50	0	-67
	max	100	66.7	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	87.4	4.17	82.4	-2.1
	SD	18.7	18.5	28.3	21.8
	median	100	0	100	0
	min	33.3	-33	0	-67
	max	100	50	100	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	82.6	-.79	92.3	0
	SD	21.5	19.3	12.9	12.9
	median	100	0	100	0
	min	33.3	-33	66.7	-17
	max	100	50	100	33.3
Cycle 10 Day 1	n	18	17	10	8
	mean	84.3	-2.9	93.3	-2.1
	SD	24.6	20.6	14.1	5.89
	median	100	0	100	0
	min	16.7	-50	66.7	-17

Study: RAD1901-308
Section: Tables

Table 10.1: Social Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	50	100	0
Cycle 12 Day 1	n	13	12	8	6
	mean	89.7	1.39	81.3	-5.6
	SD	14.5	21.9	27.4	8.61
	median	100	0	100	0
	min	66.7	-33	33.3	-17
	max	100	50	100	0
Cycle 14 Day 1	n	11	11	4	3
	mean	87.9	1.52	83.3	-5.6
	SD	22.5	18.9	19.2	9.62
	median	100	0	83.3	0
	min	33.3	-33	66.7	-17
	max	100	50	100	0
Cycle 16 Day 1	n	9	8	2	2
	mean	85.2	-4.2	83.3	-8.3
	SD	19.4	23.1	23.6	11.8
	median	100	0	83.3	-8.3
	min	50	-50	66.7	-17
	max	100	33.3	100	0
Cycle 18 Day 1	n	8	8	2	2
	mean	89.6	0	83.3	-8.3
	SD	15.3	23.6	23.6	11.8
	median	100	0	83.3	-8.3
	min	66.7	-33	66.7	-17
	max	100	50	100	0
Cycle 20 Day 1	n	8	8	2	2
	mean	77.1	-19	83.3	-8.3
	SD	17.7	18.8	23.6	11.8
	median	75	-17	83.3	-8.3
	min	50	-50	66.7	-17
	max	100	0	100	0
Cycle 22 Day 1	n	6	6	2	2
	mean	77.8	-17	83.3	-8.3
	SD	32.8	33.3	23.6	11.8
	median	91.7	0	83.3	-8.3
	min	16.7	-83	66.7	-17
	max	100	0	100	0
Cycle 24 Day 1	n	4	4	0	0
	mean	75	-17	.	.
	SD	31.9	33.3	.	.
	median	83.3	0	.	.
	min	33.3	-67	.	.
	max	100	0	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	66.7	-25	.	.
	SD	13.6	21.5	.	.
	median	66.7	-25	.	.

Study: RAD1901-308
Section: Tables

Table 10.1: Social Functioning and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

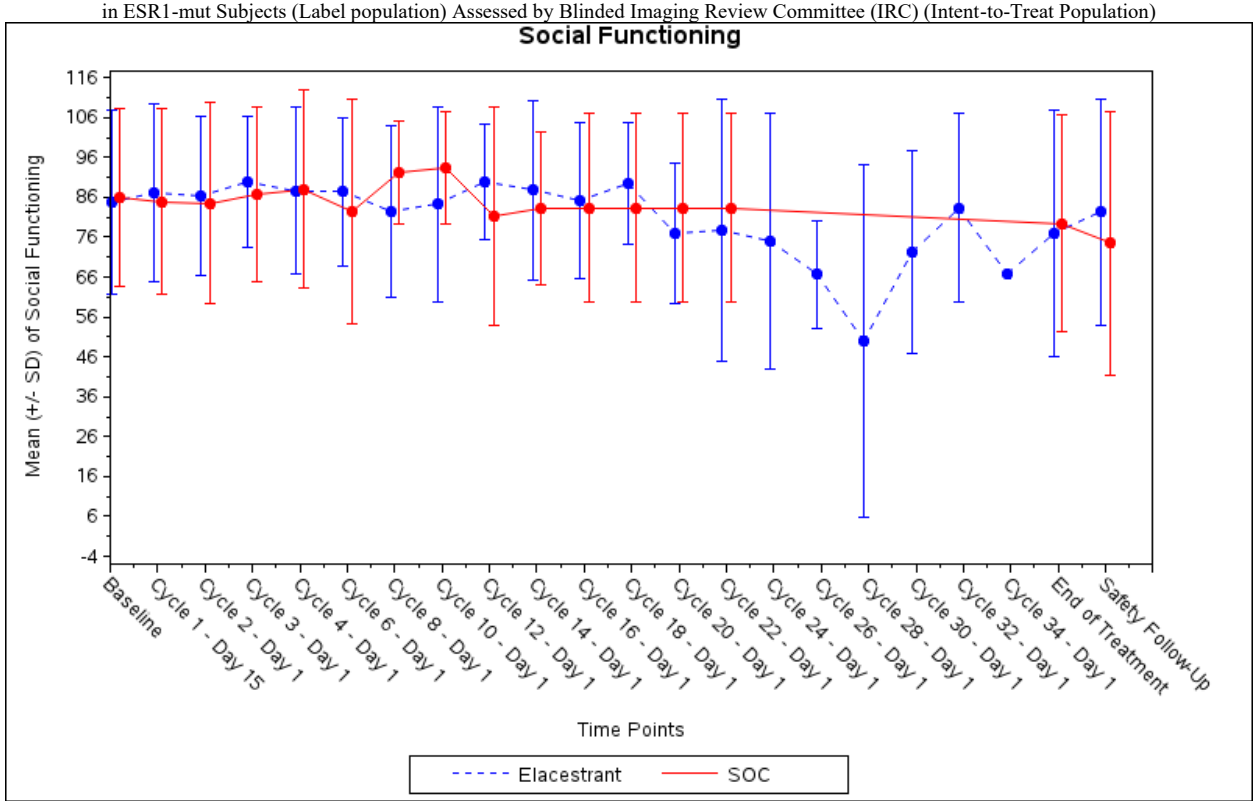
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	50	-50	.	.
	max	83.3	0	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	50	-39	.	.
	SD	44.1	41.9	.	.
	median	33.3	-33	.	.
	min	16.7	-83	.	.
	max	100	0	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	72.2	-17	.	.
	SD	25.5	28.9	.	.
	median	66.7	0	.	.
	min	50	-50	.	.
	max	100	0	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	83.3	0	.	.
	SD	23.6	0	.	.
	median	83.3	0	.	.
	min	66.7	0	.	.
	max	100	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	66.7	0	.	.
	SD	.	.	.	.
	median	66.7	0	.	.
	min	66.7	0	.	.
	max	66.7	0	.	.
End of Treatment	n	70	68	72	67
	mean	76.9	-10	79.4	-4.2
	SD	31	29.4	27.2	24.5
	median	100	0	83.3	0
	min	0	-100	0	-100
	max	100	33.3	100	66.7
Safety Follow-Up	n	31	31	19	18
	mean	82.3	-2.7	74.6	-8.3
	SD	28.5	28.6	33	18.3
	median	100	0	83.3	0
	min	0	-100	0	-67
	max	100	33.3	100	16.7

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 10.1: Mean (+/-SD) of Social Functioning score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.2: Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

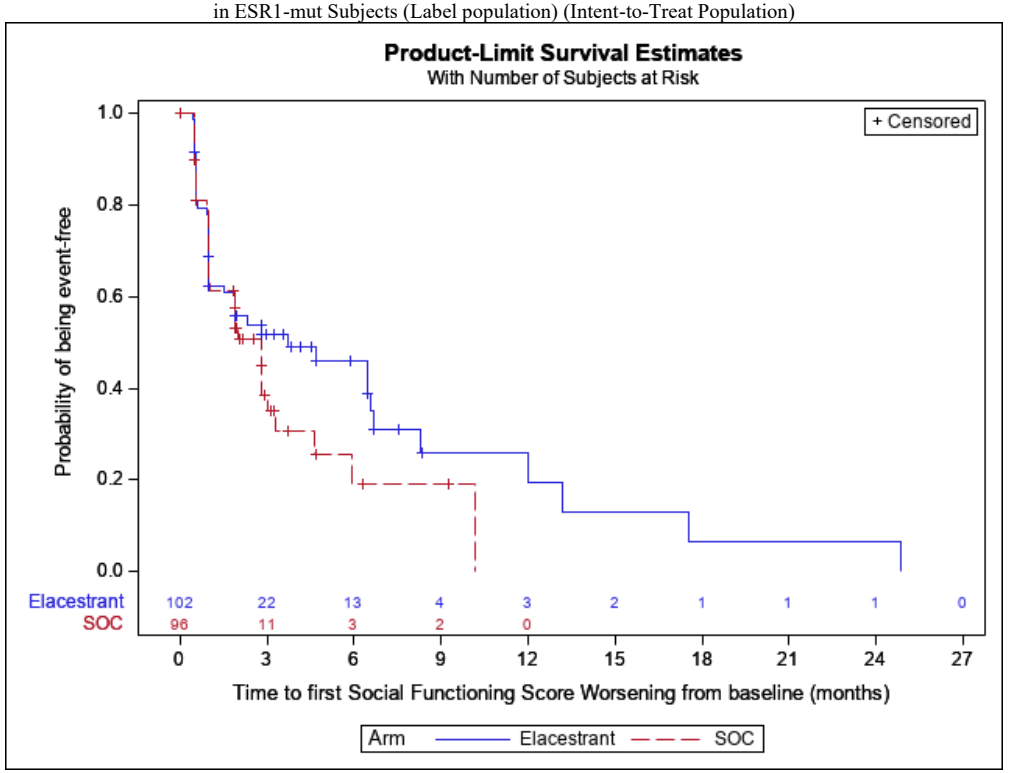
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.22	1.32
median	0.94	0.53
min	0.03	0.03
max	24.84	10.15
Events, n (%)	42 (41.2)	36 (37.5)
Social functioning score worsening	42 (41.2)	36 (37.5)
Censored subjects, n (%)	60 (58.8)	60 (62.5)
No event	59 (57.8)	59 (61.5)
Death	1 (1)	1 (1)
Median (months) [2]	3.75	2.79
95% CI for Score worsening [2]	1.51 - 6.57	1.02 - 3.02
Q1 (95% CI)	0.95 (0.53 - 0.99)	0.95 (0.53 - 1.02)
Q3 (95% CI)	11.99 (6.47 - 17.54)	5.91 (2.83 - NC)
Min, Max	0.03+, 24.84	0.03+, 10.15
Score worsening rate at 3 months (95% CI) [2]	51.56 (39.03 - 64.09)	38.53 (23.91 - 53.15)
Score worsening rate at 6 months (95% CI) [2]	45.92 (32.52 - 59.32)	19.16 (3.18 - 35.13)
Score worsening rate at 12 months (95% CI) [2]	19.43 (3.37 - 35.48)	0.00 (. - .)
Score worsening rate at 18 months (95% CI) [2]	6.48 (0.00 - 18.14)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	6.48 (0.00 - 18.14)	0.00 (. - .)
Hazard ratio [3]	0.825	
95% CI for Hazard ratio [3]	0.513 - 1.327	
2-sided p-value [4]	0.4227	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 10.2: Kaplan-Meier Plot of Time to first worsening for Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.3: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.8115	
Yes	Number of Subjects	27	27
	Events, n (%)	10 (37)	10 (37)
	Censored subjects, n (%)	17 (63)	17 (63)
	Median (months) [2]	1.87	2.79
	95% CI for Score worsening [2]	0.92 - NC	0.99 - 3.29
	Q1 (95% CI)	0.92 (0.49 - 1.87)	0.99 (0.53 - 2.79)
	Q3 (95% CI)	17.54 (1.87 - NC)	3.29 (2.79 - NC)
	Min, Max	0.03+, 17.54	0.03+, 4.7+
	Hazard ratio [3]	0.955	
	95% CI for Hazard ratio [3]	0.376 - 2.387	
	2-sided p-value [4]	0.9176	
No	Number of Subjects	75	69
	Events, n (%)	32 (42.7)	26 (37.7)
	Censored subjects, n (%)	43 (57.3)	43 (62.3)
	Median (months) [2]	3.75	1.91
	95% CI for Score worsening [2]	0.99 - 6.57	0.99 - 4.63
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	8.31 (6.44 - 13.17)	5.91 (2.83 - NC)
	Min, Max	0.03+, 24.84	0.03+, 10.15
	Hazard ratio [3]	0.707	
	95% CI for Hazard ratio [3]	0.413 - 1.217	
	2-sided p-value [4]	0.1988	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Social = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.4: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.9201	
Yes	Number of Subjects	72	69
	Events, n (%)	29 (40.3)	26 (37.7)
	Censored subjects, n (%)	43 (59.7)	43 (62.3)
	Median (months) [2]	1.87	1.91
	95% CI for Score worsening [2]	0.95 - 6.67	0.99 - 2.79
	Q1 (95% CI)	0.59 (0.53 - 0.99)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	13.17 (6.57 - NC)	4.63 (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.28+
	Hazard ratio [3]	0.867	
	95% CI for Hazard ratio [3]	0.493 - 1.519	
	2-sided p-value [4]	0.5924	
No	Number of Subjects	30	27
	Events, n (%)	13 (43.3)	10 (37)
	Censored subjects, n (%)	17 (56.7)	17 (63)
	Median (months) [2]	6.44	3.02
	95% CI for Score worsening [2]	2.30 - 8.31	2.83 - 5.91
	Q1 (95% CI)	1.91 (0.92 - 6.44)	0.95 (0.49 - 3.02)
	Q3 (95% CI)	8.31 (6.44 - NC)	5.91 (2.83 - NC)
	Min, Max	0.03+, 11.99	0.03+, 10.15
	Hazard ratio [3]	0.698	
	95% CI for Hazard ratio [3]	0.299 - 1.663	
	2-sided p-value [4]	0.4245	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.5: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.7990	
<65 years	Number of Subjects	49	48
	Events, n (%)	17 (34.7)	14 (29.2)
	Censored subjects, n (%)	32 (65.3)	34 (70.8)
	Median (months) [2]	6.44	2.83
	95% CI for Score worsening [2]	0.99 - NC	0.99 - 4.63
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.99 (0.56 - 2.83)
	Q3 (95% CI)	11.99 (6.44 - NC)	4.63 (2.83 - NC)
	Min, Max	0.03+, 11.99	0.03+, 6.28+
	Hazard ratio [3]	0.804	
	95% CI for Hazard ratio [3]	0.385 - 1.691	
	2-sided p-value [4]	0.5547	
>=65 years	Number of Subjects	53	48
	Events, n (%)	25 (47.2)	22 (45.8)
	Censored subjects, n (%)	28 (52.8)	26 (54.2)
	Median (months) [2]	3.75	1.91
	95% CI for Score worsening [2]	0.95 - 6.67	0.95 - 5.91
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.95 (0.53 - 1.02)
	Q3 (95% CI)	8.31 (4.70 - 17.54)	5.91 (2.00 - NC)
	Min, Max	0.03+, 24.84	0.03+, 10.15
	Hazard ratio [3]	0.743	
	95% CI for Hazard ratio [3]	0.405 - 1.360	
	2-sided p-value [4]	0.3256	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.6: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0807	
<75 years	Number of Subjects	85	80
	Events, n (%)	32 (37.6)	29 (36.3)
	Censored subjects, n (%)	53 (62.4)	51 (63.8)
	Median (months) [2]	4.70	2.79
	95% CI for Score worsening [2]	1.87 - 11.99	1.87 - 3.29
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.99 (0.53 - 1.91)
	Q3 (95% CI)	11.99 (6.67 - 17.54)	4.63 (2.83 - NC)
	Min, Max	0.03+, 24.84	0.03+, 10.15
	Hazard ratio [3]	0.609	
	95% CI for Hazard ratio [3]	0.355 - 1.041	
	2-sided p-value [4]	0.0618	
>=75 years	Number of Subjects	17	16
	Events, n (%)	10 (58.8)	7 (43.8)
	Censored subjects, n (%)	7 (41.2)	9 (56.3)
	Median (months) [2]	0.95	1.02
	95% CI for Score worsening [2]	0.95 - 6.47	0.95 - NC
	Q1 (95% CI)	0.74 (0.49 - 0.95)	0.95 (0.49 - 1.02)
	Q3 (95% CI)	6.47 (0.95 - NC)	. (0.99 - NC)
	Min, Max	0.03+, 6.57	0.03+, 9.26+
	Hazard ratio [3]	1.570	
	95% CI for Hazard ratio [3]	0.599 - 4.347	
	2-sided p-value [4]	0.3698	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.7: Subgroup Analysis of Time to first worsening from baseline of Social Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.0207	
Europe	Number of Subjects	54	43
	Events, n (%)	28 (51.9)	18 (41.9)
	Censored subjects, n (%)	26 (48.1)	25 (58.1)
	Median (months) [2]	1.91	2.83
	95% CI for Score worsening [2]	0.99 - 6.44	0.99 - 4.63
	Q1 (95% CI)	0.92 (0.53 - 1.51)	0.95 (0.95 - 2.79)
	Q3 (95% CI)	6.47 (3.75 - 8.31)	4.63 (2.83 - NC)
	Min, Max	0.03+, 11.99	0.03+, 10.15
	Hazard ratio [3]	0.935	
	95% CI for Hazard ratio [3]	0.514 - 1.737	
	2-sided p-value [4]	0.8384	
North America	Number of Subjects	32	37
	Events, n (%)	7 (21.9)	12 (32.4)
	Censored subjects, n (%)	25 (78.1)	25 (67.6)
	Median (months) [2]	13.17	1.91
	95% CI for Score worsening [2]	0.99 - NC	0.99 - NC
	Q1 (95% CI)	0.99 (0.53 - NC)	0.92 (0.53 - 1.91)
	Q3 (95% CI)	17.54 (13.17 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 17.54	0.03+, 9.26+
	Hazard ratio [3]	0.407	
	95% CI for Hazard ratio [3]	0.128 - 1.115	
	2-sided p-value [4]	0.0829	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	4 (28.6)
	Censored subjects, n (%)	5 (62.5)	10 (71.4)
	Median (months) [2]	0.77	.
	95% CI for Score worsening [2]	0.53 - NC	0.56 - NC
	Q1 (95% CI)	0.56 (0.53 - 0.95)	0.77 (0.49 - NC)
	Q3 (95% CI)	. (0.59 - NC)	. (1.02 - NC)
	Min, Max	0.03+, 1.91+	0.03+, 6.28+
	Hazard ratio [3]	2.087	
	95% CI for Hazard ratio [3]	0.400 - 9.798	
	2-sided p-value [4]	0.3366	
Other	Number of Subjects	8	2
	Events, n (%)	4 (50)	2 (100)
	Censored subjects, n (%)	4 (50)	0 (0.0)
	Median (months) [2]	2.83	1.18
	95% CI for Score worsening [2]	0.99 - NC	0.49 - NC
	Q1 (95% CI)	0.99 (0.95 - NC)	0.49 (0.49 - NC)
	Q3 (95% CI)	24.84 (2.83 - NC)	1.87 (0.49 - NC)
	Min, Max	0.03+, 24.84	0.49, 1.87
	Hazard ratio [3]	0.192	
	95% CI for Hazard ratio [3]	0.023 - 1.620	
	2-sided p-value [4]	0.0685	

Study: RAD1901-308
Section: Tables

Table 10.7: Subgroup Analysis of Time to first worsening from baseline of Social Functioning for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

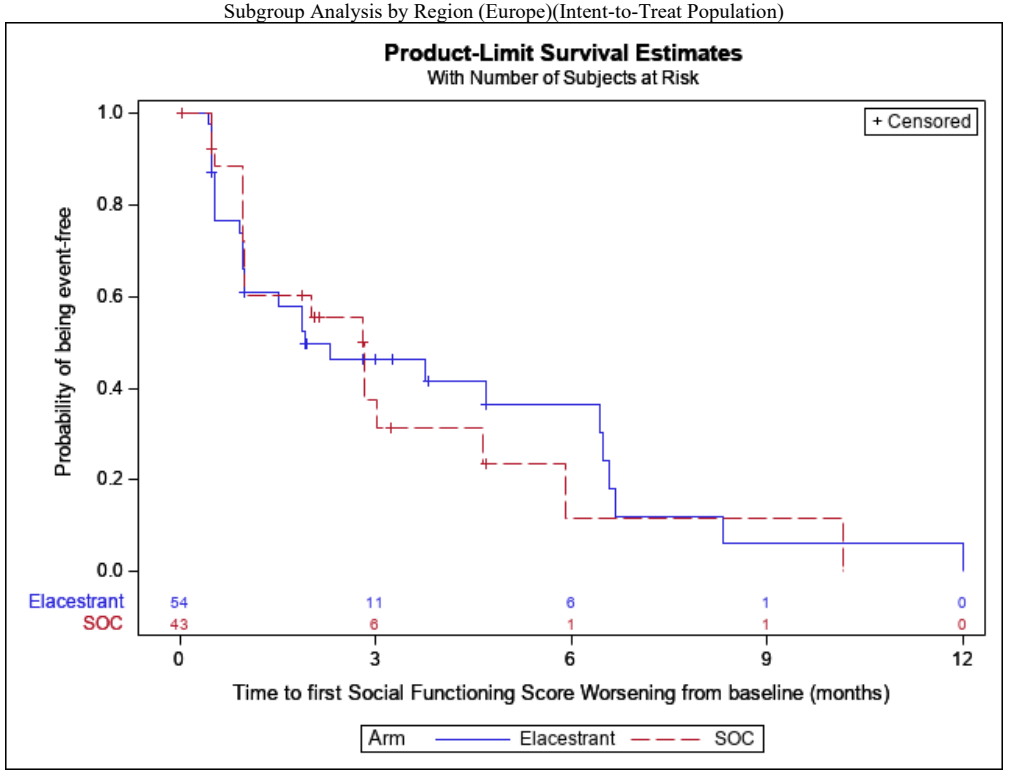
Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Social = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

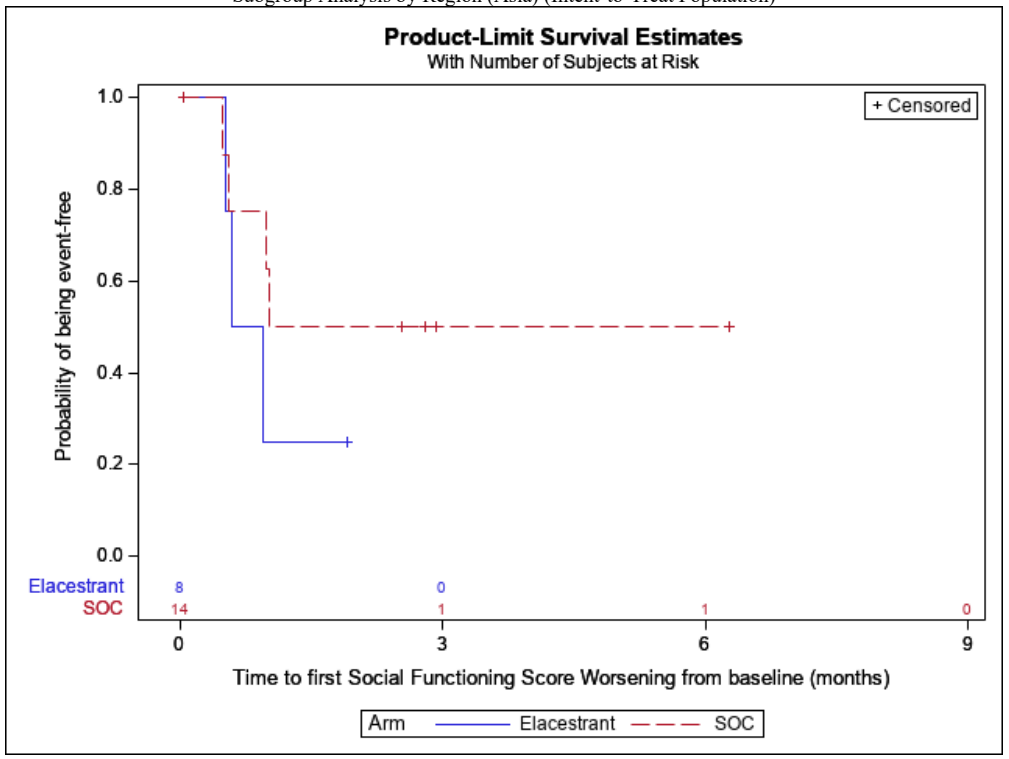
Figure 10.7.a: Kaplan-Meier Plot of Social Functioning Score for Elacestrant vs SOC, Subgroup Analysis by Region (Europe)(Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

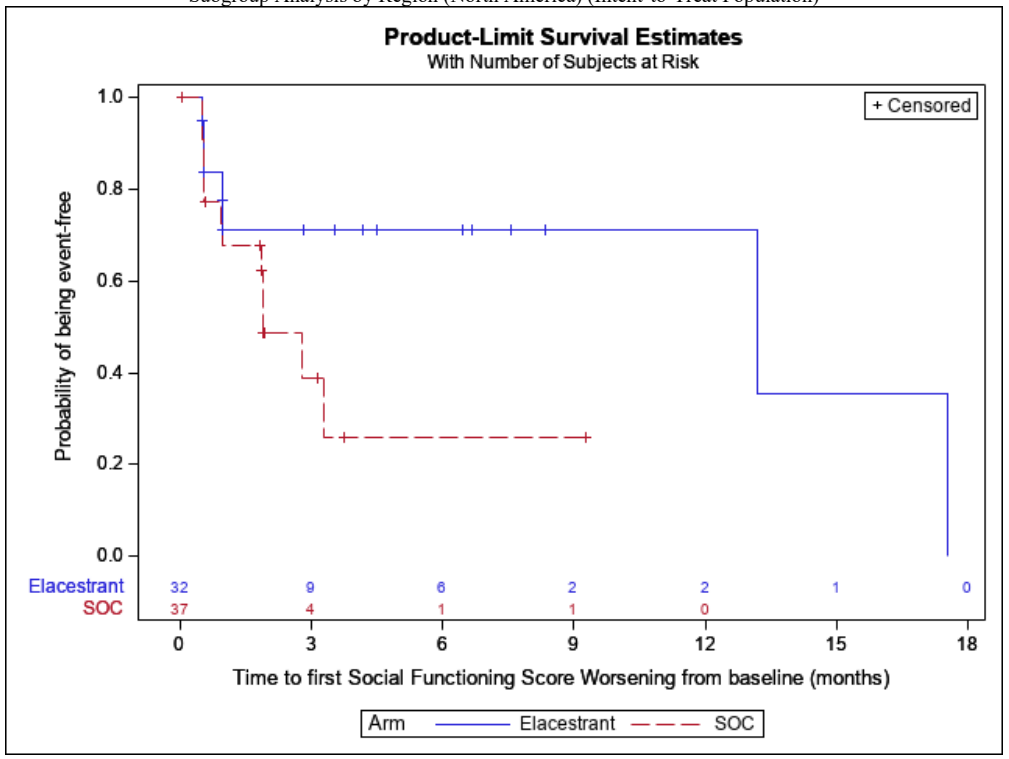
Figure 10.7.b: Kaplan-Meier Plot of Social Functioning for Elacestrant vs SOC, Subgroup Analysis by Region (Asia) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

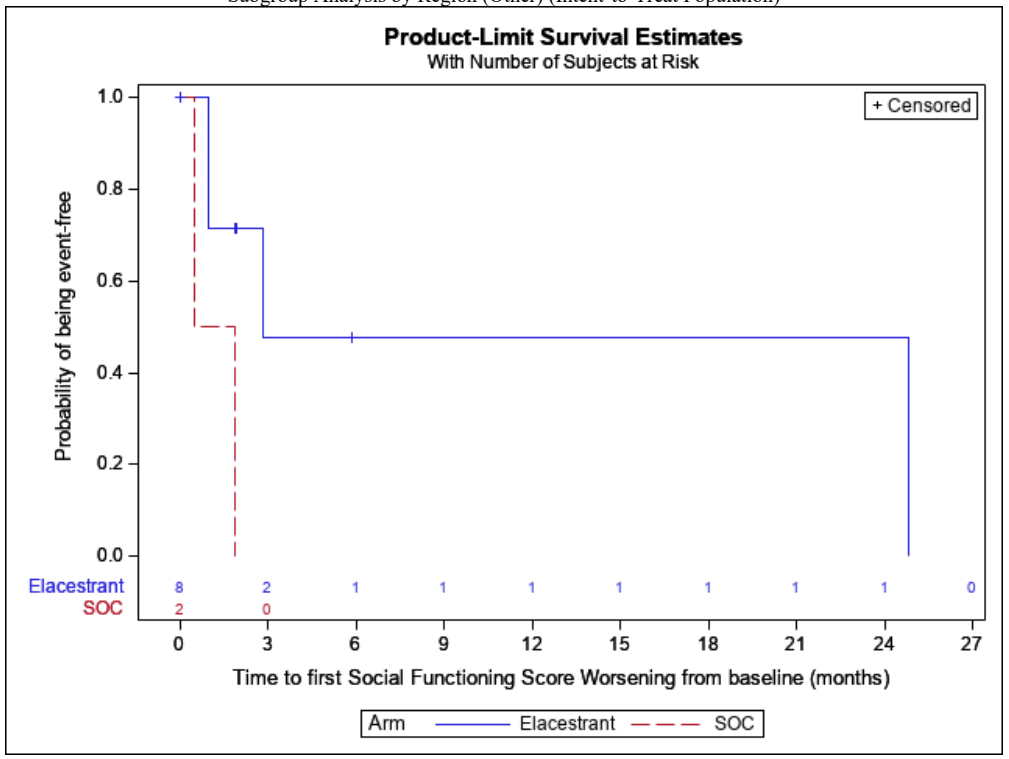
Figure 10.7.c: Kaplan-Meier Plot of Social Functioning for Elacestrant vs SOC, Subgroup Analysis by Region (North America) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 10.7.d: Kaplan-Meier Plot of Social Functioning for Elacestrant vs SOC,
Subgroup Analysis by Region (Other) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.8: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.7392	
0	Number of Subjects	59	51
	Events, n (%)	19 (32.2)	15 (29.4)
	Censored subjects, n (%)	40 (67.8)	36 (70.6)
	Median (months) [2]	6.57	2.83
	95% CI for Score worsening [2]	2.83 - 8.31	1.87 - 4.63
	Q1 (95% CI)	0.99 (0.95 - 6.44)	0.99 (0.95 - 2.83)
	Q3 (95% CI)	11.99 (6.57 - NC)	4.63 (2.83 - NC)
	Min, Max	0.03+, 17.54	0.03+, 10.15
	Hazard ratio [3]	0.639	
	95% CI for Hazard ratio [3]	0.315 - 1.306	
	2-sided p-value [4]	0.2051	
1	Number of Subjects	43	45
	Events, n (%)	23 (53.5)	21 (46.7)
	Censored subjects, n (%)	20 (46.5)	24 (53.3)
	Median (months) [2]	0.99	1.87
	95% CI for Score worsening [2]	0.59 - 3.75	0.95 - 3.02
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.54 (0.53 - 0.99)
	Q3 (95% CI)	13.17 (1.87 - NC)	5.91 (2.00 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.28+
	Hazard ratio [3]	1.005	
	95% CI for Hazard ratio [3]	0.538 - 1.869	
	2-sided p-value [4]	0.9835	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social Functioning a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social Functioning are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.9: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.5921	
yes	Number of Subjects	82	78
	Events, n (%)	34 (41.5)	25 (32.1)
	Censored subjects, n (%)	48 (58.5)	53 (67.9)
	Median (months) [2]	3.75	2.00
	95% CI for Score worsening [2]	0.99 - 11.99	0.99 - NC
	Q1 (95% CI)	0.95 (0.53 - 0.99)	0.95 (0.56 - 1.87)
	Q3 (95% CI)	13.17 (6.57 - 17.54)	. (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 9.26+
	Hazard ratio [3]	0.915	
	95% CI for Hazard ratio [3]	0.534 - 1.579	
	2-sided p-value [4]	0.728	
no	Number of Subjects	20	18
	Events, n (%)	8 (40)	11 (61.1)
	Censored subjects, n (%)	12 (60)	7 (38.9)
	Median (months) [2]	6.44	3.02
	95% CI for Score worsening [2]	1.91 - NC	0.53 - 4.63
	Q1 (95% CI)	1.91 (0.53 - 6.44)	0.53 (0.49 - 3.02)
	Q3 (95% CI)	8.31 (6.44 - NC)	4.63 (2.83 - NC)
	Min, Max	0.03+, 8.31	0.03+, 10.15
	Hazard ratio [3]	0.611	
	95% CI for Hazard ratio [3]	0.229 - 1.573	
	2-sided p-value [4]	0.311	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.10: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.5700	
1	Number of Subjects	64	56
	Events, n (%)	27 (42.2)	20 (35.7)
	Censored subjects, n (%)	37 (57.8)	36 (64.3)
	Median (months) [2]	2.83	0.99
	95% CI for Score worsening [2]	0.99 - 8.31	0.95 - 2.83
	Q1 (95% CI)	0.95 (0.53 - 1.87)	0.54 (0.49 - 0.95)
	Q3 (95% CI)	11.99 (6.47 - NC)	5.91 (1.91 - NC)
	Min, Max	0.03+, 13.17	0.03+, 10.15
	Hazard ratio [3]	0.632	
	95% CI for Hazard ratio [3]	0.350 - 1.155	
	2-sided p-value [4]	0.1217	
2	Number of Subjects	38	40
	Events, n (%)	15 (39.5)	16 (40)
	Censored subjects, n (%)	23 (60.5)	24 (60)
	Median (months) [2]	4.70	2.83
	95% CI for Score worsening [2]	0.99 - 17.54	1.91 - 4.63
	Q1 (95% CI)	0.95 (0.53 - 4.70)	1.87 (0.95 - 2.79)
	Q3 (95% CI)	17.54 (4.70 - NC)	4.63 (3.02 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.28+
	Hazard ratio [3]	0.834	
	95% CI for Hazard ratio [3]	0.372 - 1.801	
	2-sided p-value [4]	0.6275	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 10.11: Subgroup Analysis of Time to first worsening from baseline of Social Functioning score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.5626	
0	Number of Subjects	76	67
	Events, n (%)	35 (46.1)	26 (38.8)
	Censored subjects, n (%)	41 (53.9)	41 (61.2)
	Median (months) [2]	2.83	1.91
	95% CI for Score worsening [2]	0.95 - 6.57	0.99 - 2.83
	Q1 (95% CI)	0.59 (0.53 - 0.99)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	8.31 (6.44 - 13.17)	3.29 (2.79 - NC)
	Min, Max	0.03+, 17.54	0.03+, 10.15
	Hazard ratio [3]	0.764	
	95% CI for Hazard ratio [3]	0.451 - 1.305	
	2-sided p-value [4]	0.3137	
1	Number of Subjects	26	29
	Events, n (%)	7 (26.9)	10 (34.5)
	Censored subjects, n (%)	19 (73.1)	19 (65.5)
	Median (months) [2]	24.84	3.02
	95% CI for Score worsening [2]	0.99 - NC	1.87 - NC
	Q1 (95% CI)	0.99 (0.95 - NC)	1.87 (0.53 - 3.02)
	Q3 (95% CI)	24.84 (. - NC)	. (3.02 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.28+
	Hazard ratio [3]	0.714	
	95% CI for Hazard ratio [3]	0.241 - 1.937	
	2-sided p-value [4]	0.5115	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Social a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Social are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.1: Appetite Loss and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	14.2	.	18.3	.
	SD	23.6	.	26.3	.
	median	0	.	0	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	19	4.49	18.1	-1.5
	SD	26.8	23.1	30.1	16.7
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	66.7	100	66.7
Cycle 2 Day 1	n	88	86	82	75
	mean	17.4	3.49	17.5	-3.1
	SD	24.7	21.7	29.7	16.6
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	66.7	100	33.3
Cycle 3 Day 1	n	57	57	45	42
	mean	15.2	1.75	12.6	-3.2
	SD	26	23.1	24.9	20.6
	median	0	0	0	0
	min	0	-67	0	-67
	max	100	66.7	100	66.7
Cycle 4 Day 1	n	46	45	32	30
	mean	13.8	-2.2	11.5	-2.2
	SD	24.9	24	18.2	17.4
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	33.3	66.7	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	12.6	-6	5.56	-8.3
	SD	24.3	25.7	12.8	14.9
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	33.3	33.3	0
Cycle 8 Day 1	n	22	21	13	11
	mean	16.7	1.59	10.3	-3
	SD	30.4	22.3	16	10.1
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	33.3	33.3	0
Cycle 10 Day 1	n	18	17	10	8
	mean	27.8	9.8	3.33	-8.3
	SD	40	38.7	10.5	15.4
	median	0	0	0	0
	min	0	-67	0	-33

Study: RAD1901-308
Section: Tables

MENARINI RICERCHE

Table 11.1: Appetite Loss and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	100	33.3	0
Cycle 12 Day 1	n	13	12	8	6
	mean	15.4	0	4.17	-5.6
	SD	32.2	40.2	11.8	13.6
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	100	33.3	0
Cycle 14 Day 1	n	11	11	4	3
	mean	18.2	0	8.33	-11
	SD	34.5	33.3	16.7	19.2
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	66.7	33.3	0
Cycle 16 Day 1	n	9	8	2	2
	mean	11.1	-4.2	16.7	-17
	SD	23.6	11.8	23.6	23.6
	median	0	0	16.7	-17
	min	0	-33	0	-33
	max	66.7	0	33.3	0
Cycle 18 Day 1	n	8	8	2	2
	mean	4.17	-13	33.3	0
	SD	11.8	17.3	0	0
	median	0	0	33.3	0
	min	0	-33	33.3	0
	max	33.3	0	33.3	0
Cycle 20 Day 1	n	8	8	2	2
	mean	12.5	4.17	16.7	-17
	SD	24.8	27.8	23.6	23.6
	median	0	0	16.7	-17
	min	0	-33	0	-33
	max	66.7	66.7	33.3	0
Cycle 22 Day 1	n	6	6	2	2
	mean	11.1	5.56	16.7	-17
	SD	17.2	13.6	23.6	23.6
	median	0	0	16.7	-17
	min	0	0	0	-33
	max	33.3	33.3	33.3	0
Cycle 24 Day 1	n	4	4	0	0
	mean	16.7	8.33	.	.
	SD	19.2	16.7	.	.
	median	16.7	0	.	.
	min	0	0	.	.
	max	33.3	33.3	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	33.3	25	.	.
	SD	38.5	31.9	.	.
	median	33.3	16.7	.	.

Study: RAD1901-308
Section: Tables

MENARINI RICERCHE

Table 11.1: Appetite Loss and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

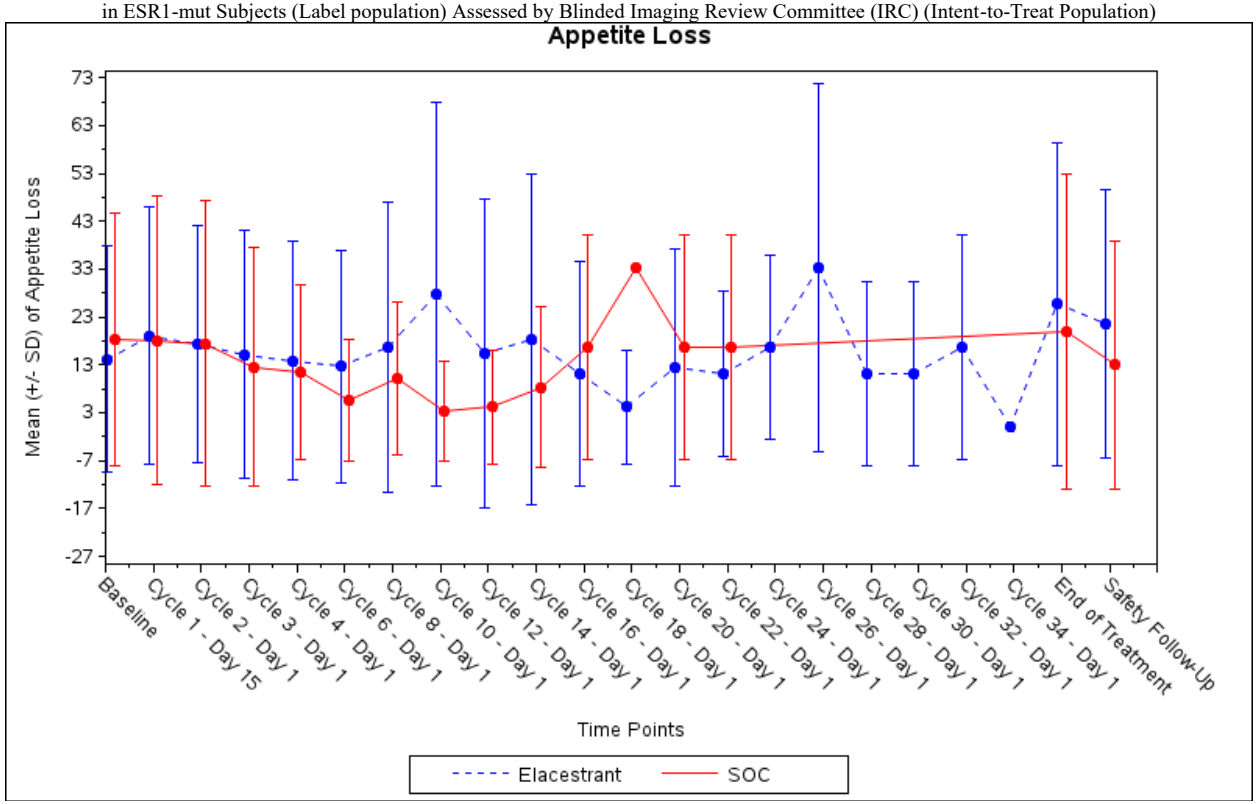
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	0	.	.
	max	66.7	66.7	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	11.1	0	.	.
	SD	19.2	33.3	.	.
	median	0	0	.	.
	min	0	-33	.	.
	max	33.3	33.3	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	11.1	0	.	.
	SD	19.2	33.3	.	.
	median	0	0	.	.
	min	0	-33	.	.
	max	33.3	33.3	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	16.7	0	.	.
	SD	23.6	0	.	.
	median	16.7	0	.	.
	min	0	0	.	.
	max	33.3	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	0	0	.	.
	SD	.	.	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
End of Treatment	n	70	68	72	66
	mean	25.7	12.7	19.9	-.51
	SD	33.7	28.8	32.9	18.9
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	100	100	33.3
Safety Follow-Up	n	31	31	18	17
	mean	21.5	11.8	13	7.84
	SD	28	32.8	25.9	14.6
	median	0	0	0	0
	min	0	-67	0	0
	max	100	100	100	33.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 11.1: Mean (+/-SD) of Appetite Loss score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.2: Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

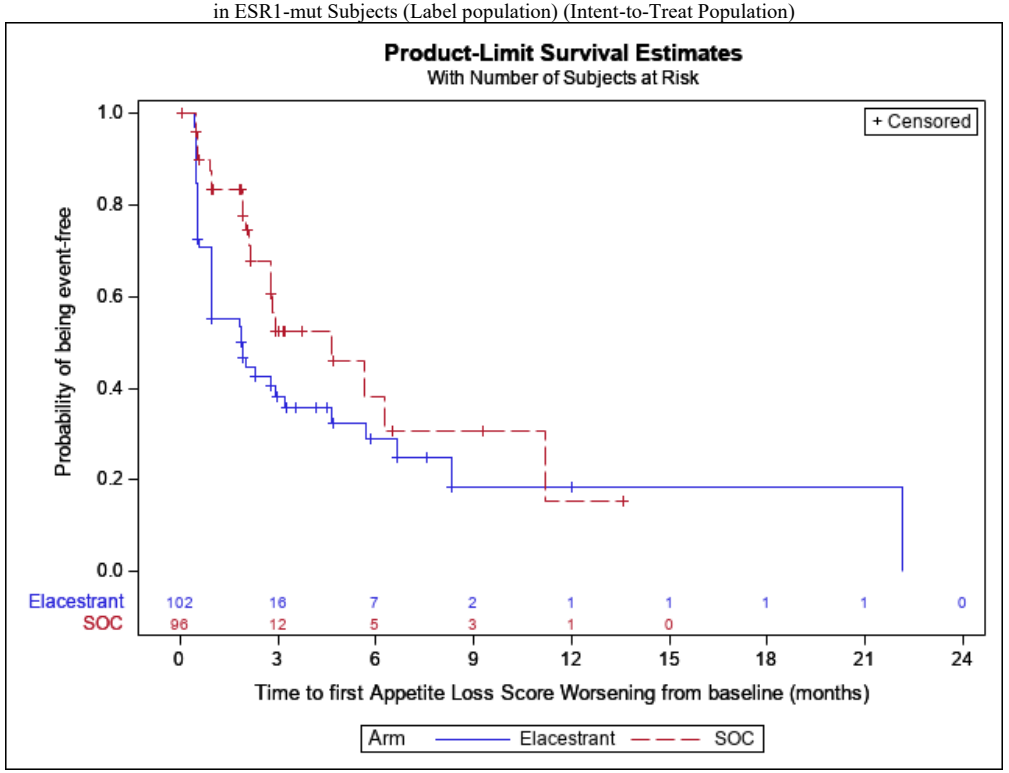
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.68	1.46
median	0.53	0.49
min	0.03	0.03
max	22.14	13.57
Events, n (%)	44 (43.1)	21 (21.9)
Appetite loss score worsening	44 (43.1)	21 (21.9)
Censored subjects, n (%)	58 (56.9)	75 (78.1)
No event	57 (55.9)	74 (77.1)
Death	1 (1)	1 (1)
Median (months) [2]	1.91	4.67
95% CI for Score worsening [2]	0.99 - 3.22	2.79 - 11.17
Q1 (95% CI)	0.53 (0.53 - 0.99)	2.00 (0.99 - 2.83)
Q3 (95% CI)	6.67 (3.22 - NC)	11.17 (5.65 - NC)
Min, Max	0.03+, 22.14	0.03+, 13.57+
Score worsening rate at 3 months (95% CI) [2]	38.15 (25.56 - 50.74)	52.50 (34.85 - 70.14)
Score worsening rate at 6 months (95% CI) [2]	28.90 (15.56 - 42.24)	38.28 (16.98 - 59.58)
Score worsening rate at 12 months (95% CI) [2]	18.58 (3.89 - 33.26)	15.31 (0.00 - 39.14)
Score worsening rate at 18 months (95% CI) [2]	18.58 (3.89 - 33.26)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	. (. - .)
Hazard ratio [3]	2.052	
95% CI for Hazard ratio [3]	1.201 - 3.642	
2-sided p-value [4]	0.0097	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 11.2: Kaplan-Meier Plot of Time to first worsening for Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.3: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.3706	
Yes	Number of Subjects	27	27
	Events, n (%)	13 (48.1)	6 (22.2)
	Censored subjects, n (%)	14 (51.9)	21 (77.8)
	Median (months) [2]	0.99	4.67
	95% CI for Score worsening [2]	0.53 - NC	2.00 - NC
	Q1 (95% CI)	0.49 (0.49 - 0.99)	2.00 (1.91 - NC)
	Q3 (95% CI)	. (0.99 - NC)	5.65 (4.67 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.65
	Hazard ratio [3]	2.617	
	95% CI for Hazard ratio [3]	1.025 - 7.500	
	2-sided p-value [4]	0.0504	
No	Number of Subjects	75	69
	Events, n (%)	31 (41.3)	15 (21.7)
	Censored subjects, n (%)	44 (58.7)	54 (78.3)
	Median (months) [2]	2.30	2.92
	95% CI for Score worsening [2]	0.99 - 4.67	2.14 - 11.17
	Q1 (95% CI)	0.59 (0.53 - 0.99)	1.91 (0.92 - 2.83)
	Q3 (95% CI)	6.67 (3.22 - NC)	11.17 (2.92 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57+
	Hazard ratio [3]	1.540	
	95% CI for Hazard ratio [3]	0.841 - 2.944	
	2-sided p-value [4]	0.1751	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Appetite = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.4: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.8562	
Yes	Number of Subjects	72	69
	Events, n (%)	34 (47.2)	17 (24.6)
	Censored subjects, n (%)	38 (52.8)	52 (75.4)
	Median (months) [2]	1.84	2.92
	95% CI for Score worsening [2]	0.99 - 2.79	2.14 - 6.28
	Q1 (95% CI)	0.53 (0.53 - 0.99)	2.00 (0.95 - 2.83)
	Q3 (95% CI)	4.67 (2.04 - 8.34)	6.28 (4.67 - NC)
	Min, Max	0.03+, 22.14	0.03+, 11.17
	Hazard ratio [3]	1.930	
	95% CI for Hazard ratio [3]	1.087 - 3.555	
	2-sided p-value [4]	0.0282	
No	Number of Subjects	30	27
	Events, n (%)	10 (33.3)	4 (14.8)
	Censored subjects, n (%)	20 (66.7)	23 (85.2)
	Median (months) [2]	3.22	.
	95% CI for Score worsening [2]	0.95 - NC	1.91 - NC
	Q1 (95% CI)	0.53 (0.49 - 3.22)	1.91 (0.53 - NC)
	Q3 (95% CI)	. (5.72 - NC)	. (. - NC)
	Min, Max	0.03+, 11.99+	0.03+, 13.57+
	Hazard ratio [3]	1.630	
	95% CI for Hazard ratio [3]	0.539 - 5.982	
	2-sided p-value [4]	0.4143	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.5: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.8000	
<65 years	Number of Subjects	49	48
	Events, n (%)	19 (38.8)	7 (14.6)
	Censored subjects, n (%)	30 (61.2)	41 (85.4)
	Median (months) [2]	2.30	6.28
	95% CI for Score worsening [2]	0.99 - 8.34	2.83 - NC
	Q1 (95% CI)	0.59 (0.53 - 2.04)	2.83 (2.10 - 11.17)
	Q3 (95% CI)	8.34 (4.67 - NC)	11.17 (6.28 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 13.57+
	Hazard ratio [3]	2.076	
	95% CI for Hazard ratio [3]	0.907 - 5.342	
	2-sided p-value [4]	0.0945	
>=65 years	Number of Subjects	53	48
	Events, n (%)	25 (47.2)	14 (29.2)
	Censored subjects, n (%)	28 (52.8)	34 (70.8)
	Median (months) [2]	0.99	2.79
	95% CI for Score worsening [2]	0.95 - 2.92	2.00 - 5.65
	Q1 (95% CI)	0.53 (0.49 - 0.99)	1.91 (0.92 - 2.79)
	Q3 (95% CI)	6.67 (1.87 - NC)	5.65 (4.67 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.849	
	95% CI for Hazard ratio [3]	0.965 - 3.681	
	2-sided p-value [4]	0.0702	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.6: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.2423	
<75 years	Number of Subjects	85	80
	Events, n (%)	32 (37.6)	15 (18.8)
	Censored subjects, n (%)	53 (62.4)	65 (81.3)
	Median (months) [2]	2.30	2.92
	95% CI for Score worsening [2]	0.99 - 6.67	2.79 - 11.17
	Q1 (95% CI)	0.53 (0.49 - 0.99)	2.10 (0.95 - 2.83)
	Q3 (95% CI)	8.34 (5.72 - NC)	11.17 (6.28 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57+
	Hazard ratio [3]	1.587	
	95% CI for Hazard ratio [3]	0.868 - 3.029	
	2-sided p-value [4]	0.1503	
>=75 years	Number of Subjects	17	16
	Events, n (%)	12 (70.6)	6 (37.5)
	Censored subjects, n (%)	5 (29.4)	10 (62.5)
	Median (months) [2]	0.99	4.67
	95% CI for Score worsening [2]	0.53 - 1.87	1.91 - NC
	Q1 (95% CI)	0.53 (0.53 - 0.99)	1.91 (0.53 - 5.65)
	Q3 (95% CI)	1.87 (0.99 - NC)	5.65 (4.67 - NC)
	Min, Max	0.03+, 3.22	0.03+, 9.26+
	Hazard ratio [3]	4.955	
	95% CI for Hazard ratio [3]	1.679 - 18.083	
	2-sided p-value [4]	0.0028	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.7: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.6126	
Europe	Number of Subjects	54	43
	Events, n (%)	26 (48.1)	10 (23.3)
	Censored subjects, n (%)	28 (51.9)	33 (76.7)
	Median (months) [2]	1.91	5.65
	95% CI for Score worsening [2]	0.95 - 2.92	2.14 - 11.17
	Q1 (95% CI)	0.53 (0.49 - 0.99)	2.10 (1.91 - 5.65)
	Q3 (95% CI)	5.72 (2.30 - NC)	11.17 (4.67 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57+
	Hazard ratio [3]	2.253	
	95% CI for Hazard ratio [3]	1.112 - 4.930	
	2-sided p-value [4]	0.0274	
North America	Number of Subjects	32	37
	Events, n (%)	12 (37.5)	6 (16.2)
	Censored subjects, n (%)	20 (62.5)	31 (83.8)
	Median (months) [2]	1.84	2.92
	95% CI for Score worsening [2]	0.53 - 8.34	2.79 - NC
	Q1 (95% CI)	0.53 (0.53 - 1.84)	2.79 (0.92 - NC)
	Q3 (95% CI)	8.34 (4.67 - NC)	. (2.83 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 9.26+
	Hazard ratio [3]	1.920	
	95% CI for Hazard ratio [3]	0.730 - 5.596	
	2-sided p-value [4]	0.2099	
Asia	Number of Subjects	8	14
	Events, n (%)	4 (50)	4 (28.6)
	Censored subjects, n (%)	4 (50)	10 (71.4)
	Median (months) [2]	0.99	3.40
	95% CI for Score worsening [2]	0.59 - NC	0.53 - NC
	Q1 (95% CI)	0.95 (0.59 - 1.91)	0.53 (0.49 - NC)
	Q3 (95% CI)	1.91 (0.95 - NC)	6.28 (0.53 - NC)
	Min, Max	0.03+, 1.91+	0.03+, 6.28
	Hazard ratio [3]	1.260	
	95% CI for Hazard ratio [3]	0.274 - 6.474	
	2-sided p-value [4]	0.7276	
Other	Number of Subjects	8	2
	Events, n (%)	2 (25)	1 (50)
	Censored subjects, n (%)	6 (75)	1 (50)
	Median (months) [2]	.	.
	95% CI for Score worsening [2]	0.53 - NC	0.49 - NC
	Q1 (95% CI)	0.53 (0.53 - NC)	0.49 (0.49 - NC)
	Q3 (95% CI)	. (0.53 - NC)	. (0.49 - NC)
	Min, Max	0.03+, 5.85+	0.49, 1.87+
	Hazard ratio [3]	0.550	
	95% CI for Hazard ratio [3]	0.052 - 11.993	
	2-sided p-value [4]	0.5596	

Study: RAD1901-308
Section: Tables

Table 11.7: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss for Elacestrant vs SOC, in ESR1-mut Subjects (Label population)Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Appetite =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.8: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.1763	
0	Number of Subjects	59	51
	Events, n (%)	21 (35.6)	10 (19.6)
	Censored subjects, n (%)	38 (64.4)	41 (80.4)
	Median (months) [2]	2.92	2.83
	95% CI for Score worsening [2]	0.99 - 8.34	2.10 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.91)	1.91 (0.92 - 2.83)
	Q3 (95% CI)	8.34 (4.67 - NC)	11.17 (2.83 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57+
	Hazard ratio [3]	1.302	
	95% CI for Hazard ratio [3]	0.621 - 2.908	
	2-sided p-value [4]	0.5008	
1	Number of Subjects	43	45
	Events, n (%)	23 (53.5)	11 (24.4)
	Censored subjects, n (%)	20 (46.5)	34 (75.6)
	Median (months) [2]	0.99	4.67
	95% CI for Score worsening [2]	0.59 - 2.04	2.14 - 6.28
	Q1 (95% CI)	0.53 (0.49 - 0.99)	2.00 (0.99 - 5.65)
	Q3 (95% CI)	3.22 (1.84 - NC)	6.28 (4.67 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 6.51+
	Hazard ratio [3]	2.737	
	95% CI for Hazard ratio [3]	1.355 - 5.875	
	2-sided p-value [4]	0.0049	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite Loss a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite Loss are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.9: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.9714	
yes	Number of Subjects	82	78
	Events, n (%)	35 (42.7)	15 (19.2)
	Censored subjects, n (%)	47 (57.3)	63 (80.8)
	Median (months) [2]	2.04	4.67
	95% CI for Score worsening [2]	0.99 - 5.72	2.79 - 6.28
	Q1 (95% CI)	0.53 (0.53 - 0.99)	2.14 (1.91 - 4.67)
	Q3 (95% CI)	8.34 (4.67 - NC)	6.28 (4.67 - NC)
	Min, Max	0.03+, 22.14	0.03+, 11.17
	Hazard ratio [3]	1.819	
	95% CI for Hazard ratio [3]	1.006 - 3.450	
	2-sided p-value [4]	0.0555	
no	Number of Subjects	20	18
	Events, n (%)	9 (45)	6 (33.3)
	Censored subjects, n (%)	11 (55)	12 (66.7)
	Median (months) [2]	0.99	1.91
	95% CI for Score worsening [2]	0.53 - 2.30	0.53 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.53 (0.49 - 2.79)
	Q3 (95% CI)	2.30 (0.99 - NC)	. (1.91 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 13.57+
	Hazard ratio [3]	1.578	
	95% CI for Hazard ratio [3]	0.565 - 4.736	
	2-sided p-value [4]	0.3805	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.10: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.1232	
1	Number of Subjects	64	56
	Events, n (%)	26 (40.6)	10 (17.9)
	Censored subjects, n (%)	38 (59.4)	46 (82.1)
	Median (months) [2]	2.30	2.92
	95% CI for Score worsening [2]	0.99 - 8.34	2.14 - NC
	Q1 (95% CI)	0.95 (0.53 - 1.87)	1.91 (0.53 - 2.92)
	Q3 (95% CI)	22.14 (3.22 - NC)	11.17 (2.92 - NC)
	Min, Max	0.03+, 22.14	0.03+, 11.17
	Hazard ratio [3]	1.315	
	95% CI for Hazard ratio [3]	0.649 - 2.878	
	2-sided p-value [4]	0.4677	
2	Number of Subjects	38	40
	Events, n (%)	18 (47.4)	11 (27.5)
	Censored subjects, n (%)	20 (52.6)	29 (72.5)
	Median (months) [2]	0.99	4.67
	95% CI for Score worsening [2]	0.53 - 1.91	2.79 - 6.28
	Q1 (95% CI)	0.53 (0.49 - 0.99)	2.10 (1.91 - 4.67)
	Q3 (95% CI)	5.72 (0.99 - NC)	6.28 (4.67 - NC)
	Min, Max	0.03+, 6.67	0.03+, 13.57+
	Hazard ratio [3]	2.880	
	95% CI for Hazard ratio [3]	1.368 - 6.338	
	2-sided p-value [4]	0.005	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 11.11: Subgroup Analysis of Time to first worsening from baseline of Appetite Loss score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.1170	
0	Number of Subjects	76	67
	Events, n (%)	33 (43.4)	16 (23.9)
	Censored subjects, n (%)	43 (56.6)	51 (76.1)
	Median (months) [2]	1.87	2.79
	95% CI for Score worsening [2]	0.99 - 5.72	2.00 - 11.17
	Q1 (95% CI)	0.59 (0.53 - 0.99)	1.91 (0.53 - 2.79)
	Q3 (95% CI)	8.34 (2.79 - NC)	11.17 (2.79 - NC)
	Min, Max	0.03+, 22.14	0.03+, 13.57+
	Hazard ratio [3]	1.406	
	95% CI for Hazard ratio [3]	0.781 - 2.633	
	2-sided p-value [4]	0.2721	
1	Number of Subjects	26	29
	Events, n (%)	11 (42.3)	5 (17.2)
	Censored subjects, n (%)	15 (57.7)	24 (82.8)
	Median (months) [2]	2.30	6.28
	95% CI for Score worsening [2]	0.53 - NC	2.92 - NC
	Q1 (95% CI)	0.49 (0.49 - 2.30)	2.92 (0.99 - NC)
	Q3 (95% CI)	4.67 (2.30 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 4.67	0.03+, 6.51+
	Hazard ratio [3]	4.235	
	95% CI for Hazard ratio [3]	1.434 - 15.398	
	2-sided p-value [4]	0.0084	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Appetite a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Appetite are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.1: Constipation (EORTC) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	83	.
	mean	15.6	.	12	.
	SD	22.1	.	17.7	.
	median	0	.	0	.
	min	0	.	0	.
	max	100	.	66.7	.
Cycle 1 Day 15	n	91	89	72	68
	mean	15.8	-.75	14.4	1.47
	SD	24.5	24.6	23.6	20.3
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	66.7	100	100
Cycle 2 Day 1	n	88	86	82	76
	mean	14.8	-1.6	15.9	2.19
	SD	23.1	23.4	25.8	23.9
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	100	100	100
Cycle 3 Day 1	n	57	57	45	42
	mean	11.7	-4.7	8.15	-4
	SD	19.4	20.4	20.3	15.1
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	33.3	100	33.3
Cycle 4 Day 1	n	46	45	32	30
	mean	15.2	-.74	14.6	2.22
	SD	24	23	26.7	15
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	33.3	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	12.6	-4.8	9.26	2.08
	SD	22.6	19.7	15.4	19.1
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	33.3	33.3	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	13.6	-3.2	0	-6.1
	SD	22.2	31.5	0	13.5
	median	0	0	0	0
	min	0	-67	0	-33
	max	66.7	66.7	0	0
Cycle 10 Day 1	n	18	17	10	8
	mean	14.8	-7.8	10	4.17
	SD	26.1	34.4	16.1	11.8
	median	0	0	0	0
	min	0	-67	0	0

Study: RAD1901-308
Section: Tables

Table 12.1: Constipation (EORTC) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	66.7	33.3	33.3
Cycle 12 Day 1	n	13	12	8	6
	mean	20.5	0	12.5	5.56
	SD	29	34.8	17.3	25.1
	median	0	0	0	0
	min	0	-33	0	-33
	max	66.7	66.7	33.3	33.3
Cycle 14 Day 1	n	11	11	4	3
	mean	24.2	0	16.7	0
	SD	26.2	29.8	33.3	0
	median	33.3	0	0	0
	min	0	-33	0	0
	max	66.7	33.3	66.7	0
Cycle 16 Day 1	n	9	8	2	2
	mean	18.5	-8.3	0	0
	SD	29.4	23.6	0	0
	median	0	0	0	0
	min	0	-33	0	0
	max	66.7	33.3	0	0
Cycle 18 Day 1	n	8	8	2	2
	mean	29.2	4.17	16.7	16.7
	SD	27.8	33	23.6	23.6
	median	33.3	0	16.7	16.7
	min	0	-33	0	0
	max	66.7	66.7	33.3	33.3
Cycle 20 Day 1	n	8	8	2	2
	mean	25	0	0	0
	SD	23.6	17.8	0	0
	median	33.3	0	0	0
	min	0	-33	0	0
	max	66.7	33.3	0	0
Cycle 22 Day 1	n	6	6	2	2
	mean	22.2	11.1	0	0
	SD	27.2	17.2	0	0
	median	16.7	0	0	0
	min	0	0	0	0
	max	66.7	33.3	0	0
Cycle 24 Day 1	n	4	4	0	0
	mean	25	8.33	.	.
	SD	31.9	16.7	.	.
	median	16.7	0	.	.
	min	0	0	.	.
	max	66.7	33.3	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	16.7	0	.	.
	SD	19.2	0	.	.
	median	16.7	0	.	.

Study: RAD1901-308
Section: Tables

Table 12.1: Constipation (EORTC) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

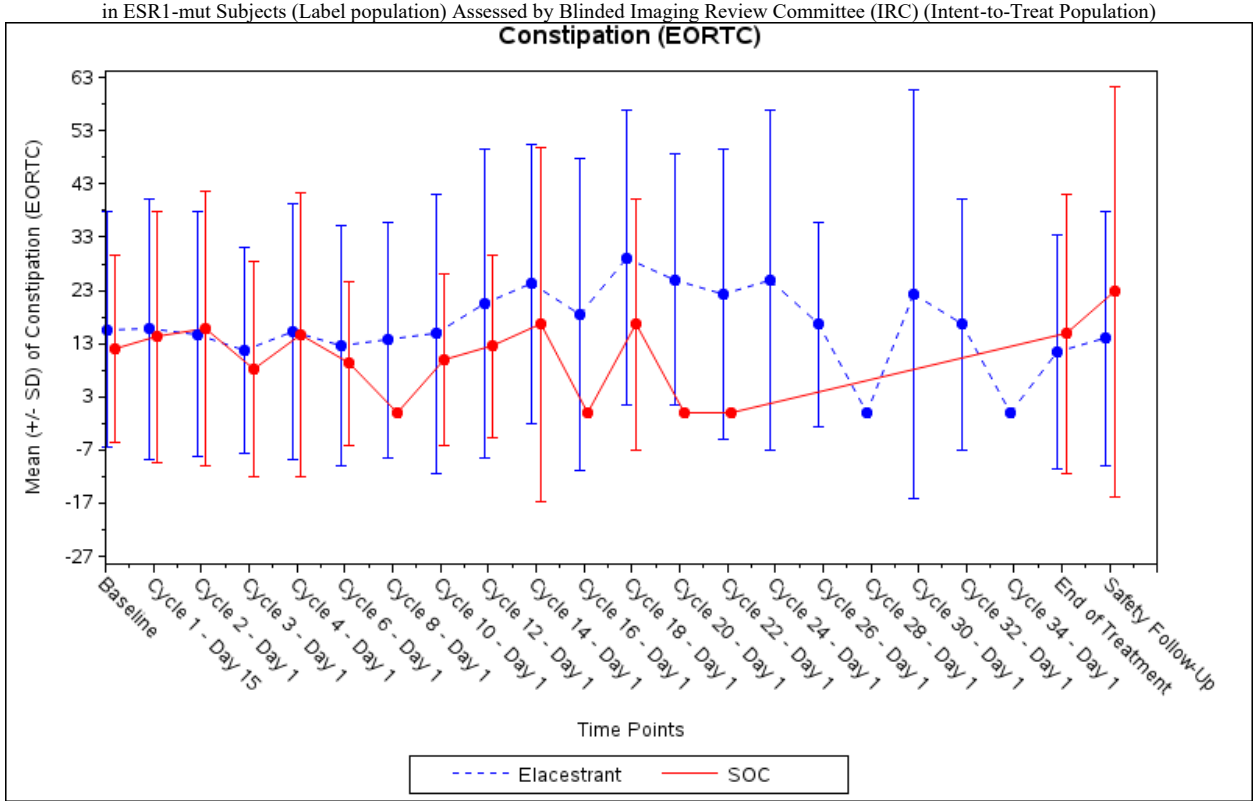
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	0	.	.
	max	33.3	0	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	0	-11	.	.
	SD	0	19.2	.	.
	median	0	0	.	.
	min	0	-33	.	.
	max	0	0	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	22.2	11.1	.	.
	SD	38.5	19.2	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	66.7	33.3	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	16.7	0	.	.
	SD	23.6	0	.	.
	median	16.7	0	.	.
	min	0	0	.	.
	max	33.3	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	0	0	.	.
	SD	.	.	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
End of Treatment	n	70	68	72	67
	mean	11.4	-1.5	14.8	1
	SD	21.9	24.7	26.2	19.2
	median	0	0	0	0
	min	0	-100	0	-33
	max	100	66.7	100	66.7
Safety Follow-Up	n	31	31	19	18
	mean	14	3.23	22.8	9.26
	SD	24	23.3	38.6	37.6
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	66.7	100	100

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 12.1: Mean (+/-SD) of Constipation (EORTC) score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.2: Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

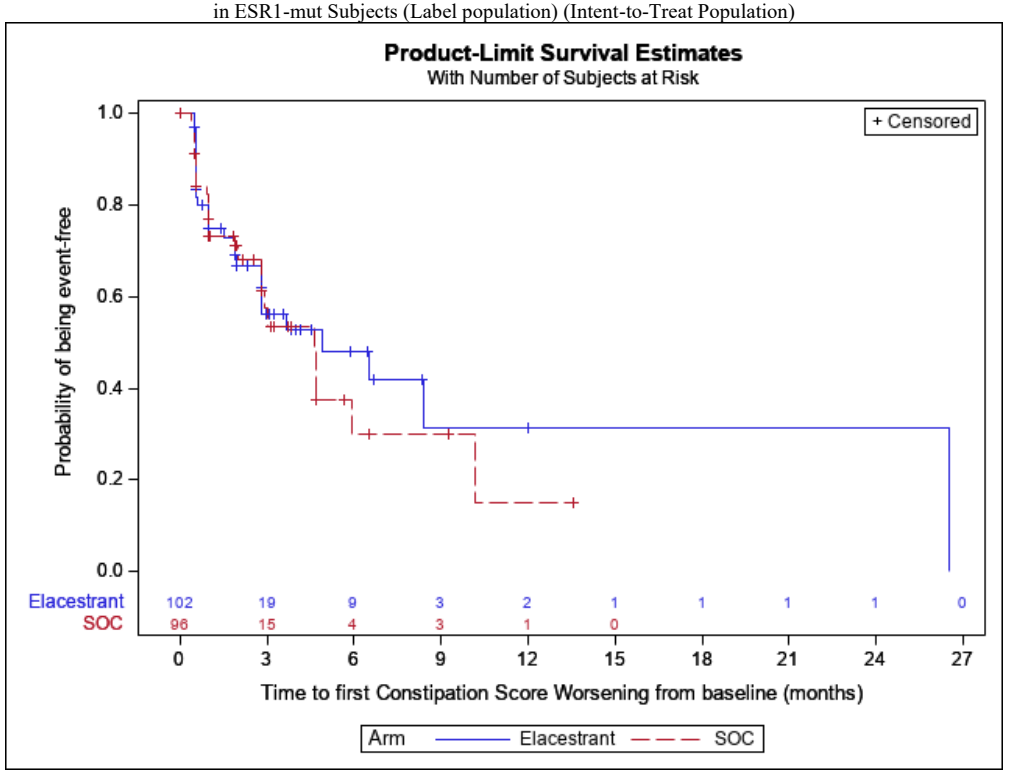
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.93	1.56
median	0.53	0.53
min	0.03	0.03
max	26.51	13.57
Events, n (%)	28 (27.5)	26 (27.1)
Constipation score worsening	28 (27.5)	26 (27.1)
Censored subjects, n (%)	74 (72.5)	70 (72.9)
No event	73 (71.6)	69 (71.9)
Death	1 (1)	1 (1)
Median (months) [2]	4.90	4.63
95% CI for Score worsening [2]	2.79 - NC	2.79 - 10.15
Q1 (95% CI)	0.95 (0.53 - 2.83)	0.99 (0.53 - 2.92)
Q3 (95% CI)	26.51 (6.51 - NC)	10.15 (4.67 - NC)
Min, Max	0.03+, 26.51	0.03+, 13.57+
Score worsening rate at 3 months (95% CI) [2]	56.20 (42.08 - 70.33)	57.40 (41.89 - 72.91)
Score worsening rate at 6 months (95% CI) [2]	47.90 (31.72 - 64.08)	30.00 (9.92 - 50.08)
Score worsening rate at 12 months (95% CI) [2]	31.43 (9.14 - 53.72)	15.00 (0.00 - 38.09)
Score worsening rate at 18 months (95% CI) [2]	31.43 (9.14 - 53.72)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	31.43 (9.14 - 53.72)	. (. - .)
Hazard ratio [3]	0.826	
95% CI for Hazard ratio [3]	0.473 - 1.440	
2-sided p-value [4]	0.4625	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 12.2: Kaplan-Meier Plot of Time to first worsening for Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.3: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.1840	
Yes	Number of Subjects	27	27
	Events, n (%)	4 (14.8)	8 (29.6)
	Censored subjects, n (%)	23 (85.2)	19 (70.4)
	Median (months) [2]	26.51	4.67
	95% CI for Score worsening [2]	2.79 - NC	2.79 - NC
	Q1 (95% CI)	2.79 (2.79 - NC)	2.00 (0.95 - 4.67)
	Q3 (95% CI)	26.51 (. - NC)	10.15 (4.67 - NC)
	Min, Max	0.03+, 26.51	0.03+, 10.15
	Hazard ratio [3]	0.386	
	95% CI for Hazard ratio [3]	0.084 - 1.336	
	2-sided p-value [4]	0.1345	
No	Number of Subjects	75	69
	Events, n (%)	24 (32)	18 (26.1)
	Censored subjects, n (%)	51 (68)	51 (73.9)
	Median (months) [2]	3.68	4.63
	95% CI for Score worsening [2]	1.87 - 8.41	2.79 - NC
	Q1 (95% CI)	0.59 (0.53 - 1.94)	0.92 (0.53 - 2.92)
	Q3 (95% CI)	8.41 (4.90 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 13.57+
	Hazard ratio [3]	1.050	
	95% CI for Hazard ratio [3]	0.571 - 1.963	
	2-sided p-value [4]	0.898	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Constipation = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.4: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.7176	
Yes	Number of Subjects	72	69
	Events, n (%)	21 (29.2)	20 (29)
	Censored subjects, n (%)	51 (70.8)	49 (71)
	Median (months) [2]	3.68	2.92
	95% CI for Score worsening [2]	1.91 - 8.41	2.00 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.79)	0.99 (0.53 - 2.79)
	Q3 (95% CI)	8.41 (4.90 - NC)	10.15 (4.67 - NC)
	Min, Max	0.03+, 26.51	0.03+, 10.15
	Hazard ratio [3]	0.965	
	95% CI for Hazard ratio [3]	0.516 - 1.807	
	2-sided p-value [4]	0.9052	
No	Number of Subjects	30	27
	Events, n (%)	7 (23.3)	6 (22.2)
	Censored subjects, n (%)	23 (76.7)	21 (77.8)
	Median (months) [2]	.	4.63
	95% CI for Score worsening [2]	2.83 - NC	3.02 - NC
	Q1 (95% CI)	2.79 (0.53 - NC)	3.02 (0.92 - 5.91)
	Q3 (95% CI)	. (6.51 - NC)	. (4.63 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 13.57+
	Hazard ratio [3]	0.757	
	95% CI for Hazard ratio [3]	0.251 - 2.358	
	2-sided p-value [4]	0.612	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.5: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.8058	
<65 years	Number of Subjects	49	48
	Events, n (%)	11 (22.4)	12 (25)
	Censored subjects, n (%)	38 (77.6)	36 (75)
	Median (months) [2]	4.90	4.63
	95% CI for Score worsening [2]	1.94 - NC	2.92 - 10.15
	Q1 (95% CI)	1.91 (0.53 - 4.90)	0.99 (0.92 - 4.63)
	Q3 (95% CI)	. (4.90 - NC)	10.15 (4.63 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 13.57+
	Hazard ratio [3]	0.803	
	95% CI for Hazard ratio [3]	0.347 - 1.839	
	2-sided p-value [4]	0.5933	
>=65 years	Number of Subjects	53	48
	Events, n (%)	17 (32.1)	14 (29.2)
	Censored subjects, n (%)	36 (67.9)	34 (70.8)
	Median (months) [2]	3.68	4.67
	95% CI for Score worsening [2]	2.79 - NC	2.00 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.83)	0.99 (0.53 - 2.79)
	Q3 (95% CI)	26.51 (6.51 - NC)	5.91 (4.67 - NC)
	Min, Max	0.03+, 26.51	0.03+, 9.26+
	Hazard ratio [3]	0.919	
	95% CI for Hazard ratio [3]	0.442 - 1.928	
	2-sided p-value [4]	0.8057	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.6: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0770	
<75 years	Number of Subjects	85	80
	Events, n (%)	21 (24.7)	21 (26.3)
	Censored subjects, n (%)	64 (75.3)	59 (73.8)
	Median (months) [2]	6.51	3.02
	95% CI for Score worsening [2]	2.79 - NC	2.00 - 5.91
	Q1 (95% CI)	1.51 (0.56 - 3.68)	0.95 (0.53 - 2.92)
	Q3 (95% CI)	26.51 (6.51 - NC)	5.91 (4.63 - NC)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.682	
	95% CI for Hazard ratio [3]	0.366 - 1.266	
	2-sided p-value [4]	0.2124	
>=75 years	Number of Subjects	17	16
	Events, n (%)	7 (41.2)	5 (31.3)
	Censored subjects, n (%)	10 (58.8)	11 (68.8)
	Median (months) [2]	2.83	4.67
	95% CI for Score worsening [2]	0.53 - NC	2.79 - NC
	Q1 (95% CI)	0.53 (0.49 - 2.83)	2.79 (0.95 - NC)
	Q3 (95% CI)	8.41 (2.79 - NC)	. (4.67 - NC)
	Min, Max	0.03+, 8.41	0.03+, 9.26+
	Hazard ratio [3]	2.140	
	95% CI for Hazard ratio [3]	0.674 - 7.336	
	2-sided p-value [4]	0.1882	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.7: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.9760	
Europe	Number of Subjects	54	43
	Events, n (%)	14 (25.9)	12 (27.9)
	Censored subjects, n (%)	40 (74.1)	31 (72.1)
	Median (months) [2]	8.41	4.67
	95% CI for Score worsening [2]	2.79 - NC	2.00 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.83)	0.99 (0.53 - 4.67)
	Q3 (95% CI)	. (8.41 - NC)	. (4.67 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 13.57+
	Hazard ratio [3]	0.965	
	95% CI for Hazard ratio [3]	0.443 - 2.138	
	2-sided p-value [4]	0.92	
North America	Number of Subjects	32	37
	Events, n (%)	9 (28.1)	9 (24.3)
	Censored subjects, n (%)	23 (71.9)	28 (75.7)
	Median (months) [2]	26.51	2.92
	95% CI for Score worsening [2]	1.94 - NC	1.87 - NC
	Q1 (95% CI)	0.95 (0.53 - NC)	1.87 (0.53 - NC)
	Q3 (95% CI)	26.51 (. - NC)	10.15 (2.92 - NC)
	Min, Max	0.03+, 26.51	0.03+, 10.15
	Hazard ratio [3]	0.795	
	95% CI for Hazard ratio [3]	0.296 - 2.101	
	2-sided p-value [4]	0.6102	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	5 (35.7)
	Censored subjects, n (%)	5 (62.5)	9 (64.3)
	Median (months) [2]	3.40	2.79
	95% CI for Score worsening [2]	0.59 - NC	0.95 - NC
	Q1 (95% CI)	1.25 (0.59 - NC)	0.95 (0.53 - NC)
	Q3 (95% CI)	4.90 (1.91 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 4.9	0.03+, 4.67
	Hazard ratio [3]	0.815	
	95% CI for Hazard ratio [3]	0.115 - 3.857	
	2-sided p-value [4]	0.8085	
Other	Number of Subjects	8	2
	Events, n (%)	2 (25)	0 (0.0)
	Censored subjects, n (%)	6 (75)	2 (100)
	Median (months) [2]	6.51	.
	95% CI for Score worsening [2]	0.53 - NC	. - NC
	Q1 (95% CI)	6.51 (0.53 - NC)	. (. - NC)
	Q3 (95% CI)	6.51 (. - NC)	. (. - NC)
	Min, Max	0.03+, 6.51	0.03+, 0.03+
	Hazard ratio [3]	3.24E7	
	95% CI for Hazard ratio [3]	0.034 - .	
	2-sided p-value [4]	0.6547	
Zero cell correction test	Odds Ratio	1.0526	0.5584 - 1.9843
	Relative Risk (Event)	1.0353	0.6558 - 1.6344

Study: RAD1901-308
Section: Tables

Table 12.7: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
	Relative Risk (Censor)	0.9473	0.8050 - 1.1146
	p-value	0.8549	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Constipation =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.8: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.4655	
0	Number of Subjects	59	51
	Events, n (%)	13 (22)	11 (21.6)
	Censored subjects, n (%)	46 (78)	40 (78.4)
	Median (months) [2]	8.41	4.63
	95% CI for Score worsening [2]	1.94 - NC	2.79 - NC
	Q1 (95% CI)	0.95 (0.53 - 8.41)	0.99 (0.53 - 4.63)
	Q3 (95% CI)	26.51 (8.41 - NC)	10.15 (4.63 - NC)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.776	
	95% CI for Hazard ratio [3]	0.340 - 1.792	
	2-sided p-value [4]	0.5287	
1	Number of Subjects	43	45
	Events, n (%)	15 (34.9)	15 (33.3)
	Censored subjects, n (%)	28 (65.1)	30 (66.7)
	Median (months) [2]	2.83	3.02
	95% CI for Score worsening [2]	1.87 - 4.90	2.00 - 5.91
	Q1 (95% CI)	1.51 (0.53 - 2.83)	0.99 (0.53 - 3.02)
	Q3 (95% CI)	4.90 (2.83 - NC)	5.91 (4.67 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 6.51+
	Hazard ratio [3]	1.105	
	95% CI for Hazard ratio [3]	0.535 - 2.283	
	2-sided p-value [4]	0.7867	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation (EORTC) a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation (EORTC) are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.9: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.9992	
yes	Number of Subjects	82	78
	Events, n (%)	23 (28)	21 (26.9)
	Censored subjects, n (%)	59 (72)	57 (73.1)
	Median (months) [2]	4.90	4.63
	95% CI for Score worsening [2]	1.91 - NC	2.79 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.79)	0.99 (0.53 - 2.79)
	Q3 (95% CI)	26.51 (8.41 - NC)	10.15 (4.63 - NC)
	Min, Max	0.03+, 26.51	0.03+, 10.15
	Hazard ratio [3]	0.892	
	95% CI for Hazard ratio [3]	0.488 - 1.637	
	2-sided p-value [4]	0.7047	
no	Number of Subjects	20	18
	Events, n (%)	5 (25)	5 (27.8)
	Censored subjects, n (%)	15 (75)	13 (72.2)
	Median (months) [2]	6.51	5.91
	95% CI for Score worsening [2]	2.83 - NC	0.95 - NC
	Q1 (95% CI)	2.83 (0.53 - 6.51)	0.95 (0.53 - NC)
	Q3 (95% CI)	. (3.68 - NC)	. (5.91 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 13.57+
	Hazard ratio [3]	0.857	
	95% CI for Hazard ratio [3]	0.238 - 3.092	
	2-sided p-value [4]	0.8071	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.10: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.3884	
1	Number of Subjects	64	56
	Events, n (%)	22 (34.4)	12 (21.4)
	Censored subjects, n (%)	42 (65.6)	44 (78.6)
	Median (months) [2]	3.68	4.63
	95% CI for Score worsening [2]	1.91 - 8.41	2.79 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.83)	0.95 (0.49 - 4.63)
	Q3 (95% CI)	8.41 (4.90 - NC)	. (2.92 - NC)
	Min, Max	0.03+, 12.02+	0.03+, 9.26+
	Hazard ratio [3]	0.992	
	95% CI for Hazard ratio [3]	0.498 - 2.075	
	2-sided p-value [4]	0.9585	
2	Number of Subjects	38	40
	Events, n (%)	6 (15.8)	14 (35)
	Censored subjects, n (%)	32 (84.2)	26 (65)
	Median (months) [2]	26.51	4.67
	95% CI for Score worsening [2]	2.79 - NC	2.00 - 10.15
	Q1 (95% CI)	2.79 (0.53 - NC)	1.87 (0.92 - 4.67)
	Q3 (95% CI)	26.51 (. - NC)	10.15 (4.67 - NC)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.575	
	95% CI for Hazard ratio [3]	0.186 - 1.507	
	2-sided p-value [4]	0.2773	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 12.11: Subgroup Analysis of Time to first worsening from baseline of Constipation (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.9444	
0	Number of Subjects	76	67
	Events, n (%)	23 (30.3)	16 (23.9)
	Censored subjects, n (%)	53 (69.7)	51 (76.1)
	Median (months) [2]	4.90	4.63
	95% CI for Score worsening [2]	2.79 - NC	2.79 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.83)	0.99 (0.53 - 4.63)
	Q3 (95% CI)	26.51 (6.51 - NC)	5.91 (4.63 - NC)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.884	
	95% CI for Hazard ratio [3]	0.464 - 1.721	
	2-sided p-value [4]	0.6959	
1	Number of Subjects	26	29
	Events, n (%)	5 (19.2)	10 (34.5)
	Censored subjects, n (%)	21 (80.8)	19 (65.5)
	Median (months) [2]	.	4.67
	95% CI for Score worsening [2]	1.91 - NC	1.87 - NC
	Q1 (95% CI)	1.91 (0.53 - NC)	1.87 (0.53 - 4.67)
	Q3 (95% CI)	. (. - NC)	10.15 (3.02 - NC)
	Min, Max	0.03+, 4.5+	0.03+, 10.15
	Hazard ratio [3]	0.932	
	95% CI for Hazard ratio [3]	0.278 - 2.839	
	2-sided p-value [4]	0.9022	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Constipation a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Constipation are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.1: Diarrhea (EORTC) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	95	.	82	.
	mean	4.91	.	4.07	.
	SD	11.9	.	12.2	.
	median	0	.	0	.
	min	0	.	0	.
	max	33.3	.	66.7	.
Cycle 1 Day 15	n	91	88	72	68
	mean	6.59	2.27	4.63	0
	SD	14.2	14.1	11.6	12.9
	median	0	0	0	0
	min	0	-33	0	-33
	max	66.7	33.3	33.3	33.3
Cycle 2 Day 1	n	88	85	81	75
	mean	6.06	1.96	8.64	4.44
	SD	14.8	15.7	20.3	18.4
	median	0	0	0	0
	min	0	-33	0	-33
	max	66.7	66.7	100	100
Cycle 3 Day 1	n	57	56	45	42
	mean	5.26	1.19	5.93	1.59
	SD	13.8	16.8	14.7	14.6
	median	0	0	0	0
	min	0	-33	0	-33
	max	66.7	66.7	66.7	66.7
Cycle 4 Day 1	n	46	44	32	30
	mean	7.97	3.03	4.17	-2.2
	SD	20.1	22.5	11.2	15
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	100	33.3	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	3.45	-1.2	1.85	0
	SD	10.3	16.9	7.86	12.2
	median	0	0	0	0
	min	0	-33	0	-33
	max	33.3	33.3	33.3	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	6.06	3.17	2.56	0
	SD	16.7	18	9.25	0
	median	0	0	0	0
	min	0	-33	0	0
	max	66.7	66.7	33.3	0
Cycle 10 Day 1	n	18	17	10	8
	mean	5.56	1.96	3.33	0
	SD	12.8	14.3	10.5	0
	median	0	0	0	0
	min	0	-33	0	0

Study: RAD1901-308
Section: Tables

Table 13.1: Diarrhea (EORTC) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	33.3	33.3	33.3	0
Cycle 12 Day 1	n	13	12	8	6
	mean	2.56	0	0	-5.6
	SD	9.25	14.2	0	13.6
	median	0	0	0	0
	min	0	-33	0	-33
	max	33.3	33.3	0	0
Cycle 14 Day 1	n	11	11	4	3
	mean	0	-3	0	-11
	SD	0	10.1	0	19.2
	median	0	0	0	0
	min	0	-33	0	-33
	max	0	0	0	0
Cycle 16 Day 1	n	9	8	2	2
	mean	7.41	8.33	0	-17
	SD	22.2	23.6	0	23.6
	median	0	0	0	-17
	min	0	0	0	-33
	max	66.7	66.7	0	0
Cycle 18 Day 1	n	8	8	2	2
	mean	4.17	0	0	-17
	SD	11.8	0	0	23.6
	median	0	0	0	-17
	min	0	0	0	-33
	max	33.3	0	0	0
Cycle 20 Day 1	n	8	8	2	2
	mean	4.17	4.17	0	-17
	SD	11.8	11.8	0	23.6
	median	0	0	0	-17
	min	0	0	0	-33
	max	33.3	33.3	0	0
Cycle 22 Day 1	n	6	6	2	2
	mean	0	0	33.3	16.7
	SD	0	0	0	23.6
	median	0	0	33.3	16.7
	min	0	0	33.3	0
	max	0	0	33.3	33.3
Cycle 24 Day 1	n	4	4	0	0
	mean	0	0	.	.
	SD	0	0	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	16.7	16.7	.	.
	SD	33.3	33.3	.	.
	median	0	0	.	.

Study: RAD1901-308
Section: Tables

Table 13.1: Diarrhea (EORTC) and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

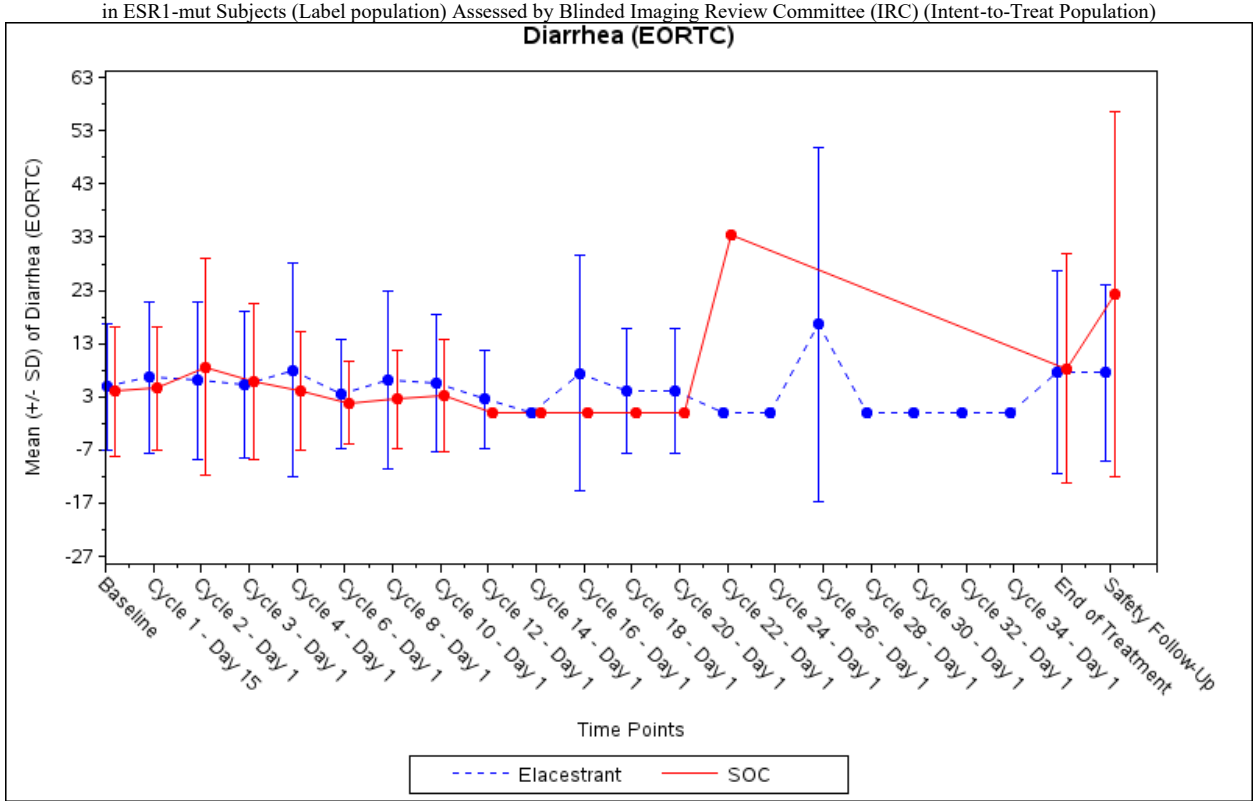
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	0	.	.
	max	66.7	66.7	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	0	0	.	.
	SD	0	0	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	0	0	.	.
	SD	0	0	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	0	0	.	.
	SD	0	0	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	0	0	.	.
	SD	.	.	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
End of Treatment	n	70	68	72	66
	mean	7.62	4.41	8.33	3.03
	SD	19	17.2	21.5	15.2
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	100	100	66.7
Safety Follow-Up	n	31	31	18	17
	mean	7.53	1.08	22.2	21.6
	SD	16.6	16.1	34.3	35.2
	median	0	0	0	0
	min	0	-33	0	0
	max	66.7	66.7	100	100

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 13.1: Mean (+/-SD) of Diarrhea (EORTC) score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.2: Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

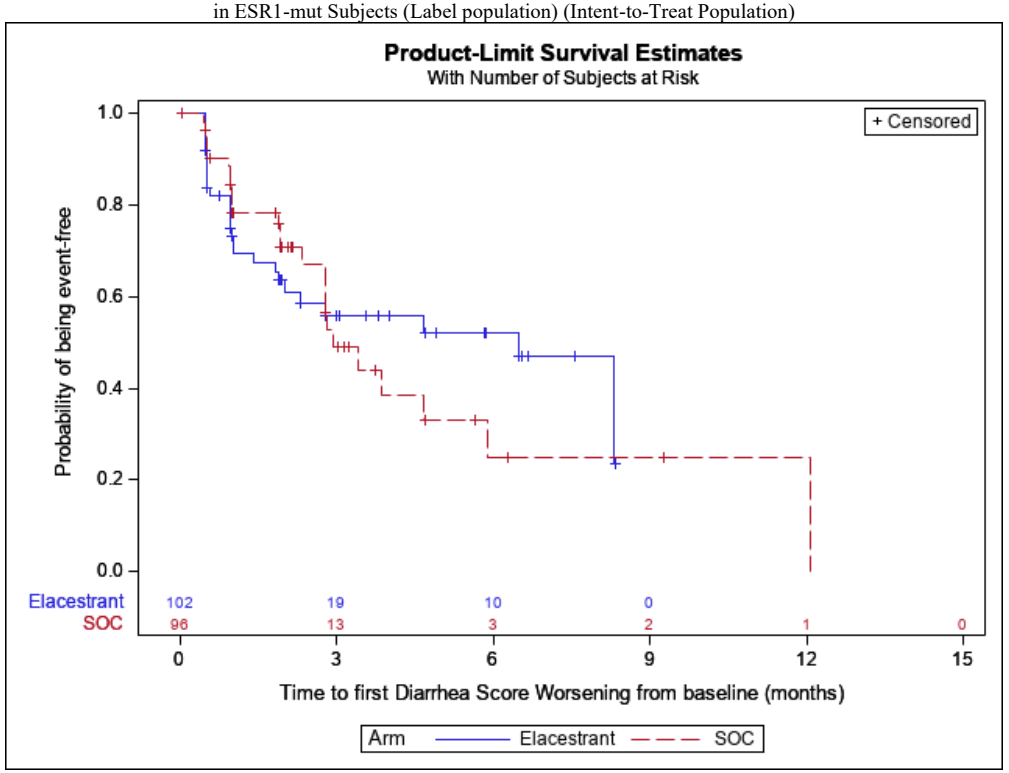
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.66	1.38
median	0.53	0.53
min	0.03	0.03
max	8.34	12.06
Events, n (%)	28 (27.5)	25 (26)
Diarrhea score worsening	28 (27.5)	25 (26)
Censored subjects, n (%)	74 (72.5)	71 (74)
No event	73 (71.6)	70 (72.9)
Death	1 (1)	1 (1)
Median (months) [2]	6.47	2.92
95% CI for Score worsening [2]	2.00 - 8.31	2.79 - 5.88
Q1 (95% CI)	0.95 (0.53 - 2.00)	1.91 (0.95 - 2.79)
Q3 (95% CI)	8.31 (8.31 - NC)	5.88 (3.84 - NC)
Min, Max	0.03+, 8.34+	0.03+, 12.06
Score worsening rate at 3 months (95% CI) [2]	55.76 (42.01 - 69.52)	48.96 (31.86 - 66.07)
Score worsening rate at 6 months (95% CI) [2]	52.05 (37.40 - 66.69)	24.79 (4.88 - 44.69)
Score worsening rate at 12 months (95% CI) [2]	. (. - .)	24.79 (4.88 - 44.69)
Score worsening rate at 18 months (95% CI) [2]	. (. - .)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	. (. - .)	0.00 (. - .)
Hazard ratio [3]	0.948	
95% CI for Hazard ratio [3]	0.539 - 1.675	
2-sided p-value [4]	0.8494	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 13.2: Kaplan-Meier Plot of Time to first worsening for Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.3: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.3730	
Yes	Number of Subjects	27	27
	Events, n (%)	9 (33.3)	6 (22.2)
	Censored subjects, n (%)	18 (66.7)	21 (77.8)
	Median (months) [2]	4.67	4.67
	95% CI for Score worsening [2]	0.95 - NC	2.79 - NC
	Q1 (95% CI)	0.95 (0.49 - 4.67)	2.79 (0.99 - 4.67)
	Q3 (95% CI)	8.31 (4.67 - NC)	. (2.92 - NC)
	Min, Max	0.03+, 8.31	0.03+, 5.65+
	Hazard ratio [3]	1.316	
	95% CI for Hazard ratio [3]	0.454 - 4.024	
	2-sided p-value [4]	0.6105	
No	Number of Subjects	75	69
	Events, n (%)	19 (25.3)	19 (27.5)
	Censored subjects, n (%)	56 (74.7)	50 (72.5)
	Median (months) [2]	6.47	2.83
	95% CI for Score worsening [2]	2.00 - NC	2.33 - 5.88
	Q1 (95% CI)	1.02 (0.56 - 2.30)	0.99 (0.92 - 2.79)
	Q3 (95% CI)	. (8.31 - NC)	5.88 (3.42 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.822	
	95% CI for Hazard ratio [3]	0.428 - 1.584	
	2-sided p-value [4]	0.549	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Diarrhea = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.4: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.1413	
Yes	Number of Subjects	72	69
	Events, n (%)	19 (26.4)	13 (18.8)
	Censored subjects, n (%)	53 (73.6)	56 (81.2)
	Median (months) [2]	6.47	4.67
	95% CI for Score worsening [2]	1.87 - NC	2.79 - NC
	Q1 (95% CI)	0.95 (0.53 - 2.00)	2.79 (0.95 - 4.67)
	Q3 (95% CI)	8.31 (8.31 - NC)	12.06 (4.67 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	1.308	
	95% CI for Hazard ratio [3]	0.638 - 2.786	
	2-sided p-value [4]	0.4685	
No	Number of Subjects	30	27
	Events, n (%)	9 (30)	12 (44.4)
	Censored subjects, n (%)	21 (70)	15 (55.6)
	Median (months) [2]	8.31	2.33
	95% CI for Score worsening [2]	1.02 - NC	1.87 - 2.92
	Q1 (95% CI)	1.02 (0.53 - 8.31)	1.43 (0.53 - 2.33)
	Q3 (95% CI)	. (4.67 - NC)	2.92 (2.33 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 9.26+
	Hazard ratio [3]	0.564	
	95% CI for Hazard ratio [3]	0.224 - 1.362	
	2-sided p-value [4]	0.2021	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.5: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.0695	
<65 years	Number of Subjects	49	48
	Events, n (%)	10 (20.4)	13 (27.1)
	Censored subjects, n (%)	39 (79.6)	35 (72.9)
	Median (months) [2]	.	3.84
	95% CI for Score worsening [2]	2.79 - NC	1.87 - NC
	Q1 (95% CI)	1.84 (1.02 - NC)	0.99 (0.53 - 3.84)
	Q3 (95% CI)	. (. - NC)	12.06 (3.84 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.557	
	95% CI for Hazard ratio [3]	0.232 - 1.305	
	2-sided p-value [4]	0.1702	
>=65 years	Number of Subjects	53	48
	Events, n (%)	18 (34)	12 (25)
	Censored subjects, n (%)	35 (66)	36 (75)
	Median (months) [2]	2.00	2.92
	95% CI for Score worsening [2]	0.95 - NC	2.79 - NC
	Q1 (95% CI)	0.56 (0.53 - 0.99)	2.33 (0.99 - 2.92)
	Q3 (95% CI)	8.31 (4.67 - NC)	. (2.92 - NC)
	Min, Max	0.03+,	0.03+, 9.26+
	Hazard ratio [3]	1.572	
	95% CI for Hazard ratio [3]	0.760 - 3.368	
	2-sided p-value [4]	0.2381	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.6: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.1356	
<75 years	Number of Subjects	85	80
	Events, n (%)	21 (24.7)	19 (23.8)
	Censored subjects, n (%)	64 (75.3)	61 (76.3)
	Median (months) [2]	6.47	2.83
	95% CI for Score worsening [2]	2.30 - NC	2.33 - 5.88
	Q1 (95% CI)	1.02 (0.53 - 2.79)	1.91 (0.92 - 2.79)
	Q3 (95% CI)	. (8.31 - NC)	5.88 (3.42 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.773	
	95% CI for Hazard ratio [3]	0.407 - 1.481	
	2-sided p-value [4]	0.4218	
>=75 years	Number of Subjects	17	16
	Events, n (%)	7 (41.2)	6 (37.5)
	Censored subjects, n (%)	10 (58.8)	10 (62.5)
	Median (months) [2]	0.99	3.79
	95% CI for Score worsening [2]	0.56 - NC	2.79 - NC
	Q1 (95% CI)	0.56 (0.49 - 0.99)	1.89 (0.99 - 4.67)
	Q3 (95% CI)	8.31 (0.99 - NC)	. (2.92 - NC)
	Min, Max	0.03+, 8.31	0.03+, 9.26+
	Hazard ratio [3]	2.139	
	95% CI for Hazard ratio [3]	0.697 - 6.768	
	2-sided p-value [4]	0.1678	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.7: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.9986	
Europe	Number of Subjects	54	43
	Events, n (%)	16 (29.6)	13 (30.2)
	Censored subjects, n (%)	38 (70.4)	30 (69.8)
	Median (months) [2]	4.67	2.92
	95% CI for Score worsening [2]	2.00 - NC	2.33 - NC
	Q1 (95% CI)	0.99 (0.95 - 2.79)	1.91 (0.99 - 2.92)
	Q3 (95% CI)	8.31 (4.67 - NC)	12.06 (2.92 - NC)
	Min, Max	0.03+, 8.31	0.03+, 12.06
	Hazard ratio [3]	0.996	
	95% CI for Hazard ratio [3]	0.472 - 2.158	
	2-sided p-value [4]	0.9796	
North America	Number of Subjects	32	37
	Events, n (%)	10 (31.3)	9 (24.3)
	Censored subjects, n (%)	22 (68.8)	28 (75.7)
	Median (months) [2]	1.87	3.84
	95% CI for Score worsening [2]	1.02 - NC	1.91 - NC
	Q1 (95% CI)	0.56 (0.49 - 1.41)	1.91 (0.53 - 3.84)
	Q3 (95% CI)	. (1.87 - NC)	5.88 (3.84 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 9.26+
	Hazard ratio [3]	1.182	
	95% CI for Hazard ratio [3]	0.470 - 3.011	
	2-sided p-value [4]	0.7453	
Asia	Number of Subjects	8	14
	Events, n (%)	1 (12.5)	3 (21.4)
	Censored subjects, n (%)	7 (87.5)	11 (78.6)
	Median (months) [2]	.	2.79
	95% CI for Score worsening [2]	0.53 - NC	0.99 - NC
	Q1 (95% CI)	0.53 (0.53 - NC)	0.99 (0.92 - NC)
	Q3 (95% CI)	. (0.53 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 4.9+	0.03+, 6.28+
	Hazard ratio [3]	0.971	
	95% CI for Hazard ratio [3]	0.048 - 7.619	
	2-sided p-value [4]	0.9796	
Other	Number of Subjects	8	2
	Events, n (%)	1 (12.5)	0 (0.0)
	Censored subjects, n (%)	7 (87.5)	2 (100)
	Median (months) [2]	8.31	.
	95% CI for Score worsening [2]	. - NC	. - NC
	Q1 (95% CI)	8.31 (. - NC)	. (. - NC)
	Q3 (95% CI)	8.31 (. - NC)	. (. - NC)
	Min, Max	0.03+, 8.31	0.03+, 0.03+
	Hazard ratio [3]	.	
	95% CI for Hazard ratio [3]	. - .	
	2-sided p-value [4]	.	
Zero cell correction test	Odds Ratio	1.0692	0.5641 - 2.0265
	Relative Risk (Event)	1.0544	0.6653 - 1.6711

Study: RAD1901-308
Section: Tables

Table 13.7: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
	Relative Risk (Censor)	0.9555	0.8264 - 1.1047
	p-value	0.8238	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Diarrhea =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.8: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.1042	
0	Number of Subjects	59	51
	Events, n (%)	12 (20.3)	15 (29.4)
	Censored subjects, n (%)	47 (79.7)	36 (70.6)
	Median (months) [2]	8.31	2.79
	95% CI for Score worsening [2]	2.30 - NC	1.91 - 5.88
	Q1 (95% CI)	1.87 (1.02 - 8.31)	1.91 (0.95 - 2.79)
	Q3 (95% CI)	. (8.31 - NC)	5.88 (2.83 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.616	
	95% CI for Hazard ratio [3]	0.279 - 1.339	
	2-sided p-value [4]	0.2275	
1	Number of Subjects	43	45
	Events, n (%)	16 (37.2)	10 (22.2)
	Censored subjects, n (%)	27 (62.8)	35 (77.8)
	Median (months) [2]	2.79	3.84
	95% CI for Score worsening [2]	0.95 - NC	2.33 - NC
	Q1 (95% CI)	0.56 (0.53 - 1.02)	2.33 (0.95 - 3.84)
	Q3 (95% CI)	8.31 (6.47 - NC)	. (3.84 - NC)
	Min, Max	0.03+, 8.31	0.03+, 6.28+
	Hazard ratio [3]	1.450	
	95% CI for Hazard ratio [3]	0.646 - 3.379	
	2-sided p-value [4]	0.3904	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea (EORTC) a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea (EORTC) are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.9: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.9652	
yes	Number of Subjects	82	78
	Events, n (%)	19 (23.2)	18 (23.1)
	Censored subjects, n (%)	63 (76.8)	60 (76.9)
	Median (months) [2]	8.31	3.84
	95% CI for Score worsening [2]	2.00 - NC	2.79 - NC
	Q1 (95% CI)	1.02 (0.56 - 4.67)	2.33 (0.95 - 2.92)
	Q3 (95% CI)	. (8.31 - NC)	12.06 (4.67 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.945	
	95% CI for Hazard ratio [3]	0.490 - 1.840	
	2-sided p-value [4]	0.8628	
no	Number of Subjects	20	18
	Events, n (%)	9 (45)	7 (38.9)
	Censored subjects, n (%)	11 (55)	11 (61.1)
	Median (months) [2]	1.84	1.91
	95% CI for Score worsening [2]	0.53 - NC	0.99 - NC
	Q1 (95% CI)	0.53 (0.49 - 1.84)	0.99 (0.53 - 2.79)
	Q3 (95% CI)	6.47 (1.84 - NC)	3.42 (1.91 - NC)
	Min, Max	0.03+, 8.31	0.03+, 3.42
	Hazard ratio [3]	0.876	
	95% CI for Hazard ratio [3]	0.295 - 2.595	
	2-sided p-value [4]	0.8009	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.10: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.5750	
1	Number of Subjects	64	56
	Events, n (%)	19 (29.7)	15 (26.8)
	Censored subjects, n (%)	45 (70.3)	41 (73.2)
	Median (months) [2]	6.47	2.83
	95% CI for Score worsening [2]	1.87 - NC	2.33 - 3.84
	Q1 (95% CI)	0.95 (0.53 - 2.30)	1.87 (0.95 - 2.83)
	Q3 (95% CI)	. (8.31 - NC)	3.84 (2.83 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.817	
	95% CI for Hazard ratio [3]	0.411 - 1.667	
	2-sided p-value [4]	0.5491	
2	Number of Subjects	38	40
	Events, n (%)	9 (23.7)	10 (25)
	Censored subjects, n (%)	29 (76.3)	30 (75)
	Median (months) [2]	4.67	4.67
	95% CI for Score worsening [2]	1.84 - NC	1.91 - NC
	Q1 (95% CI)	1.41 (0.53 - 4.67)	1.91 (0.95 - 4.67)
	Q3 (95% CI)	8.31 (4.67 - NC)	. (4.67 - NC)
	Min, Max	0.03+, 8.31	0.03+, 6.28+
	Hazard ratio [3]	1.092	
	95% CI for Hazard ratio [3]	0.416 - 2.774	
	2-sided p-value [4]	0.8481	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 13.11: Subgroup Analysis of Time to first worsening from baseline of Diarrhea (EORTC) score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.9548	
0	Number of Subjects	76	67
	Events, n (%)	24 (31.6)	18 (26.9)
	Censored subjects, n (%)	52 (68.4)	49 (73.1)
	Median (months) [2]	4.67	2.79
	95% CI for Score worsening [2]	1.02 - 8.31	1.91 - 4.67
	Q1 (95% CI)	0.95 (0.53 - 1.84)	1.87 (0.99 - 2.79)
	Q3 (95% CI)	8.31 (8.31 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 8.34+	0.03+, 12.06
	Hazard ratio [3]	0.940	
	95% CI for Hazard ratio [3]	0.505 - 1.791	
	2-sided p-value [4]	0.836	
1	Number of Subjects	26	29
	Events, n (%)	4 (15.4)	7 (24.1)
	Censored subjects, n (%)	22 (84.6)	22 (75.9)
	Median (months) [2]	.	5.88
	95% CI for Score worsening [2]	2.30 - NC	2.92 - NC
	Q1 (95% CI)	2.30 (0.53 - NC)	2.92 (0.53 - 5.88)
	Q3 (95% CI)	. (2.30 - NC)	. (3.84 - NC)
	Min, Max	0.03+, 6.54+	0.03+, 6.28+
	Hazard ratio [3]	0.940	
	95% CI for Hazard ratio [3]	0.242 - 3.185	
	2-sided p-value [4]	0.9263	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Diarrhea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Diarrhea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.1: Dyspnea and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	13.9	.	11.4	.
	SD	20.9	.	24.1	.
	median	0	.	0	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	14.3	0.75	11.1	0
	SD	23.4	20.7	21.7	16.3
	median	0	0	0	0
	min	0	-33	0	-67
	max	100	100	100	33.3
Cycle 2 Day 1	n	88	86	81	75
	mean	14.4	1.16	16.9	6.22
	SD	22.5	19.4	28	23.1
	median	0	0	0	0
	min	0	-33	0	-67
	max	100	100	100	66.7
Cycle 3 Day 1	n	57	57	45	42
	mean	15.2	0.58	11.9	0.79
	SD	23.6	26.3	24.8	29
	median	0	0	0	0
	min	0	-67	0	-100
	max	100	100	100	66.7
Cycle 4 Day 1	n	46	45	32	30
	mean	13	-.74	15.6	4.44
	SD	19.2	24.1	20.7	19
	median	0	0	0	0
	min	0	-67	0	-33
	max	66.7	66.7	66.7	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	12.6	0	11.1	2.08
	SD	18.7	24	16.2	31
	median	0	0	0	0
	min	0	-67	0	-67
	max	66.7	66.7	33.3	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	13.6	-3.2	12.8	6.06
	SD	24.5	29.6	16.9	20.1
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	100	33.3	33.3
Cycle 10 Day 1	n	18	17	10	8
	mean	14.8	-3.9	3.33	-4.2
	SD	26.1	35.1	10.5	27.8
	median	0	0	0	0
	min	0	-67	0	-67

Study: RAD1901-308
Section: Tables

Table 14.1: Dyspnea and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	100	33.3	33.3
Cycle 12 Day 1	n	13	12	8	6
	mean	17.9	-2.8	12.5	5.56
	SD	22	36.1	17.3	13.6
	median	0	0	0	0
	min	0	-67	0	0
	max	66.7	66.7	33.3	33.3
Cycle 14 Day 1	n	11	11	4	3
	mean	15.2	-9.1	16.7	11.1
	SD	22.9	26.2	19.2	19.2
	median	0	0	16.7	0
	min	0	-67	0	0
	max	66.7	33.3	33.3	33.3
Cycle 16 Day 1	n	9	8	2	2
	mean	25.9	8.33	16.7	16.7
	SD	36.4	49.6	23.6	23.6
	median	0	0	16.7	16.7
	min	0	-33	0	0
	max	100	100	33.3	33.3
Cycle 18 Day 1	n	8	8	2	2
	mean	12.5	-21	0	0
	SD	24.8	24.8	0	0
	median	0	-17	0	0
	min	0	-67	0	0
	max	66.7	0	0	0
Cycle 20 Day 1	n	8	8	2	2
	mean	20.8	0	0	0
	SD	35.4	47.1	0	0
	median	0	-17	0	0
	min	0	-33	0	0
	max	100	100	0	0
Cycle 22 Day 1	n	6	6	2	2
	mean	27.8	5.56	0	0
	SD	25.1	32.8	0	0
	median	33.3	0	0	0
	min	0	-33	0	0
	max	66.7	66.7	0	0
Cycle 24 Day 1	n	4	4	0	0
	mean	41.7	16.7	.	.
	SD	41.9	57.7	.	.
	median	33.3	0	.	.
	min	0	-33	.	.
	max	100	100	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	33.3	8.33	.	.
	SD	27.2	41.9	.	.
	median	33.3	0	.	.

Study: RAD1901-308
Section: Tables

Table 14.1: Dyspnea and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

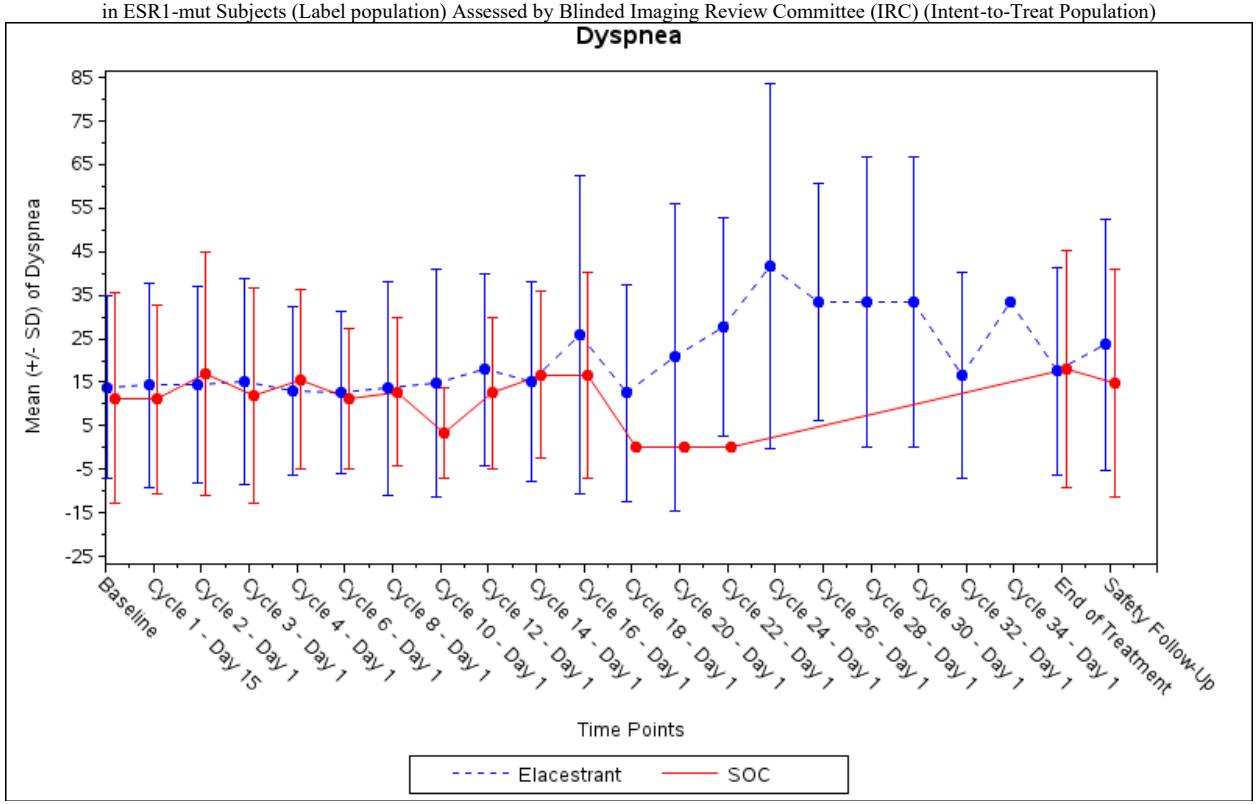
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	-33	.	.
	max	66.7	66.7	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	33.3	11.1	.	.
	SD	33.3	50.9	.	.
	median	33.3	0	.	.
	min	0	-33	.	.
	max	66.7	66.7	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	33.3	11.1	.	.
	SD	33.3	50.9	.	.
	median	33.3	0	.	.
	min	0	-33	.	.
	max	66.7	66.7	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	16.7	-17	.	.
	SD	23.6	23.6	.	.
	median	16.7	-17	.	.
	min	0	-33	.	.
	max	33.3	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	33.3	-33	.	.
	SD	.	.	.	.
	median	33.3	-33	.	.
	min	33.3	-33	.	.
	max	33.3	-33	.	.
End of Treatment	n	70	68	72	66
	mean	17.6	5.39	18.1	6.57
	SD	23.9	18.8	27.4	22.8
	median	0	0	0	0
	min	0	-33	0	-67
	max	100	66.7	100	66.7
Safety Follow-Up	n	31	31	18	17
	mean	23.7	9.68	14.8	7.84
	SD	28.8	27.5	26.1	14.6
	median	0	0	0	0
	min	0	-33	0	0
	max	100	100	100	33.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 14.1: Mean (+/-SD) of Dyspnea score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.2: Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

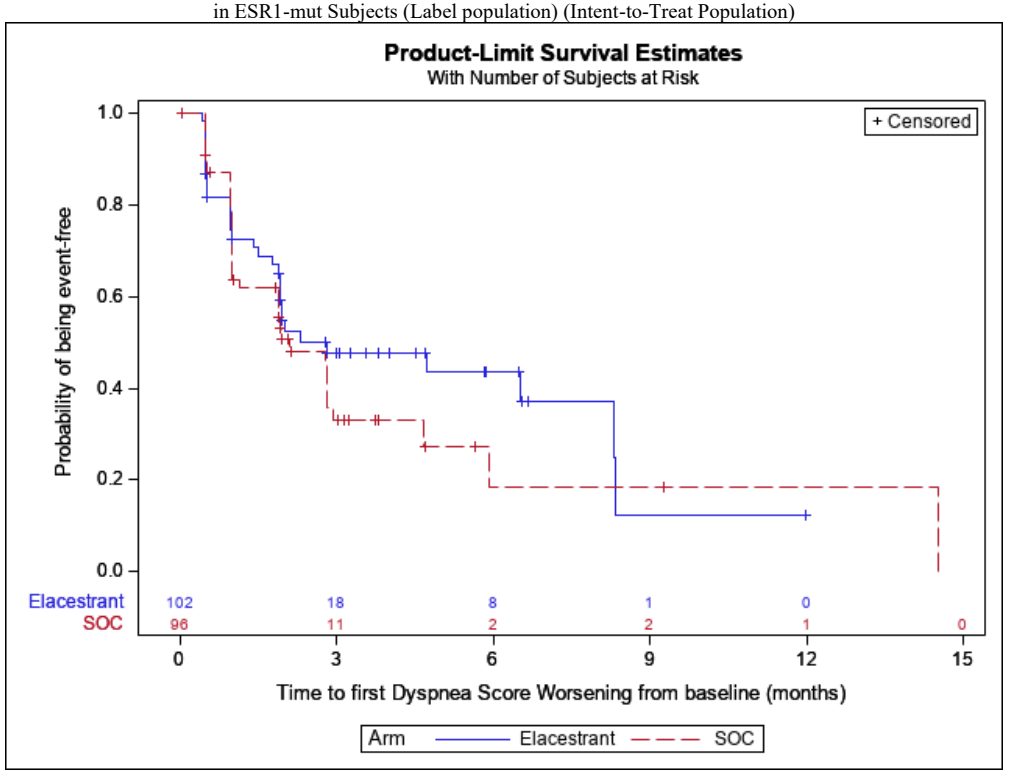
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.59	1.30
median	0.49	0.51
min	0.03	0.03
max	11.99	14.52
Events, n (%)	32 (31.4)	34 (35.4)
Dyspnea score worsening	32 (31.4)	34 (35.4)
Censored subjects, n (%)	70 (68.6)	62 (64.6)
No event	69 (67.6)	61 (63.5)
Death	1 (1)	1 (1)
Median (months) [2]	2.83	2.10
95% CI for Score worsening [2]	1.91 - 8.31	1.15 - 2.92
Q1 (95% CI)	0.95 (0.53 - 1.91)	0.99 (0.95 - 1.15)
Q3 (95% CI)	8.31 (6.51 - NC)	5.91 (2.83 - NC)
Min, Max	0.03+, 11.99+	0.03+, 14.52
Score worsening rate at 3 months (95% CI) [2]	47.74 (33.94 - 61.54)	32.89 (18.24 - 47.53)
Score worsening rate at 6 months (95% CI) [2]	43.40 (28.46 - 58.34)	18.27 (0.31 - 36.23)
Score worsening rate at 12 months (95% CI) [2]	. (. - .)	18.27 (0.31 - 36.23)
Score worsening rate at 18 months (95% CI) [2]	. (. - .)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	. (. - .)	0.00 (. - .)
Hazard ratio [3]	0.763	
95% CI for Hazard ratio [3]	0.462 - 1.257	
2-sided p-value [4]	0.3172	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 14.2: Kaplan-Meier Plot of Time to first worsening for Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.3: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.2906	
Yes	Number of Subjects	27	27
	Events, n (%)	7 (25.9)	7 (25.9)
	Censored subjects, n (%)	20 (74.1)	20 (74.1)
	Median (months) [2]	4.73	4.67
	95% CI for Score worsening [2]	1.51 - NC	1.91 - NC
	Q1 (95% CI)	1.41 (0.49 - NC)	1.91 (0.99 - NC)
	Q3 (95% CI)	. (4.73 - NC)	14.52 (4.67 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 14.52
	Hazard ratio [3]	1.149	
	95% CI for Hazard ratio [3]	0.380 - 3.586	
	2-sided p-value [4]	0.8015	
No	Number of Subjects	75	69
	Events, n (%)	25 (33.3)	27 (39.1)
	Censored subjects, n (%)	50 (66.7)	42 (60.9)
	Median (months) [2]	2.30	1.87
	95% CI for Score worsening [2]	1.91 - 8.31	0.99 - 2.83
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	8.31 (6.51 - NC)	2.83 (2.10 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 9.26+
	Hazard ratio [3]	0.672	
	95% CI for Hazard ratio [3]	0.386 - 1.168	
	2-sided p-value [4]	0.167	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Dyspnea = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.4: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.8087	
Yes	Number of Subjects	72	69
	Events, n (%)	21 (29.2)	23 (33.3)
	Censored subjects, n (%)	51 (70.8)	46 (66.7)
	Median (months) [2]	2.00	1.94
	95% CI for Score worsening [2]	1.87 - NC	0.99 - 4.67
	Q1 (95% CI)	0.99 (0.53 - 1.91)	0.99 (0.95 - 1.15)
	Q3 (95% CI)	8.34 (4.73 - NC)	14.52 (2.10 - NC)
	Min, Max	0.03+, 8.34	0.03+, 14.52
	Hazard ratio [3]	0.840	
	95% CI for Hazard ratio [3]	0.458 - 1.536	
	2-sided p-value [4]	0.6025	
No	Number of Subjects	30	27
	Events, n (%)	11 (36.7)	11 (40.7)
	Censored subjects, n (%)	19 (63.3)	16 (59.3)
	Median (months) [2]	6.51	2.83
	95% CI for Score worsening [2]	1.91 - NC	1.87 - 5.91
	Q1 (95% CI)	0.95 (0.49 - 6.51)	0.99 (0.49 - 2.83)
	Q3 (95% CI)	8.31 (6.51 - NC)	5.91 (2.83 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 9.26+
	Hazard ratio [3]	0.694	
	95% CI for Hazard ratio [3]	0.295 - 1.630	
	2-sided p-value [4]	0.3776	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.5: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.6044	
<65 years	Number of Subjects	49	48
	Events, n (%)	15 (30.6)	15 (31.3)
	Censored subjects, n (%)	34 (69.4)	33 (68.8)
	Median (months) [2]	2.83	2.10
	95% CI for Score worsening [2]	1.91 - NC	0.99 - 2.83
	Q1 (95% CI)	1.87 (0.53 - 2.30)	0.99 (0.53 - 2.10)
	Q3 (95% CI)	8.34 (4.73 - NC)	2.83 (2.10 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 14.52
	Hazard ratio [3]	0.675	
	95% CI for Hazard ratio [3]	0.321 - 1.426	
	2-sided p-value [4]	0.3107	
>=65 years	Number of Subjects	53	48
	Events, n (%)	17 (32.1)	19 (39.6)
	Censored subjects, n (%)	36 (67.9)	29 (60.4)
	Median (months) [2]	2.00	1.94
	95% CI for Score worsening [2]	0.99 - NC	0.99 - 5.91
	Q1 (95% CI)	0.95 (0.49 - 1.91)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	8.31 (6.51 - NC)	5.91 (2.83 - NC)
	Min, Max	0.03+, 8.31	0.03+, 9.26+
	Hazard ratio [3]	0.879	
	95% CI for Hazard ratio [3]	0.450 - 1.702	
	2-sided p-value [4]	0.7035	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.6: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.1241	
<75 years	Number of Subjects	85	80
	Events, n (%)	25 (29.4)	27 (33.8)
	Censored subjects, n (%)	60 (70.6)	53 (66.3)
	Median (months) [2]	4.73	2.10
	95% CI for Score worsening [2]	1.91 - 8.34	0.99 - 2.83
	Q1 (95% CI)	1.51 (0.53 - 1.94)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	8.34 (6.51 - NC)	5.91 (2.83 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 14.52
	Hazard ratio [3]	0.653	
	95% CI for Hazard ratio [3]	0.372 - 1.144	
	2-sided p-value [4]	0.1397	
>=75 years	Number of Subjects	17	16
	Events, n (%)	7 (41.2)	7 (43.8)
	Censored subjects, n (%)	10 (58.8)	9 (56.3)
	Median (months) [2]	0.99	2.92
	95% CI for Score worsening [2]	0.53 - NC	0.99 - NC
	Q1 (95% CI)	0.53 (0.43 - 0.99)	0.99 (0.53 - 2.92)
	Q3 (95% CI)	. (0.99 - NC)	. (1.94 - NC)
	Min, Max	0.03+, 4.01+	0.03+, 9.26+
	Hazard ratio [3]	1.723	
	95% CI for Hazard ratio [3]	0.565 - 5.447	
	2-sided p-value [4]	0.3193	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.7: Subgroup Analysis of Time to first worsening from baseline of Dyspnea for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.7898	
Europe	Number of Subjects	54	43
	Events, n (%)	17 (31.5)	16 (37.2)
	Censored subjects, n (%)	37 (68.5)	27 (62.8)
	Median (months) [2]	2.30	2.83
	95% CI for Score worsening [2]	0.99 - NC	0.99 - NC
	Q1 (95% CI)	0.95 (0.49 - 1.94)	0.99 (0.95 - 2.83)
	Q3 (95% CI)	. (2.83 - NC)	5.91 (2.83 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 5.91
	Hazard ratio [3]	0.911	
	95% CI for Hazard ratio [3]	0.458 - 1.821	
	2-sided p-value [4]	0.7821	
North America	Number of Subjects	32	37
	Events, n (%)	10 (31.3)	11 (29.7)
	Censored subjects, n (%)	22 (68.8)	26 (70.3)
	Median (months) [2]	4.73	2.83
	95% CI for Score worsening [2]	1.77 - NC	1.87 - NC
	Q1 (95% CI)	1.77 (0.53 - 4.73)	0.99 (0.53 - 2.83)
	Q3 (95% CI)	8.34 (4.73 - NC)	14.52 (2.83 - NC)
	Min, Max	0.03+, 8.34	0.03+, 14.52
	Hazard ratio [3]	0.925	
	95% CI for Hazard ratio [3]	0.374 - 2.285	
	2-sided p-value [4]	0.8808	
Asia	Number of Subjects	8	14
	Events, n (%)	3 (37.5)	6 (42.9)
	Censored subjects, n (%)	5 (62.5)	8 (57.1)
	Median (months) [2]	1.91	0.99
	95% CI for Score worsening [2]	0.95 - NC	0.99 - 1.94
	Q1 (95% CI)	0.95 (0.95 - NC)	0.99 (0.49 - 0.99)
	Q3 (95% CI)	1.91 (0.95 - NC)	1.94 (0.99 - NC)
	Min, Max	0.03+,	0.03+, 2.79
	Hazard ratio [3]	1.306	
	95% CI for Hazard ratio [3]	0.254 - 5.999	
	2-sided p-value [4]	0.6914	
Other	Number of Subjects	8	2
	Events, n (%)	2 (25)	1 (50)
	Censored subjects, n (%)	6 (75)	1 (50)
	Median (months) [2]	8.31	1.87
	95% CI for Score worsening [2]	0.53 - NC	. - NC
	Q1 (95% CI)	8.31 (0.53 - NC)	1.87 (. - NC)
	Q3 (95% CI)	8.31 (. - NC)	1.87 (. - NC)
	Min, Max	0.03+, 8.31	0.03+, 1.87
	Hazard ratio [3]	0.224	
	95% CI for Hazard ratio [3]	0.009 - 5.665	
	2-sided p-value [4]	0.2467	

Study: RAD1901-308
Section: Tables

Table 14.7: Subgroup Analysis of Time to first worsening from baseline of Dyspnea for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Dyspnea =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.8: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.6993	
0	Number of Subjects	59	51
	Events, n (%)	18 (30.5)	13 (25.5)
	Censored subjects, n (%)	41 (69.5)	38 (74.5)
	Median (months) [2]	4.73	2.83
	95% CI for Score worsening [2]	1.91 - 8.34	0.99 - NC
	Q1 (95% CI)	1.77 (0.53 - 2.30)	0.99 (0.95 - 2.10)
	Q3 (95% CI)	8.34 (6.51 - NC)	14.52 (2.83 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 14.52
	Hazard ratio [3]	0.940	
	95% CI for Hazard ratio [3]	0.455 - 2.011	
	2-sided p-value [4]	0.8879	
1	Number of Subjects	43	45
	Events, n (%)	14 (32.6)	21 (46.7)
	Censored subjects, n (%)	29 (67.4)	24 (53.3)
	Median (months) [2]	1.94	1.87
	95% CI for Score worsening [2]	0.99 - NC	0.99 - 2.92
	Q1 (95% CI)	0.95 (0.49 - 1.91)	0.99 (0.53 - 1.15)
	Q3 (95% CI)	. (1.94 - NC)	4.67 (2.79 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.91
	Hazard ratio [3]	0.764	
	95% CI for Hazard ratio [3]	0.379 - 1.494	
	2-sided p-value [4]	0.432	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.9: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.4140	
yes	Number of Subjects	82	78
	Events, n (%)	27 (32.9)	26 (33.3)
	Censored subjects, n (%)	55 (67.1)	52 (66.7)
	Median (months) [2]	2.83	2.10
	95% CI for Score worsening [2]	1.87 - 8.34	1.15 - 2.92
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	8.34 (6.51 - NC)	14.52 (2.83 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 14.52
	Hazard ratio [3]	0.875	
	95% CI for Hazard ratio [3]	0.506 - 1.521	
	2-sided p-value [4]	0.6496	
no	Number of Subjects	20	18
	Events, n (%)	5 (25)	8 (44.4)
	Censored subjects, n (%)	15 (75)	10 (55.6)
	Median (months) [2]	5.31	1.43
	95% CI for Score worsening [2]	0.95 - NC	0.53 - NC
	Q1 (95% CI)	1.43 (0.49 - NC)	0.53 (0.49 - 1.87)
	Q3 (95% CI)	8.31 (2.30 - NC)	5.91 (0.99 - NC)
	Min, Max	0.03+, 8.31	0.03+, 5.91
	Hazard ratio [3]	0.464	
	95% CI for Hazard ratio [3]	0.123 - 1.486	
	2-sided p-value [4]	0.1968	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.10: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.7021	
1	Number of Subjects	64	56
	Events, n (%)	25 (39.1)	20 (35.7)
	Censored subjects, n (%)	39 (60.9)	36 (64.3)
	Median (months) [2]	2.30	1.87
	95% CI for Score worsening [2]	1.87 - 8.31	0.95 - 2.83
	Q1 (95% CI)	0.95 (0.53 - 1.91)	0.95 (0.49 - 0.99)
	Q3 (95% CI)	8.31 (4.73 - NC)	2.83 (1.94 - 5.91)
	Min, Max	0.03+, 11.99+	0.03+, 9.26+
	Hazard ratio [3]	0.665	
	95% CI for Hazard ratio [3]	0.368 - 1.217	
	2-sided p-value [4]	0.1785	
2	Number of Subjects	38	40
	Events, n (%)	7 (18.4)	14 (35)
	Censored subjects, n (%)	31 (81.6)	26 (65)
	Median (months) [2]	.	2.83
	95% CI for Score worsening [2]	1.77 - NC	1.87 - NC
	Q1 (95% CI)	1.41 (0.49 - NC)	1.15 (0.99 - 2.10)
	Q3 (95% CI)	. (. - NC)	14.52 (4.67 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 14.52
	Hazard ratio [3]	0.823	
	95% CI for Hazard ratio [3]	0.309 - 2.011	
	2-sided p-value [4]	0.6871	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 14.11: Subgroup Analysis of Time to first worsening from baseline of Dyspnea score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.2394	
0	Number of Subjects	76	67
	Events, n (%)	22 (28.9)	23 (34.3)
	Censored subjects, n (%)	54 (71.1)	44 (65.7)
	Median (months) [2]	2.83	1.91
	95% CI for Score worsening [2]	1.91 - 8.34	0.99 - 2.83
	Q1 (95% CI)	0.99 (0.53 - 1.91)	0.99 (0.53 - 0.99)
	Q3 (95% CI)	8.34 (8.31 - NC)	4.67 (2.10 - NC)
	Min, Max	0.03+, 11.99+	0.03+, 9.26+
	Hazard ratio [3]	0.658	
	95% CI for Hazard ratio [3]	0.363 - 1.187	
	2-sided p-value [4]	0.1655	
1	Number of Subjects	26	29
	Events, n (%)	10 (38.5)	11 (37.9)
	Censored subjects, n (%)	16 (61.5)	18 (62.1)
	Median (months) [2]	2.30	2.83
	95% CI for Score worsening [2]	1.77 - 6.51	1.87 - NC
	Q1 (95% CI)	0.53 (0.49 - 4.73)	0.99 (0.95 - 2.83)
	Q3 (95% CI)	6.51 (2.30 - NC)	14.52 (2.83 - NC)
	Min, Max	0.03+, 6.54+	0.03+, 14.52
	Hazard ratio [3]	1.103	
	95% CI for Hazard ratio [3]	0.447 - 2.717	
	2-sided p-value [4]	0.8367	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Dyspnea a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Dyspnea are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.1: Fatigue and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	29.9	.	28.6	.
	SD	24.6	.	21.6	.
	median	27.8	.	33.3	.
	min	0	.	0	.
	max	100	.	88.9	.
Cycle 1 Day 15	n	91	89	72	68
	mean	31.1	0.75	28.2	-3.3
	SD	24.4	19.2	20.8	16.1
	median	33.3	0	27.8	0
	min	0	-44	0	-33
	max	100	55.6	100	33.3
Cycle 2 Day 1	n	88	86	82	75
	mean	27.7	-2.3	31	-.74
	SD	22.2	16.3	26.5	18.2
	median	33.3	0	27.8	0
	min	0	-44	0	-44
	max	100	44.4	100	55.6
Cycle 3 Day 1	n	57	57	45	42
	mean	26.1	-1.6	25.4	-1.1
	SD	19	21.9	22.6	20.2
	median	22.2	0	22.2	0
	min	0	-89	0	-33
	max	66.7	55.6	77.8	66.7
Cycle 4 Day 1	n	46	45	32	30
	mean	26.8	-4	25	2.22
	SD	21.5	18.4	24.9	22.3
	median	27.8	0	22.2	0
	min	0	-67	0	-44
	max	88.9	33.3	88.9	66.7
Cycle 6 Day 1	n	29	28	18	16
	mean	27.2	-1.6	22.8	2.08
	SD	23.3	26.1	23.3	18.2
	median	22.2	0	16.7	0
	min	0	-78	0	-33
	max	88.9	44.4	88.9	44.4
Cycle 8 Day 1	n	22	21	13	11
	mean	27.3	-1.1	21.4	6.06
	SD	25.6	29.8	19	20.1
	median	22.2	0	22.2	0
	min	0	-78	0	-33
	max	88.9	66.7	55.6	44.4
Cycle 10 Day 1	n	18	17	10	8
	mean	34.6	9.15	23.3	12.5
	SD	30.7	37.3	18.5	16.2
	median	33.3	0	27.8	5.56
	min	0	-67	0	0

Study: RAD1901-308
Section: Tables

Table 15.1: Fatigue and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	100	55.6	44.4
Cycle 12 Day 1	n	13	12	8	6
	mean	28.2	0.93	29.2	22.2
	SD	22.5	36.5	25.8	23.3
	median	33.3	0	22.2	16.7
	min	0	-78	0	0
	max	55.6	55.6	77.8	66.7
Cycle 14 Day 1	n	11	11	4	3
	mean	30.3	2.02	25	14.8
	SD	25.4	39.4	16.7	12.8
	median	33.3	0	33.3	22.2
	min	0	-78	0	0
	max	88.9	88.9	33.3	22.2
Cycle 16 Day 1	n	9	8	2	2
	mean	30.9	6.94	33.3	22.2
	SD	20.6	29.1	0	0
	median	33.3	0	33.3	22.2
	min	0	-33	33.3	22.2
	max	66.7	55.6	33.3	22.2
Cycle 18 Day 1	n	8	8	2	2
	mean	25	-4.2	38.9	27.8
	SD	18.5	27.8	7.86	7.86
	median	33.3	0	38.9	27.8
	min	0	-67	33.3	22.2
	max	44.4	33.3	44.4	33.3
Cycle 20 Day 1	n	8	8	2	2
	mean	37.5	20.8	27.8	16.7
	SD	25.8	31.7	7.86	7.86
	median	33.3	5.56	27.8	16.7
	min	0	-11	22.2	11.1
	max	77.8	77.8	33.3	22.2
Cycle 22 Day 1	n	6	6	2	2
	mean	25.9	11.1	33.3	22.2
	SD	23	29.8	0	0
	median	22.2	5.56	33.3	22.2
	min	0	-22	33.3	22.2
	max	66.7	66.7	33.3	22.2
Cycle 24 Day 1	n	4	4	0	0
	mean	33.3	11.1	.	.
	SD	18.1	30.1	.	.
	median	33.3	0	.	.
	min	11.1	-11	.	.
	max	55.6	55.6	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	44.4	22.2	.	.
	SD	15.7	32.7	.	.
	median	38.9	16.7	.	.

Study: RAD1901-308
Section: Tables

MENARINI RICERCHE

Table 15.1: Fatigue and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

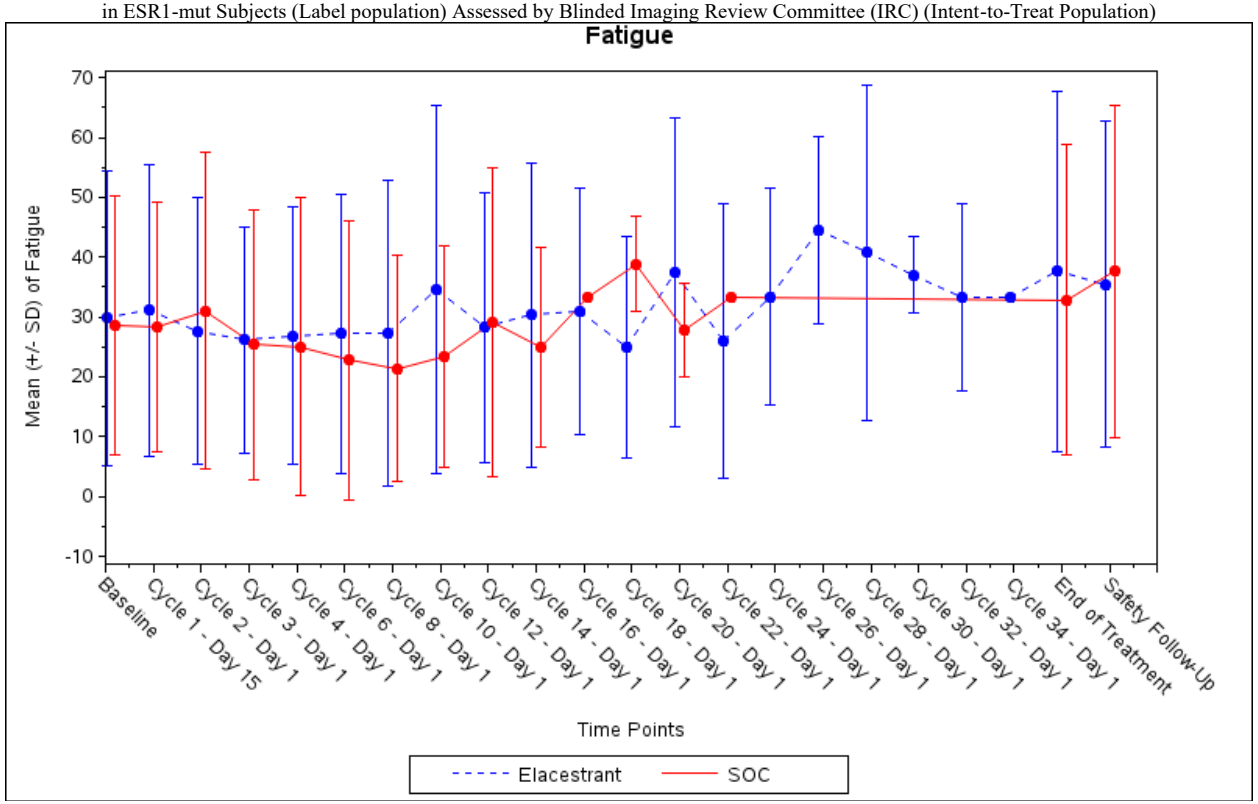
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	33.3	-11	.	.
	max	66.7	66.7	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	40.7	22.2	.	.
	SD	28	38.5	.	.
	median	44.4	0	.	.
	min	11.1	0	.	.
	max	66.7	66.7	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	37	18.5	.	.
	SD	6.42	28	.	.
	median	33.3	22.2	.	.
	min	33.3	-11	.	.
	max	44.4	44.4	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	33.3	5.56	.	.
	SD	15.7	7.86	.	.
	median	33.3	5.56	.	.
	min	22.2	0	.	.
	max	44.4	11.1	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	33.3	-11	.	.
	SD	.	.	.	.
	median	33.3	-11	.	.
	min	33.3	-11	.	.
	max	33.3	-11	.	.
End of Treatment	n	70	68	72	66
	mean	37.6	11.9	32.9	2.02
	SD	30	24.4	25.9	17.5
	median	33.3	0	33.3	0
	min	0	-33	0	-33
	max	100	77.8	100	44.4
Safety Follow-Up	n	31	31	18	17
	mean	35.5	8.24	37.7	13.7
	SD	27.3	26.8	27.8	19.5
	median	33.3	0	33.3	11.1
	min	0	-33	0	-11
	max	100	77.8	100	44.4

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 15.1: Mean (+/-SD) of Fatigue score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.2: Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

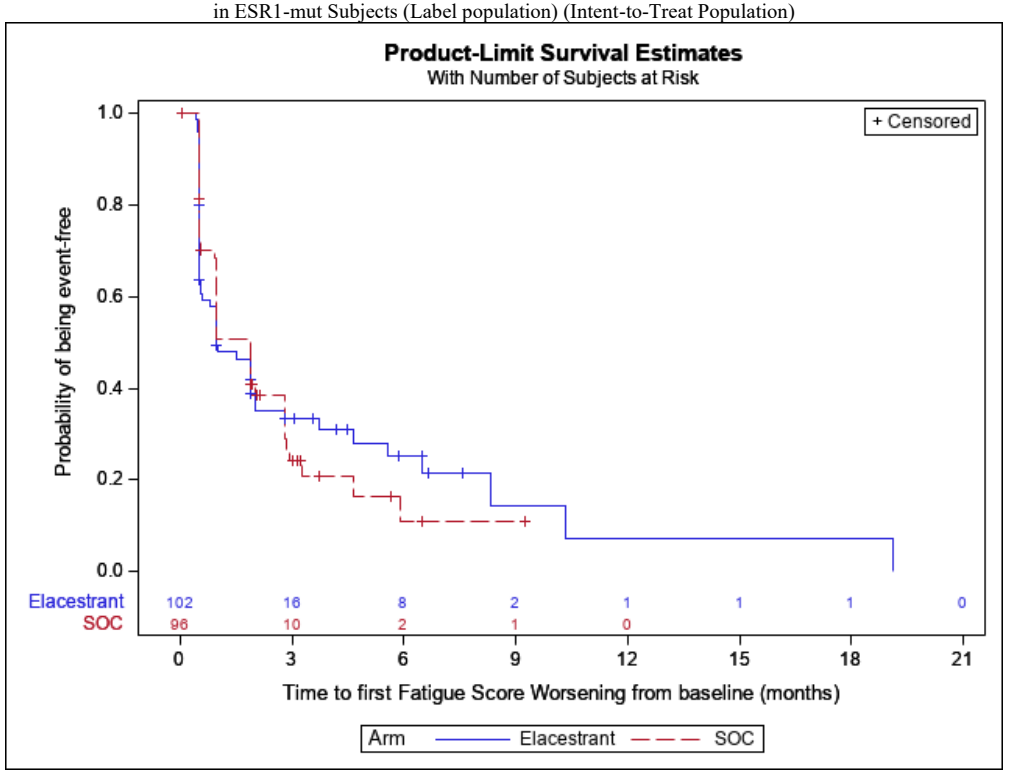
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.64	1.23
median	0.53	0.53
min	0.03	0.03
max	19.12	9.26
Events, n (%)	54 (52.9)	47 (49)
Fatigue score worsening	54 (52.9)	47 (49)
Censored subjects, n (%)	48 (47.1)	49 (51)
No event	47 (46.1)	48 (50)
Death	1 (1)	1 (1)
Median (months) [2]	0.99	1.87
95% CI for Score worsening [2]	0.56 - 2.00	0.95 - 2.79
Q1 (95% CI)	0.53 (0.49 - 0.53)	0.53 (0.49 - 0.95)
Q3 (95% CI)	6.51 (2.00 - 10.32)	2.92 (2.79 - 5.91)
Min, Max	0.03+, 19.12	0.03+, 9.26+
Score worsening rate at 3 months (95% CI) [2]	33.23 (21.86 - 44.60)	24.13 (12.18 - 36.09)
Score worsening rate at 6 months (95% CI) [2]	25.25 (13.52 - 36.98)	11.03 (0.00 - 22.96)
Score worsening rate at 12 months (95% CI) [2]	7.21 (0.00 - 19.43)	. (. - .)
Score worsening rate at 18 months (95% CI) [2]	7.21 (0.00 - 19.43)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	. (. - .)
Hazard ratio [3]	0.968	
95% CI for Hazard ratio [3]	0.645 - 1.455	
2-sided p-value [4]	0.8962	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 15.2: Kaplan-Meier Plot of Time to first worsening for Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.3: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.2800	
Yes	Number of Subjects	27	27
	Events, n (%)	15 (55.6)	12 (44.4)
	Censored subjects, n (%)	12 (44.4)	15 (55.6)
	Median (months) [2]	1.02	2.79
	95% CI for Score worsening [2]	0.53 - 1.91	0.92 - 3.29
	Q1 (95% CI)	0.49 (0.49 - 0.53)	0.92 (0.53 - 2.79)
	Q3 (95% CI)	5.59 (1.02 - NC)	3.29 (2.79 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.65+
	Hazard ratio [3]	1.375	
	95% CI for Hazard ratio [3]	0.638 - 3.025	
	2-sided p-value [4]	0.4381	
No	Number of Subjects	75	69
	Events, n (%)	39 (52)	35 (50.7)
	Censored subjects, n (%)	36 (48)	34 (49.3)
	Median (months) [2]	0.99	0.99
	95% CI for Score worsening [2]	0.59 - 2.83	0.95 - 1.87
	Q1 (95% CI)	0.53 (0.49 - 0.79)	0.53 (0.49 - 0.95)
	Q3 (95% CI)	6.51 (2.00 - 10.32)	2.83 (1.87 - 5.91)
	Min, Max	0.03+, 19.12	0.03+, 9.26+
	Hazard ratio [3]	0.832	
	95% CI for Hazard ratio [3]	0.522 - 1.328	
	2-sided p-value [4]	0.4793	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Fatigue = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.4: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.3682	
Yes	Number of Subjects	72	69
	Events, n (%)	38 (52.8)	33 (47.8)
	Censored subjects, n (%)	34 (47.2)	36 (52.2)
	Median (months) [2]	0.95	0.99
	95% CI for Score worsening [2]	0.53 - 2.00	0.95 - 2.00
	Q1 (95% CI)	0.53 (0.49 - 0.53)	0.53 (0.49 - 0.95)
	Q3 (95% CI)	4.67 (1.91 - NC)	2.86 (1.87 - NC)
	Min, Max	0.03+, 8.34	0.03+, 6.51+
	Hazard ratio [3]	1.072	
	95% CI for Hazard ratio [3]	0.670 - 1.724	
	2-sided p-value [4]	0.7567	
No	Number of Subjects	30	27
	Events, n (%)	16 (53.3)	14 (51.9)
	Censored subjects, n (%)	14 (46.7)	13 (48.1)
	Median (months) [2]	1.87	1.87
	95% CI for Score worsening [2]	0.99 - 6.51	0.53 - 2.92
	Q1 (95% CI)	0.53 (0.49 - 1.87)	0.53 (0.49 - 1.87)
	Q3 (95% CI)	6.51 (1.91 - NC)	3.29 (1.87 - NC)
	Min, Max	0.03+, 19.12	0.03+, 9.26+
	Hazard ratio [3]	0.679	
	95% CI for Hazard ratio [3]	0.317 - 1.450	
	2-sided p-value [4]	0.3045	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.5: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.2914	
<65 years	Number of Subjects	49	48
	Events, n (%)	25 (51)	20 (41.7)
	Censored subjects, n (%)	24 (49)	28 (58.3)
	Median (months) [2]	1.87	0.99
	95% CI for Score worsening [2]	0.59 - 5.59	0.56 - 2.83
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.53 (0.49 - 0.99)
	Q3 (95% CI)	8.34 (2.00 - NC)	2.83 (1.87 - NC)
	Min, Max	0.03+, 19.12	0.03+, 6.51+
	Hazard ratio [3]	0.773	
	95% CI for Hazard ratio [3]	0.421 - 1.427	
	2-sided p-value [4]	0.4297	
>=65 years	Number of Subjects	53	48
	Events, n (%)	29 (54.7)	27 (56.3)
	Censored subjects, n (%)	24 (45.3)	21 (43.8)
	Median (months) [2]	0.99	1.87
	95% CI for Score worsening [2]	0.53 - 2.00	0.95 - 2.86
	Q1 (95% CI)	0.53 (0.49 - 0.53)	0.53 (0.49 - 0.95)
	Q3 (95% CI)	3.75 (1.51 - NC)	3.29 (2.00 - 5.91)
	Min, Max	0.03+, 10.32	0.03+, 9.26+
	Hazard ratio [3]	1.114	
	95% CI for Hazard ratio [3]	0.653 - 1.902	
	2-sided p-value [4]	0.6978	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.6: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

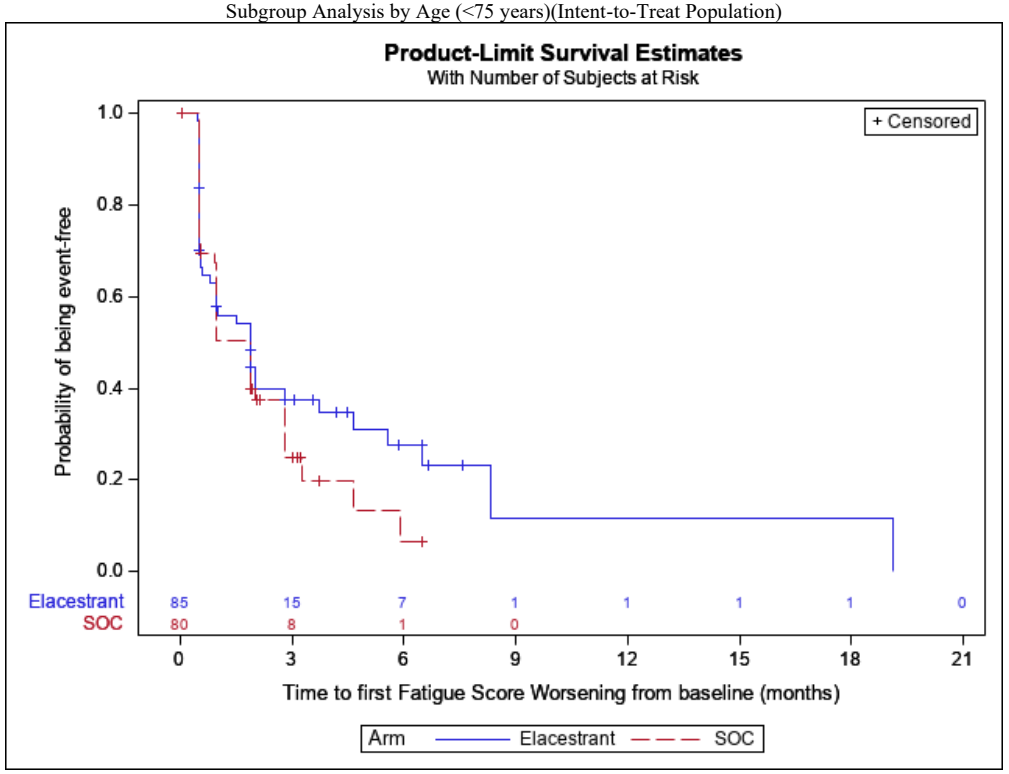
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0337	
<75 years	Number of Subjects	85	80
	Events, n (%)	41 (48.2)	37 (46.3)
	Censored subjects, n (%)	44 (51.8)	43 (53.8)
	Median (months) [2]	1.87	1.87
	95% CI for Score worsening [2]	0.95 - 3.75	0.95 - 2.79
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.53 (0.49 - 0.95)
	Q3 (95% CI)	6.51 (2.83 - NC)	2.83 (2.00 - 5.91)
	Min, Max	0.03+, 19.12	0.03+, 6.51+
	Hazard ratio [3]	0.758	
	95% CI for Hazard ratio [3]	0.480 - 1.197	
	2-sided p-value [4]	0.2415	
>=75 years	Number of Subjects	17	16
	Events, n (%)	13 (76.5)	10 (62.5)
	Censored subjects, n (%)	4 (23.5)	6 (37.5)
	Median (months) [2]	0.53	1.87
	95% CI for Score worsening [2]	0.49 - 0.99	0.53 - 2.92
	Q1 (95% CI)	0.49 (0.46 - 0.53)	0.53 (0.53 - 1.87)
	Q3 (95% CI)	0.99 (0.53 - NC)	2.92 (0.99 - NC)
	Min, Max	0.03+, 10.32	0.03+, 9.26+
	Hazard ratio [3]	2.189	
	95% CI for Hazard ratio [3]	0.934 - 5.246	
	2-sided p-value [4]	0.0687	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

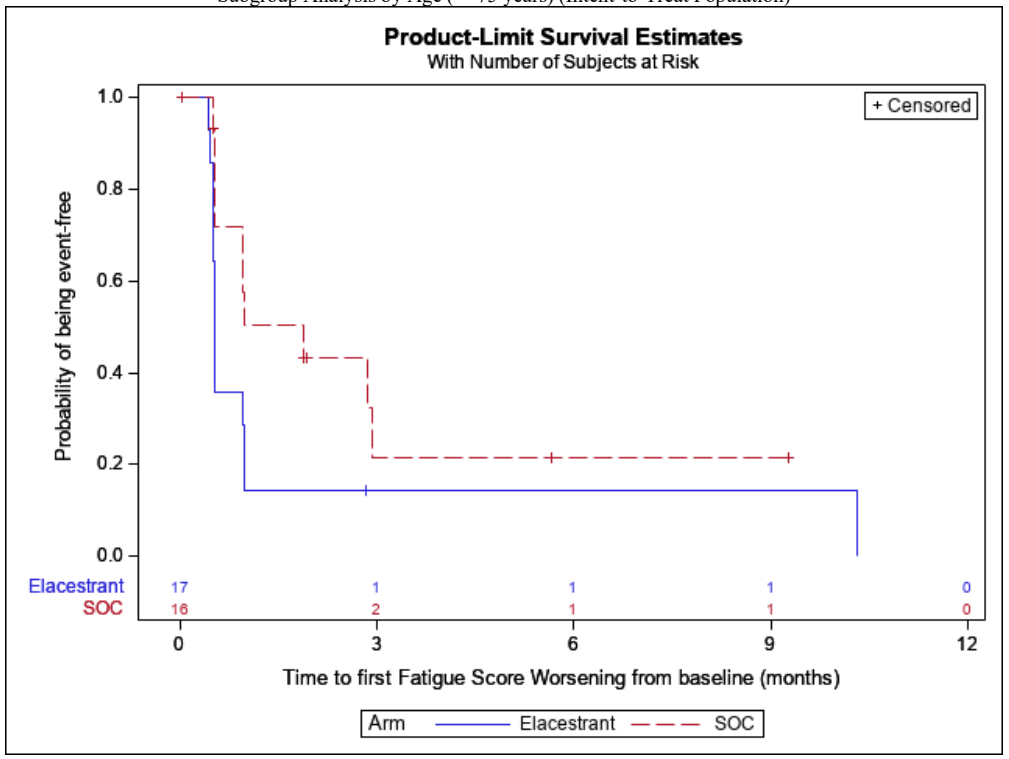
Figure 15.6.a: Kaplan-Meier Plot of Fatigue Score for Elacestrant vs SOC,
Subgroup Analysis by Age (<75 years)(Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 15.6.b: Kaplan-Meier Plot of Fatigue Score for Elacestrant vs SOC,
Subgroup Analysis by Age (>=75 years) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

MENARINI RICERCHE

Table 15.7: Subgroup Analysis of Time to first worsening from baseline of Fatigue for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.4954	
Europe	Number of Subjects	54	43
	Events, n (%)	34 (63)	21 (48.8)
	Censored subjects, n (%)	20 (37)	22 (51.2)
	Median (months) [2]	0.99	0.99
	95% CI for Score worsening [2]	0.53 - 1.87	0.95 - 2.86
	Q1 (95% CI)	0.53 (0.49 - 0.56)	0.56 (0.49 - 0.95)
	Q3 (95% CI)	3.75 (1.87 - 10.32)	2.92 (2.83 - NC)
	Min, Max	0.03+, 19.12	0.03+, 6.51+
	Hazard ratio [3]	1.224	
	95% CI for Hazard ratio [3]	0.708 - 2.158	
	2-sided p-value [4]	0.4643	
North America	Number of Subjects	32	37
	Events, n (%)	13 (40.6)	17 (45.9)
	Censored subjects, n (%)	19 (59.4)	20 (54.1)
	Median (months) [2]	2.83	1.87
	95% CI for Score worsening [2]	0.53 - NC	0.92 - 3.29
	Q1 (95% CI)	0.53 (0.49 - 2.83)	0.53 (0.49 - 1.87)
	Q3 (95% CI)	8.34 (4.67 - NC)	3.29 (1.87 - NC)
	Min, Max	0.03+, 8.34	0.03+, 9.26+
	Hazard ratio [3]	0.706	
	95% CI for Hazard ratio [3]	0.332 - 1.463	
	2-sided p-value [4]	0.3497	
Asia	Number of Subjects	8	14
	Events, n (%)	4 (50)	7 (50)
	Censored subjects, n (%)	4 (50)	7 (50)
	Median (months) [2]	0.95	0.99
	95% CI for Score worsening [2]	0.46 - NC	0.49 - NC
	Q1 (95% CI)	0.59 (0.46 - 1.91)	0.51 (0.49 - 0.99)
	Q3 (95% CI)	1.91 (0.59 - NC)	2.35 (0.99 - NC)
	Min, Max	0.03+, 1.91+	0.03+, 2.83
	Hazard ratio [3]	1.080	
	95% CI for Hazard ratio [3]	0.274 - 3.813	
	2-sided p-value [4]	0.8617	
Other	Number of Subjects	8	2
	Events, n (%)	3 (37.5)	2 (100)
	Censored subjects, n (%)	5 (62.5)	0 (0.0)
	Median (months) [2]	0.56	1.18
	95% CI for Score worsening [2]	0.53 - NC	0.49 - NC
	Q1 (95% CI)	0.53 (0.53 - NC)	0.49 (0.49 - NC)
	Q3 (95% CI)	. (0.53 - NC)	1.87 (0.49 - NC)
	Min, Max	0.03+, 5.85+	0.49, 1.87
	Hazard ratio [3]	0.485	
	95% CI for Hazard ratio [3]	0.079 - 3.740	
	2-sided p-value [4]	0.383	

Study: RAD1901-308
Section: Tables

Table 15.7: Subgroup Analysis of Time to first worsening from baseline of Fatigue for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Fatigue =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.8: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.8202	
0	Number of Subjects	59	51
	Events, n (%)	31 (52.5)	23 (45.1)
	Censored subjects, n (%)	28 (47.5)	28 (54.9)
	Median (months) [2]	0.99	0.99
	95% CI for Score worsening [2]	0.53 - 2.00	0.95 - 2.79
	Q1 (95% CI)	0.53 (0.49 - 0.53)	0.53 (0.49 - 0.95)
	Q3 (95% CI)	6.51 (1.91 - NC)	2.83 (1.87 - NC)
	Min, Max	0.03+, 19.12	0.03+, 9.26+
	Hazard ratio [3]	0.941	
	95% CI for Hazard ratio [3]	0.546 - 1.644	
	2-sided p-value [4]	0.8072	
1	Number of Subjects	43	45
	Events, n (%)	23 (53.5)	24 (53.3)
	Censored subjects, n (%)	20 (46.5)	21 (46.7)
	Median (months) [2]	1.02	1.87
	95% CI for Score worsening [2]	0.56 - 3.75	0.95 - 2.86
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.53 (0.49 - 0.99)
	Q3 (95% CI)	5.59 (1.87 - NC)	2.92 (2.00 - 5.91)
	Min, Max	0.03+, 10.32	0.03+, 6.51+
	Hazard ratio [3]	0.970	
	95% CI for Hazard ratio [3]	0.540 - 1.736	
	2-sided p-value [4]	0.9503	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.9: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.2610	
yes	Number of Subjects	82	78
	Events, n (%)	43 (52.4)	36 (46.2)
	Censored subjects, n (%)	39 (47.6)	42 (53.8)
	Median (months) [2]	0.95	1.87
	95% CI for Score worsening [2]	0.53 - 2.00	0.95 - 2.79
	Q1 (95% CI)	0.53 (0.49 - 0.53)	0.56 (0.49 - 0.99)
	Q3 (95% CI)	4.67 (2.00 - NC)	2.86 (2.00 - NC)
	Min, Max	0.03+, 8.34	0.03+, 9.26+
	Hazard ratio [3]	1.079	
	95% CI for Hazard ratio [3]	0.692 - 1.690	
	2-sided p-value [4]	0.7334	
no	Number of Subjects	20	18
	Events, n (%)	11 (55)	11 (61.1)
	Censored subjects, n (%)	9 (45)	7 (38.9)
	Median (months) [2]	1.91	0.95
	95% CI for Score worsening [2]	0.99 - 6.51	0.49 - 3.29
	Q1 (95% CI)	0.76 (0.49 - 1.91)	0.49 (0.49 - 0.95)
	Q3 (95% CI)	8.41 (1.91 - NC)	3.29 (0.95 - NC)
	Min, Max	0.03+, 19.12	0.03+, 6.51+
	Hazard ratio [3]	0.621	
	95% CI for Hazard ratio [3]	0.247 - 1.519	
	2-sided p-value [4]	0.2902	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.10: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.3436	
1	Number of Subjects	64	56
	Events, n (%)	34 (53.1)	27 (48.2)
	Censored subjects, n (%)	30 (46.9)	29 (51.8)
	Median (months) [2]	0.99	0.99
	95% CI for Score worsening [2]	0.59 - 2.83	0.56 - 1.87
	Q1 (95% CI)	0.53 (0.53 - 0.79)	0.49 (0.49 - 0.95)
	Q3 (95% CI)	6.51 (2.00 - NC)	2.92 (1.87 - 5.91)
	Min, Max	0.03+, 10.32	0.03+, 9.26+
	Hazard ratio [3]	0.802	
	95% CI for Hazard ratio [3]	0.482 - 1.346	
	2-sided p-value [4]	0.4229	
2	Number of Subjects	38	40
	Events, n (%)	20 (52.6)	20 (50)
	Censored subjects, n (%)	18 (47.4)	20 (50)
	Median (months) [2]	0.95	2.00
	95% CI for Score worsening [2]	0.53 - 2.00	0.95 - 2.86
	Q1 (95% CI)	0.49 (0.49 - 0.53)	0.92 (0.53 - 1.87)
	Q3 (95% CI)	5.59 (1.87 - NC)	3.29 (2.79 - NC)
	Min, Max	0.03+, 19.12	0.03+, 5.65+
	Hazard ratio [3]	1.282	
	95% CI for Hazard ratio [3]	0.675 - 2.425	
	2-sided p-value [4]	0.4526	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 15.11: Subgroup Analysis of Time to first worsening from baseline of Fatigue score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.8002	
0	Number of Subjects	76	67
	Events, n (%)	45 (59.2)	31 (46.3)
	Censored subjects, n (%)	31 (40.8)	36 (53.7)
	Median (months) [2]	0.99	0.99
	95% CI for Score worsening [2]	0.53 - 1.91	0.95 - 2.79
	Q1 (95% CI)	0.53 (0.49 - 0.53)	0.53 (0.49 - 0.95)
	Q3 (95% CI)	5.59 (1.91 - 10.32)	2.86 (2.00 - 5.91)
	Min, Max	0.03+, 19.12	0.03+, 9.26+
	Hazard ratio [3]	0.956	
	95% CI for Hazard ratio [3]	0.602 - 1.534	
	2-sided p-value [4]	0.8617	
1	Number of Subjects	26	29
	Events, n (%)	9 (34.6)	16 (55.2)
	Censored subjects, n (%)	17 (65.4)	13 (44.8)
	Median (months) [2]	1.87	1.87
	95% CI for Score worsening [2]	0.53 - NC	0.95 - 2.92
	Q1 (95% CI)	0.53 (0.49 - 1.87)	0.92 (0.49 - 1.87)
	Q3 (95% CI)	4.67 (1.87 - NC)	4.67 (1.87 - NC)
	Min, Max	0.03+, 4.67	0.03+, 6.51+
	Hazard ratio [3]	0.863	
	95% CI for Hazard ratio [3]	0.364 - 1.921	
	2-sided p-value [4]	0.7274	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Fatigue a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Fatigue are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.1: Financial Difficulties and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	11.1	.	12.6	.
	SD	22	.	23.2	.
	median	0	.	0	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	10.6	-1.5	12.5	-2
	SD	21	16.6	22.7	14
	median	0	0	0	0
	min	0	-67	0	-33
	max	100	33.3	100	33.3
Cycle 2 Day 1	n	88	86	82	75
	mean	10.2	-1.2	12.2	-4
	SD	22.8	16.5	25.4	18.1
	median	0	0	0	0
	min	0	-67	0	-67
	max	100	33.3	100	33.3
Cycle 3 Day 1	n	56	56	45	42
	mean	8.93	-2.4	10.4	-2.4
	SD	20.6	10.7	22.3	17.1
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	33.3	100	33.3
Cycle 4 Day 1	n	46	45	32	30
	mean	10.9	-1.5	9.38	-2.2
	SD	22.3	12.2	24.3	19.4
	median	0	0	0	0
	min	0	-33	0	-67
	max	100	33.3	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	11.5	-1.2	9.26	2.08
	SD	22.3	14.3	19.2	14.8
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	33.3	66.7	33.3
Cycle 8 Day 1	n	22	21	13	11
	mean	9.09	-1.6	12.8	-3
	SD	18.3	7.27	29	10.1
	median	0	0	0	0
	min	0	-33	0	-33
	max	66.7	0	100	0
Cycle 10 Day 1	n	18	17	10	8
	mean	5.56	-2	20	0
	SD	12.8	8.08	32.2	17.8
	median	0	0	0	0
	min	0	-33	0	-33

Study: RAD1901-308
Section: Tables

Table 16.1: Financial Difficulties and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	33.3	0	100	33.3
Cycle 12 Day 1	n	13	12	8	6
	mean	2.56	-2.8	20.8	-5.6
	SD	9.25	9.62	35.4	13.6
	median	0	0	0	0
	min	0	-33	0	-33
	max	33.3	0	100	0
Cycle 14 Day 1	n	11	11	4	3
	mean	6.06	-3	25	0
	SD	13.5	10.1	31.9	33.3
	median	0	0	16.7	0
	min	0	-33	0	-33
	max	33.3	0	66.7	33.3
Cycle 16 Day 1	n	9	8	2	2
	mean	7.41	4.17	16.7	0
	SD	14.7	11.8	23.6	0
	median	0	0	16.7	0
	min	0	0	0	0
	max	33.3	33.3	33.3	0
Cycle 18 Day 1	n	8	8	2	2
	mean	4.17	-4.2	16.7	0
	SD	11.8	11.8	23.6	0
	median	0	0	16.7	0
	min	0	-33	0	0
	max	33.3	0	33.3	0
Cycle 20 Day 1	n	8	8	2	2
	mean	12.5	4.17	16.7	0
	SD	17.3	11.8	23.6	0
	median	0	0	16.7	0
	min	0	0	0	0
	max	33.3	33.3	33.3	0
Cycle 22 Day 1	n	6	6	2	2
	mean	11.1	5.56	16.7	0
	SD	27.2	13.6	23.6	0
	median	0	0	16.7	0
	min	0	0	0	0
	max	66.7	33.3	33.3	0
Cycle 24 Day 1	n	4	4	0	0
	mean	0	0	.	.
	SD	0	0	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	8.33	8.33	.	.
	SD	16.7	16.7	.	.
	median	0	0	.	.

Study: RAD1901-308
Section: Tables

Table 16.1: Financial Difficulties and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

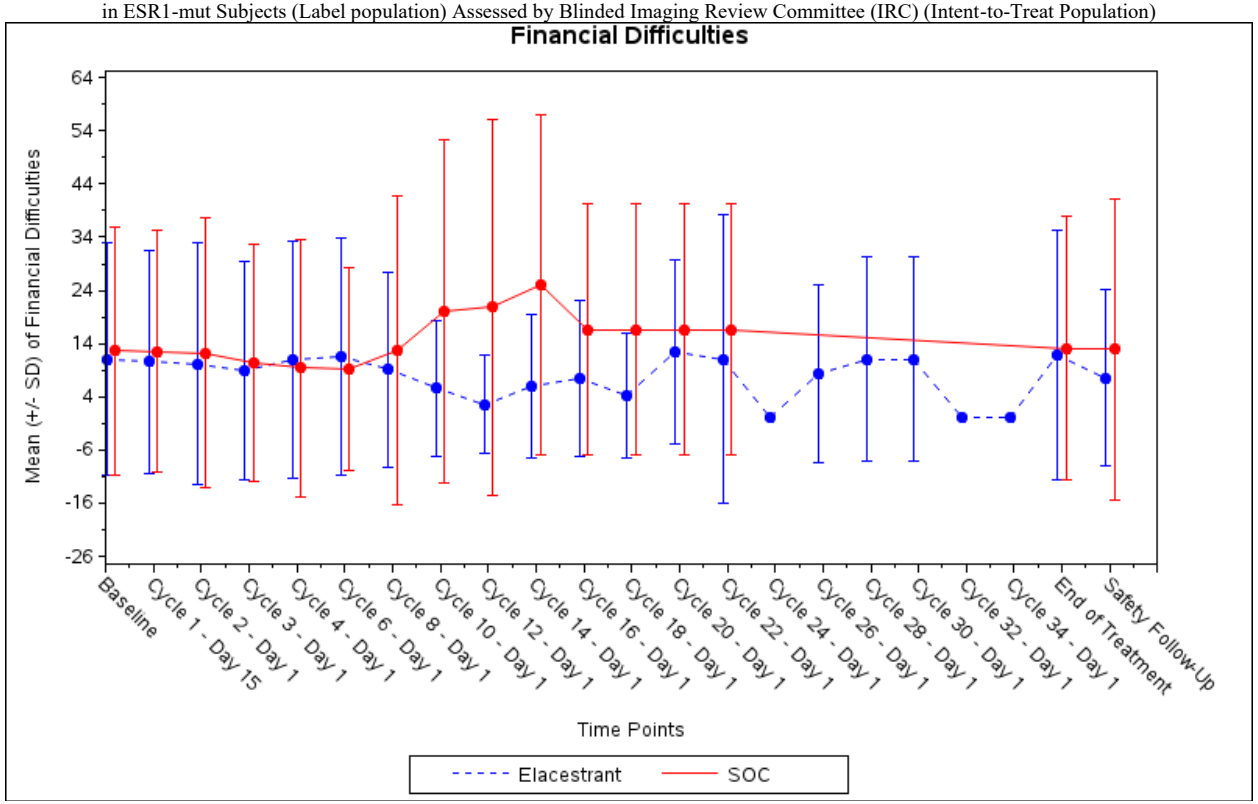
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	0	.	.
	max	33.3	33.3	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	11.1	11.1	.	.
	SD	19.2	19.2	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	33.3	33.3	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	11.1	11.1	.	.
	SD	19.2	19.2	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	33.3	33.3	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	0	0	.	.
	SD	0	0	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	0	0	.	.
	SD	.	.	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
End of Treatment	n	70	68	71	65
	mean	11.9	2.45	13.1	-2.1
	SD	23.4	17.6	24.9	16.5
	median	0	0	0	0
	min	0	-33	0	-67
	max	100	66.7	100	33.3
Safety Follow-Up	n	31	31	18	17
	mean	7.53	0	13	-2
	SD	16.6	21.1	28.3	18.5
	median	0	0	0	0
	min	0	-67	0	-33
	max	66.7	66.7	100	33.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 16.1: Mean (+/-SD) of Financial Difficulties score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.2: Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

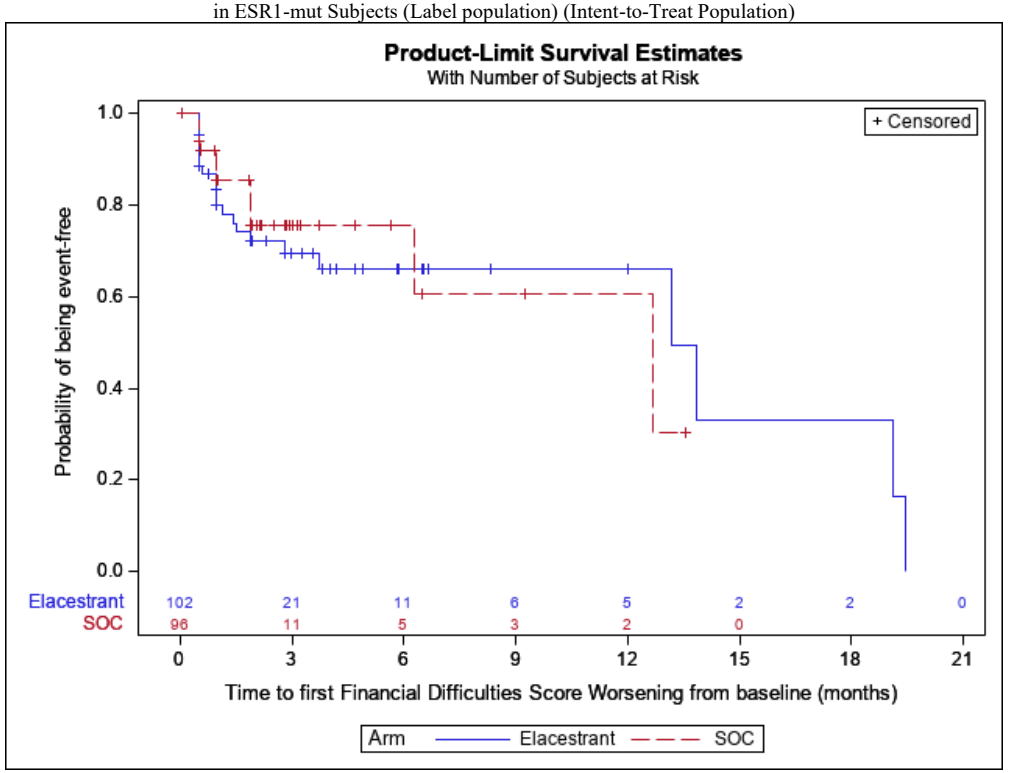
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.23	1.43
median	0.67	0.49
min	0.03	0.03
max	19.45	13.57
Financial difficulties score worsening	22 (21.6)	13 (13.5)
Events, n (%)	22 (21.6)	13 (13.5)
Censored subjects, n (%)	80 (78.4)	83 (86.5)
No event	79 (77.5)	82 (85.4)
Death	1 (1)	1 (1)
Median (months) [2]	13.17	12.68
95% CI for Score worsening [2]	13.17 - 19.12	6.28 - NC
Q1 (95% CI)	1.51 (0.95 - 13.83)	6.28 (1.87 - 12.68)
Q3 (95% CI)	19.12 (13.17 - NC)	. (12.68 - NC)
Min, Max	0.03+, 19.45	0.03+, 13.57+
Score worsening rate at 3 months (95% CI) [2]	69.50 (57.14 - 81.85)	75.49 (62.80 - 88.18)
Score worsening rate at 6 months (95% CI) [2]	65.84 (52.21 - 79.47)	75.49 (62.80 - 88.18)
Score worsening rate at 12 months (95% CI) [2]	65.84 (52.21 - 79.47)	60.39 (32.05 - 88.74)
Score worsening rate at 18 months (95% CI) [2]	32.92 (0.00 - 65.89)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	. (. - .)
Hazard ratio [3]	1.034	
95% CI for Hazard ratio [3]	0.505 - 2.174	
2-sided p-value [4]	0.9119	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 16.2: Kaplan-Meier Plot of Time to first worsening for Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.3: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.0929	
Yes	Number of Subjects	27	27
	Events, n (%)	6 (22.2)	1 (3.7)
	Censored subjects, n (%)	21 (77.8)	26 (96.3)
	Median (months) [2]	13.83	12.68
	95% CI for Score worsening [2]	1.51 - NC	. - NC
	Q1 (95% CI)	1.51 (1.12 - NC)	12.68 (. - NC)
	Q3 (95% CI)	13.83 (. - NC)	12.68 (. - NC)
	Min, Max	0.03+, 13.83	0.03+, 12.68
	Hazard ratio [3]	5.273	
	95% CI for Hazard ratio [3]	0.849 - 101.08	
	2-sided p-value [4]	0.0898	
No	Number of Subjects	75	69
	Events, n (%)	16 (21.3)	12 (17.4)
	Censored subjects, n (%)	59 (78.7)	57 (82.6)
	Median (months) [2]	13.17	6.28
	95% CI for Score worsening [2]	3.71 - NC	1.87 - NC
	Q1 (95% CI)	0.99 (0.59 - 19.12)	1.87 (0.95 - NC)
	Q3 (95% CI)	19.12 (13.17 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 19.45	0.03+, 13.57+
	Hazard ratio [3]	0.803	
	95% CI for Hazard ratio [3]	0.369 - 1.775	
	2-sided p-value [4]	0.5942	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Financial = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.4: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.1102	
Yes	Number of Subjects	72	69
	Events, n (%)	18 (25)	8 (11.6)
	Censored subjects, n (%)	54 (75)	61 (88.4)
	Median (months) [2]	13.17	12.68
	95% CI for Score worsening [2]	2.79 - NC	6.28 - NC
	Q1 (95% CI)	0.99 (0.53 - 13.17)	6.28 (1.87 - NC)
	Q3 (95% CI)	13.83 (13.17 - NC)	12.68 (6.28 - NC)
	Min, Max	0.03+, 19.45	0.03+, 12.68
	Hazard ratio [3]	1.546	
	95% CI for Hazard ratio [3]	0.668 - 3.859	
	2-sided p-value [4]	0.3216	
No	Number of Subjects	30	27
	Events, n (%)	4 (13.3)	5 (18.5)
	Censored subjects, n (%)	26 (86.7)	22 (81.5)
	Median (months) [2]	19.12	.
	95% CI for Score worsening [2]	. - NC	1.87 - NC
	Q1 (95% CI)	19.12 (1.12 - NC)	1.87 (0.49 - NC)
	Q3 (95% CI)	19.12 (. - NC)	. (. - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	0.388	
	95% CI for Hazard ratio [3]	0.080 - 1.583	
	2-sided p-value [4]	0.184	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.5: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.9550	
<65 years	Number of Subjects	49	48
	Events, n (%)	14 (28.6)	7 (14.6)
	Censored subjects, n (%)	35 (71.4)	41 (85.4)
	Median (months) [2]	19.12	12.68
	95% CI for Score worsening [2]	1.87 - NC	6.28 - NC
	Q1 (95% CI)	0.99 (0.53 - 19.12)	1.87 (0.95 - 12.68)
	Q3 (95% CI)	19.45 (19.12 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 19.45	0.03+, 13.57+
	Hazard ratio [3]	1.169	
	95% CI for Hazard ratio [3]	0.469 - 3.145	
	2-sided p-value [4]	0.7366	
>=65 years	Number of Subjects	53	48
	Events, n (%)	8 (15.1)	6 (12.5)
	Censored subjects, n (%)	45 (84.9)	42 (87.5)
	Median (months) [2]	13.17	.
	95% CI for Score worsening [2]	3.71 - NC	. - NC
	Q1 (95% CI)	3.71 (1.12 - NC)	. (0.95 - NC)
	Q3 (95% CI)	13.83 (13.17 - NC)	. (. - NC)
	Min, Max	0.03+, 13.83	0.03+, 9.26+
	Hazard ratio [3]	0.937	
	95% CI for Hazard ratio [3]	0.291 - 3.014	
	2-sided p-value [4]	0.9291	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.6: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.8377	
<75 years	Number of Subjects	85	80
	Events, n (%)	20 (23.5)	11 (13.8)
	Censored subjects, n (%)	65 (76.5)	69 (86.3)
	Median (months) [2]	13.17	12.68
	95% CI for Score worsening [2]	3.71 - NC	6.28 - NC
	Q1 (95% CI)	1.41 (0.95 - 19.12)	1.87 (0.95 - 12.68)
	Q3 (95% CI)	19.12 (13.17 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 19.45	0.03+, 13.57+
	Hazard ratio [3]	1.042	
	95% CI for Hazard ratio [3]	0.497 - 2.286	
	2-sided p-value [4]	0.898	
>=75 years	Number of Subjects	17	16
	Events, n (%)	2 (11.8)	2 (12.5)
	Censored subjects, n (%)	15 (88.2)	14 (87.5)
	Median (months) [2]	13.83	.
	95% CI for Score worsening [2]	. - NC	. - NC
	Q1 (95% CI)	13.83 (0.99 - NC)	. (0.95 - NC)
	Q3 (95% CI)	13.83 (. - NC)	. (. - NC)
	Min, Max	0.03+, 13.83	0.03+, 9.26+
	Hazard ratio [3]	0.801	
	95% CI for Hazard ratio [3]	0.037 - 8.372	
	2-sided p-value [4]	0.8563	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.7: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.6263	
Europe	Number of Subjects	54	43
	Events, n (%)	10 (18.5)	3 (7)
	Censored subjects, n (%)	44 (81.5)	40 (93)
	Median (months) [2]	13.83	.
	95% CI for Score worsening [2]	13.83 - NC	. - NC
	Q1 (95% CI)	2.79 (0.53 - NC)	. (1.87 - NC)
	Q3 (95% CI)	19.12 (13.83 - NC)	. (. - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	1.747	
	95% CI for Hazard ratio [3]	0.505 - 7.982	
	2-sided p-value [4]	0.4107	
North America	Number of Subjects	32	37
	Events, n (%)	10 (31.3)	6 (16.2)
	Censored subjects, n (%)	22 (68.8)	31 (83.8)
	Median (months) [2]	13.17	12.68
	95% CI for Score worsening [2]	1.12 - NC	1.87 - NC
	Q1 (95% CI)	1.12 (0.95 - 13.17)	1.87 (0.95 - NC)
	Q3 (95% CI)	19.45 (13.17 - NC)	12.68 (. - NC)
	Min, Max	0.03+, 19.45	0.03+, 12.68
	Hazard ratio [3]	1.233	
	95% CI for Hazard ratio [3]	0.423 - 3.784	
	2-sided p-value [4]	0.6828	
Asia	Number of Subjects	8	14
	Events, n (%)	1 (12.5)	3 (21.4)
	Censored subjects, n (%)	7 (87.5)	11 (78.6)
	Median (months) [2]	.	6.28
	95% CI for Score worsening [2]	0.59 - NC	0.95 - NC
	Q1 (95% CI)	. (0.59 - NC)	0.95 (0.56 - NC)
	Q3 (95% CI)	. (. - NC)	6.28 (. - NC)
	Min, Max	0.03+, 4.9+	0.03+, 6.28
	Hazard ratio [3]	0.956	
	95% CI for Hazard ratio [3]	0.044 - 9.986	
	2-sided p-value [4]	0.9706	
Other	Number of Subjects	8	2
	Events, n (%)	1 (12.5)	1 (50)
	Censored subjects, n (%)	7 (87.5)	1 (50)
	Median (months) [2]	.	.
	95% CI for Score worsening [2]	0.95 - NC	0.49 - NC
	Q1 (95% CI)	. (0.95 - NC)	0.49 (0.49 - NC)
	Q3 (95% CI)	. (. - NC)	. (0.49 - NC)
	Min, Max	0.03+, 5.85+	0.49, 1.87+
	Hazard ratio [3]	0.354	
	95% CI for Hazard ratio [3]	0.014 - 9.183	
	2-sided p-value [4]	0.4504	

Study: RAD1901-308
Section: Tables

Table 16.7: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Financial =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.8: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.7606	
0	Number of Subjects	59	51
	Events, n (%)	11 (18.6)	5 (9.8)
	Censored subjects, n (%)	48 (81.4)	46 (90.2)
	Median (months) [2]	19.12	12.68
	95% CI for Score worsening [2]	3.71 - NC	12.68 - NC
	Q1 (95% CI)	1.41 (0.95 - NC)	12.68 (0.95 - NC)
	Q3 (95% CI)	19.45 (19.12 - NC)	. (12.68 - NC)
	Min, Max	0.03+, 19.45	0.03+, 13.57+
	Hazard ratio [3]	1.101	
	95% CI for Hazard ratio [3]	0.379 - 3.598	
	2-sided p-value [4]	0.8569	
1	Number of Subjects	43	45
	Events, n (%)	11 (25.6)	8 (17.8)
	Censored subjects, n (%)	32 (74.4)	37 (82.2)
	Median (months) [2]	13.17	6.28
	95% CI for Score worsening [2]	2.79 - NC	6.28 - NC
	Q1 (95% CI)	1.51 (0.53 - NC)	1.87 (0.95 - NC)
	Q3 (95% CI)	13.83 (13.17 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 13.83	0.03+, 6.51+
	Hazard ratio [3]	1.167	
	95% CI for Hazard ratio [3]	0.444 - 3.120	
	2-sided p-value [4]	0.7386	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial Difficulties a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial Difficulties are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.9: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.5916	
yes	Number of Subjects	82	78
	Events, n (%)	17 (20.7)	9 (11.5)
	Censored subjects, n (%)	65 (79.3)	69 (88.5)
	Median (months) [2]	13.17	12.68
	95% CI for Score worsening [2]	13.17 - NC	6.28 - NC
	Q1 (95% CI)	1.51 (0.95 - 13.83)	6.28 (1.87 - NC)
	Q3 (95% CI)	13.83 (13.17 - NC)	12.68 (6.28 - NC)
	Min, Max	0.03+, 19.45	0.03+, 12.68
	Hazard ratio [3]	1.169	
	95% CI for Hazard ratio [3]	0.509 - 2.822	
	2-sided p-value [4]	0.7171	
no	Number of Subjects	20	18
	Events, n (%)	5 (25)	4 (22.2)
	Censored subjects, n (%)	15 (75)	14 (77.8)
	Median (months) [2]	19.12	.
	95% CI for Score worsening [2]	1.12 - NC	1.87 - NC
	Q1 (95% CI)	1.12 (0.49 - NC)	1.87 (0.49 - NC)
	Q3 (95% CI)	19.12 (. - NC)	. (1.87 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	0.787	
	95% CI for Hazard ratio [3]	0.185 - 3.337	
	2-sided p-value [4]	0.7541	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.10: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.3766	
1	Number of Subjects	64	56
	Events, n (%)	16 (25)	9 (16.1)
	Censored subjects, n (%)	48 (75)	47 (83.9)
	Median (months) [2]	13.17	.
	95% CI for Score worsening [2]	3.71 - NC	1.87 - NC
	Q1 (95% CI)	0.99 (0.53 - 13.17)	0.95 (0.56 - NC)
	Q3 (95% CI)	19.45 (13.17 - NC)	. (. - NC)
	Min, Max	0.03+, 19.45	0.03+, 9.26+
	Hazard ratio [3]	0.839	
	95% CI for Hazard ratio [3]	0.365 - 2.024	
	2-sided p-value [4]	0.6969	
2	Number of Subjects	38	40
	Events, n (%)	6 (15.8)	4 (10)
	Censored subjects, n (%)	32 (84.2)	36 (90)
	Median (months) [2]	13.83	12.68
	95% CI for Score worsening [2]	13.83 - NC	6.28 - NC
	Q1 (95% CI)	13.83 (1.12 - NC)	6.28 (6.28 - NC)
	Q3 (95% CI)	19.12 (13.83 - NC)	. (6.28 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	1.272	
	95% CI for Hazard ratio [3]	0.298 - 5.425	
	2-sided p-value [4]	0.7287	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 16.11: Subgroup Analysis of Time to first worsening from baseline of Financial Difficulties score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.4406	
0	Number of Subjects	76	67
	Events, n (%)	19 (25)	7 (10.4)
	Censored subjects, n (%)	57 (75)	60 (89.6)
	Median (months) [2]	13.17	.
	95% CI for Score worsening [2]	2.79 - 19.12	. - NC
	Q1 (95% CI)	1.12 (0.59 - 13.83)	. (0.56 - NC)
	Q3 (95% CI)	19.12 (13.17 - NC)	. (. - NC)
	Min, Max	0.03+, 19.45	0.03+, 13.57+
	Hazard ratio [3]	1.421	
	95% CI for Hazard ratio [3]	0.605 - 3.708	
	2-sided p-value [4]	0.4271	
1	Number of Subjects	26	29
	Events, n (%)	3 (11.5)	6 (20.7)
	Censored subjects, n (%)	23 (88.5)	23 (79.3)
	Median (months) [2]	3.71	12.68
	95% CI for Score worsening [2]	3.71 - NC	6.28 - NC
	Q1 (95% CI)	3.71 (0.95 - NC)	6.28 (1.87 - NC)
	Q3 (95% CI)	. (3.71 - NC)	12.68 (6.28 - NC)
	Min, Max	0.03+, 6.54+	0.03+, 12.68
	Hazard ratio [3]	0.917	
	95% CI for Hazard ratio [3]	0.186 - 3.790	
	2-sided p-value [4]	0.9317	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Financial a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Financial are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.1: Insomnia and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	83	.
	mean	31.9	.	26.9	.
	SD	28.2	.	26.3	.
	median	33.3	.	33.3	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	30	-2.2	22.2	-4.9
	SD	28.1	22.4	28	27.2
	median	33.3	0	0	0
	min	0	-100	0	-100
	max	100	33.3	100	66.7
Cycle 2 Day 1	n	88	86	82	76
	mean	23.9	-8.9	27.6	-.44
	SD	24.2	24.2	29.1	25.2
	median	33.3	0	33.3	0
	min	0	-67	0	-67
	max	100	33.3	100	100
Cycle 3 Day 1	n	57	57	45	42
	mean	25.1	-3.5	25.2	-.79
	SD	23.8	21.5	28.6	27
	median	33.3	0	33.3	0
	min	0	-67	0	-67
	max	100	33.3	100	66.7
Cycle 4 Day 1	n	46	45	32	30
	mean	22.5	-5.9	28.1	1.11
	SD	28.2	22.8	28.2	30.9
	median	16.7	0	33.3	0
	min	0	-67	0	-67
	max	100	33.3	100	100
Cycle 6 Day 1	n	29	28	18	16
	mean	24.1	-4.8	25.9	-4.2
	SD	30.7	21.7	33.4	26.9
	median	0	0	16.7	0
	min	0	-33	0	-33
	max	100	33.3	100	66.7
Cycle 8 Day 1	n	22	21	13	11
	mean	25.8	1.59	33.3	-6.1
	SD	34	24.7	33.3	25
	median	0	0	33.3	0
	min	0	-67	0	-67
	max	100	33.3	100	33.3
Cycle 10 Day 1	n	18	17	10	8
	mean	20.4	-2	30	-8.3
	SD	25.9	30	18.9	23.6
	median	0	0	33.3	0
	min	0	-67	0	-33

Study: RAD1901-308
Section: Tables

Table 17.1: Insomnia and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	66.7	66.7	66.7	33.3
Cycle 12 Day 1	n	13	12	8	6
	mean	15.4	0	33.3	-11
	SD	17.3	24.6	30.9	27.2
	median	0	0	33.3	-17
	min	0	-67	0	-33
	max	33.3	33.3	66.7	33.3
Cycle 14 Day 1	n	11	11	4	3
	mean	18.2	-3	16.7	-22
	SD	22.9	27.7	19.2	19.2
	median	0	0	16.7	-33
	min	0	-67	0	-33
	max	66.7	33.3	33.3	0
Cycle 16 Day 1	n	9	8	2	2
	mean	11.1	-4.2	50	16.7
	SD	16.7	21.4	23.6	23.6
	median	0	0	50	16.7
	min	0	-33	33.3	0
	max	33.3	33.3	66.7	33.3
Cycle 18 Day 1	n	8	8	2	2
	mean	16.7	-8.3	33.3	0
	SD	17.8	29.5	47.1	47.1
	median	16.7	0	33.3	0
	min	0	-67	0	-33
	max	33.3	33.3	66.7	33.3
Cycle 20 Day 1	n	8	8	2	2
	mean	25	4.17	16.7	-17
	SD	23.6	27.8	23.6	23.6
	median	33.3	0	16.7	-17
	min	0	-33	0	-33
	max	66.7	66.7	33.3	0
Cycle 22 Day 1	n	6	6	2	2
	mean	33.3	16.7	33.3	0
	SD	21.1	27.9	0	0
	median	33.3	0	33.3	0
	min	0	0	33.3	0
	max	66.7	66.7	33.3	0
Cycle 24 Day 1	n	4	4	0	0
	mean	33.3	16.7	.	.
	SD	27.2	33.3	.	.
	median	33.3	0	.	.
	min	0	0	.	.
	max	66.7	66.7	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	50	33.3	.	.
	SD	33.3	47.1	.	.
	median	33.3	16.7	.	.

Study: RAD1901-308
Section: Tables

Table 17.1: Insomnia and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

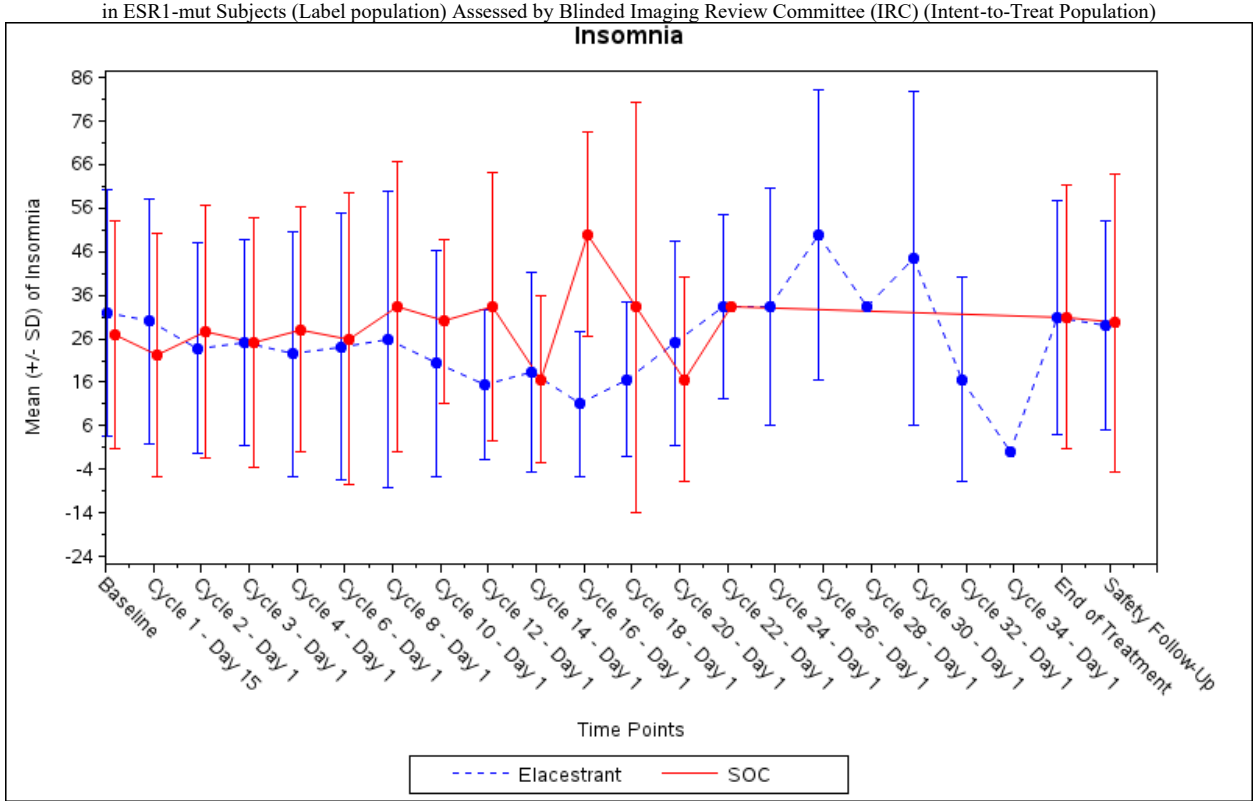
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	33.3	0	.	.
	max	100	100	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	33.3	22.2	.	.
	SD	0	19.2	.	.
	median	33.3	33.3	.	.
	min	33.3	0	.	.
	max	33.3	33.3	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	44.4	33.3	.	.
	SD	38.5	33.3	.	.
	median	66.7	33.3	.	.
	min	0	0	.	.
	max	66.7	66.7	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	16.7	0	.	.
	SD	23.6	0	.	.
	median	16.7	0	.	.
	min	0	0	.	.
	max	33.3	0	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	0	0	.	.
	SD	.	.	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
End of Treatment	n	70	68	72	67
	mean	31	2.94	31	2.49
	SD	26.8	27.5	30.3	28
	median	33.3	0	33.3	0
	min	0	-67	0	-67
	max	100	66.7	100	66.7
Safety Follow-Up	n	31	31	18	17
	mean	29	-7.5	29.6	1.96
	SD	23.9	29.5	34.1	34.3
	median	33.3	0	33.3	0
	min	0	-100	0	-33
	max	66.7	66.7	100	66.7

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 17.1: Mean (+/-SD) of Insomnia score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.2: Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

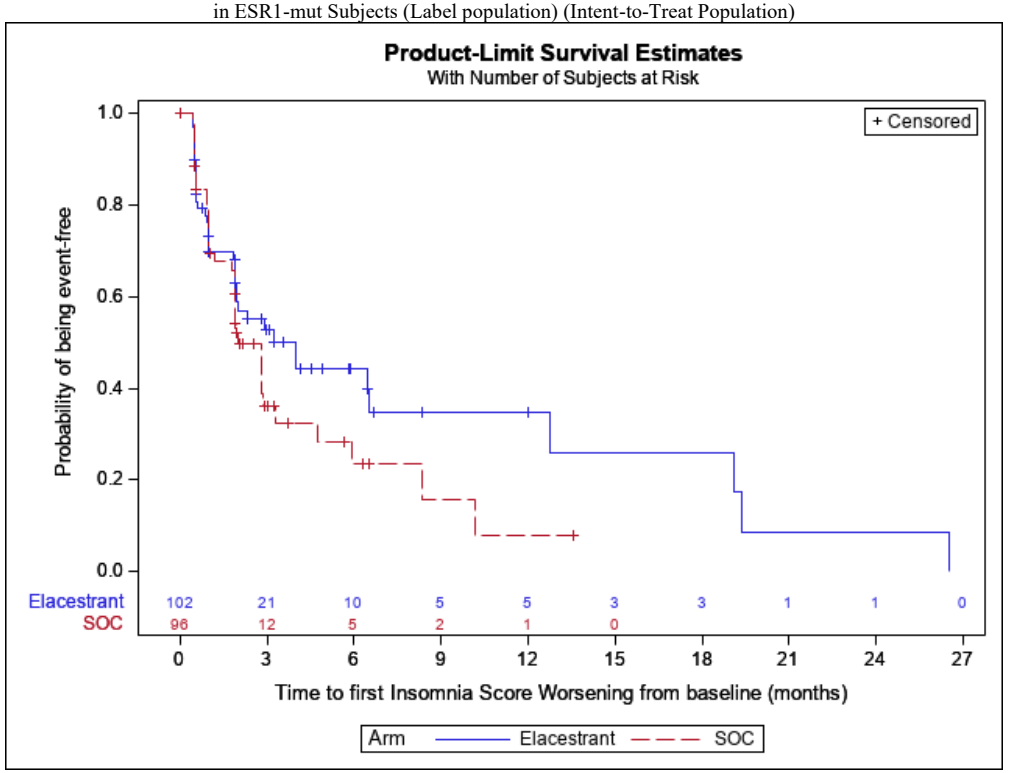
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.30	1.54
median	0.82	0.74
min	0.03	0.03
max	26.51	13.57
Events, n (%)	38 (37.3)	38 (39.6)
Insomnia score worsening	38 (37.3)	38 (39.6)
Censored subjects, n (%)	64 (62.7)	58 (60.4)
No event	63 (61.8)	57 (59.4)
Death	1 (1)	1 (1)
Median (months) [2]	3.22	2.00
95% CI for Score worsening [2]	1.94 - 12.75	1.87 - 3.29
Q1 (95% CI)	0.95 (0.53 - 1.91)	0.95 (0.56 - 1.87)
Q3 (95% CI)	19.12 (6.47 - 19.38)	5.91 (2.79 - 10.15)
Min, Max	0.03+, 26.51	0.03+, 13.57+
Score worsening rate at 3 months (95% CI) [2]	52.61 (39.67 - 65.56)	35.96 (21.81 - 50.10)
Score worsening rate at 6 months (95% CI) [2]	44.10 (30.10 - 58.10)	23.60 (8.78 - 38.41)
Score worsening rate at 12 months (95% CI) [2]	34.73 (18.74 - 50.72)	7.87 (0.00 - 21.39)
Score worsening rate at 18 months (95% CI) [2]	26.05 (7.05 - 45.05)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	8.68 (0.00 - 23.95)	. (. - .)
Hazard ratio [3]	0.737	
95% CI for Hazard ratio [3]	0.459 - 1.179	
2-sided p-value [4]	0.2122	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 17.2: Kaplan-Meier Plot of Time to first worsening for Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.3: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.3381	
Yes	Number of Subjects	27	27
	Events, n (%)	11 (40.7)	10 (37)
	Censored subjects, n (%)	16 (59.3)	17 (63)
	Median (months) [2]	1.91	2.79
	95% CI for Score worsening [2]	0.53 - NC	2.00 - 3.29
	Q1 (95% CI)	0.49 (0.49 - 1.91)	2.00 (0.95 - 2.79)
	Q3 (95% CI)	26.51 (1.91 - NC)	3.29 (2.79 - NC)
	Min, Max	0.03+, 26.51	0.03+, 5.65+
	Hazard ratio [3]	1.228	
	95% CI for Hazard ratio [3]	0.500 - 3.013	
	2-sided p-value [4]	0.6494	
No	Number of Subjects	75	69
	Events, n (%)	27 (36)	28 (40.6)
	Censored subjects, n (%)	48 (64)	41 (59.4)
	Median (months) [2]	4.01	1.91
	95% CI for Score worsening [2]	1.94 - 12.75	0.95 - 4.76
	Q1 (95% CI)	0.99 (0.92 - 2.30)	0.92 (0.49 - 1.87)
	Q3 (95% CI)	12.75 (6.47 - NC)	8.34 (2.79 - 10.15)
	Min, Max	0.03+, 19.38	0.03+, 13.57+
	Hazard ratio [3]	0.600	
	95% CI for Hazard ratio [3]	0.347 - 1.032	
	2-sided p-value [4]	0.0659	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Insomnia = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.4: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.8497	
Yes	Number of Subjects	72	69
	Events, n (%)	27 (37.5)	26 (37.7)
	Censored subjects, n (%)	45 (62.5)	43 (62.3)
	Median (months) [2]	2.92	1.94
	95% CI for Score worsening [2]	1.91 - 12.75	1.81 - 2.86
	Q1 (95% CI)	0.59 (0.53 - 1.91)	0.95 (0.53 - 1.91)
	Q3 (95% CI)	12.75 (4.01 - NC)	4.76 (2.79 - NC)
	Min, Max	0.03+, 26.51	0.03+, 6.51+
	Hazard ratio [3]	0.775	
	95% CI for Hazard ratio [3]	0.441 - 1.357	
	2-sided p-value [4]	0.373	
No	Number of Subjects	30	27
	Events, n (%)	11 (36.7)	12 (44.4)
	Censored subjects, n (%)	19 (63.3)	15 (55.6)
	Median (months) [2]	6.47	2.79
	95% CI for Score worsening [2]	1.91 - NC	1.87 - 8.34
	Q1 (95% CI)	0.99 (0.89 - 4.01)	1.18 (0.95 - 2.79)
	Q3 (95% CI)	19.12 (6.47 - NC)	8.34 (2.79 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	0.620	
	95% CI for Hazard ratio [3]	0.260 - 1.442	
	2-sided p-value [4]	0.2712	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.5: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.7358	
<65 years	Number of Subjects	49	48
	Events, n (%)	18 (36.7)	18 (37.5)
	Censored subjects, n (%)	31 (63.3)	30 (62.5)
	Median (months) [2]	4.01	1.87
	95% CI for Score worsening [2]	0.99 - 12.75	1.18 - 2.79
	Q1 (95% CI)	0.92 (0.53 - 2.92)	0.92 (0.53 - 1.87)
	Q3 (95% CI)	12.75 (6.51 - NC)	4.76 (1.91 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	0.669	
	95% CI for Hazard ratio [3]	0.340 - 1.310	
	2-sided p-value [4]	0.241	
>=65 years	Number of Subjects	53	48
	Events, n (%)	20 (37.7)	20 (41.7)
	Censored subjects, n (%)	33 (62.3)	28 (58.3)
	Median (months) [2]	3.22	2.79
	95% CI for Score worsening [2]	1.91 - 19.38	1.91 - 5.91
	Q1 (95% CI)	1.84 (0.49 - 1.94)	0.95 (0.56 - 2.79)
	Q3 (95% CI)	19.38 (4.01 - NC)	5.91 (2.86 - NC)
	Min, Max	0.03+, 26.51	0.03+, 10.15
	Hazard ratio [3]	0.776	
	95% CI for Hazard ratio [3]	0.405 - 1.476	
	2-sided p-value [4]	0.4408	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.6: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0611	
<75 years	Number of Subjects	85	80
	Events, n (%)	30 (35.3)	32 (40)
	Censored subjects, n (%)	55 (64.7)	48 (60)
	Median (months) [2]	4.01	1.91
	95% CI for Score worsening [2]	1.91 - 19.12	1.81 - 2.79
	Q1 (95% CI)	0.95 (0.53 - 1.94)	0.95 (0.53 - 1.87)
	Q3 (95% CI)	19.12 (12.75 - NC)	4.76 (2.79 - 10.15)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.586	
	95% CI for Hazard ratio [3]	0.347 - 0.981	
	2-sided p-value [4]	0.0401	
>=75 years	Number of Subjects	17	16
	Events, n (%)	8 (47.1)	6 (37.5)
	Censored subjects, n (%)	9 (52.9)	10 (62.5)
	Median (months) [2]	3.22	2.86
	95% CI for Score worsening [2]	0.95 - 4.01	2.79 - NC
	Q1 (95% CI)	0.74 (0.46 - 3.22)	2.79 (0.95 - NC)
	Q3 (95% CI)	4.01 (3.22 - NC)	8.34 (2.86 - NC)
	Min, Max	0.03+, 6.47	0.03+, 8.34
	Hazard ratio [3]	1.860	
	95% CI for Hazard ratio [3]	0.617 - 6.176	
	2-sided p-value [4]	0.2618	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.7: Subgroup Analysis of Time to first worsening from baseline of Insomnia for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.2161	
Europe	Number of Subjects	54	43
	Events, n (%)	21 (38.9)	16 (37.2)
	Censored subjects, n (%)	33 (61.1)	27 (62.8)
	Median (months) [2]	3.22	2.79
	95% CI for Score worsening [2]	1.94 - 6.47	1.18 - 10.15
	Q1 (95% CI)	0.99 (0.89 - 2.00)	0.95 (0.56 - 2.00)
	Q3 (95% CI)	19.12 (4.01 - NC)	10.15 (2.86 - NC)
	Min, Max	0.03+, 19.38	0.03+, 13.57+
	Hazard ratio [3]	0.880	
	95% CI for Hazard ratio [3]	0.452 - 1.733	
	2-sided p-value [4]	0.7025	
North America	Number of Subjects	32	37
	Events, n (%)	8 (25)	15 (40.5)
	Censored subjects, n (%)	24 (75)	22 (59.5)
	Median (months) [2]	12.75	1.94
	95% CI for Score worsening [2]	2.92 - NC	1.87 - 3.29
	Q1 (95% CI)	2.92 (0.53 - 12.75)	1.81 (0.92 - 1.94)
	Q3 (95% CI)	26.51 (12.75 - NC)	3.29 (1.94 - NC)
	Min, Max	0.03+, 26.51	0.03+, 8.34
	Hazard ratio [3]	0.281	
	95% CI for Hazard ratio [3]	0.097 - 0.716	
	2-sided p-value [4]	0.0078	
Asia	Number of Subjects	8	14
	Events, n (%)	4 (50)	5 (35.7)
	Censored subjects, n (%)	4 (50)	9 (64.3)
	Median (months) [2]	1.41	2.79
	95% CI for Score worsening [2]	0.59 - NC	0.56 - NC
	Q1 (95% CI)	0.59 (0.53 - 1.91)	0.56 (0.49 - 2.79)
	Q3 (95% CI)	. (0.92 - NC)	. (0.95 - NC)
	Min, Max	0.03+, 4.9+	0.03+, 6.28+
	Hazard ratio [3]	1.191	
	95% CI for Hazard ratio [3]	0.294 - 4.522	
	2-sided p-value [4]	0.7957	
Other	Number of Subjects	8	2
	Events, n (%)	5 (62.5)	2 (100)
	Censored subjects, n (%)	3 (37.5)	0 (0.0)
	Median (months) [2]	0.54	1.18
	95% CI for Score worsening [2]	0.53 - 1.91	0.49 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.56)	0.49 (0.49 - NC)
	Q3 (95% CI)	1.91 (0.53 - NC)	1.87 (0.49 - NC)
	Min, Max	0.03+, 5.85+	0.49, 1.87
	Hazard ratio [3]	0.612	
	95% CI for Hazard ratio [3]	0.118 - 4.462	
	2-sided p-value [4]	0.5502	

Study: RAD1901-308
Section: Tables

Table 17.7: Subgroup Analysis of Time to first worsening from baseline of Insomnia for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Insomnia =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.8: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.9109	
0	Number of Subjects	59	51
	Events, n (%)	22 (37.3)	17 (33.3)
	Censored subjects, n (%)	37 (62.7)	34 (66.7)
	Median (months) [2]	4.01	2.79
	95% CI for Score worsening [2]	1.84 - 19.12	1.81 - 4.76
	Q1 (95% CI)	0.95 (0.53 - 2.30)	1.18 (0.95 - 1.94)
	Q3 (95% CI)	19.12 (6.51 - NC)	8.34 (2.79 - 10.15)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.751	
	95% CI for Hazard ratio [3]	0.387 - 1.466	
	2-sided p-value [4]	0.3933	
1	Number of Subjects	43	45
	Events, n (%)	16 (37.2)	21 (46.7)
	Censored subjects, n (%)	27 (62.8)	24 (53.3)
	Median (months) [2]	3.22	2.00
	95% CI for Score worsening [2]	1.91 - NC	0.99 - 2.86
	Q1 (95% CI)	0.92 (0.53 - 1.94)	0.56 (0.49 - 1.87)
	Q3 (95% CI)	. (4.01 - NC)	5.91 (2.79 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 6.51+
	Hazard ratio [3]	0.686	
	95% CI for Hazard ratio [3]	0.350 - 1.316	
	2-sided p-value [4]	0.2625	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.9: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.7533	
yes	Number of Subjects	82	78
	Events, n (%)	30 (36.6)	28 (35.9)
	Censored subjects, n (%)	52 (63.4)	50 (64.1)
	Median (months) [2]	4.01	2.00
	95% CI for Score worsening [2]	1.94 - 12.75	1.87 - 2.86
	Q1 (95% CI)	0.95 (0.53 - 1.94)	0.95 (0.92 - 1.91)
	Q3 (95% CI)	12.75 (6.51 - NC)	4.76 (2.79 - NC)
	Min, Max	0.03+, 26.51	0.03+, 8.34
	Hazard ratio [3]	0.685	
	95% CI for Hazard ratio [3]	0.398 - 1.173	
	2-sided p-value [4]	0.1665	
no	Number of Subjects	20	18
	Events, n (%)	8 (40)	10 (55.6)
	Censored subjects, n (%)	12 (60)	8 (44.4)
	Median (months) [2]	2.30	2.79
	95% CI for Score worsening [2]	0.53 - NC	0.49 - 10.15
	Q1 (95% CI)	0.53 (0.49 - 2.30)	0.49 (0.49 - 2.79)
	Q3 (95% CI)	19.12 (2.30 - NC)	10.15 (2.79 - NC)
	Min, Max	0.03+, 19.12	0.03+, 13.57+
	Hazard ratio [3]	0.726	
	95% CI for Hazard ratio [3]	0.263 - 1.894	
	2-sided p-value [4]	0.5205	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.10: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

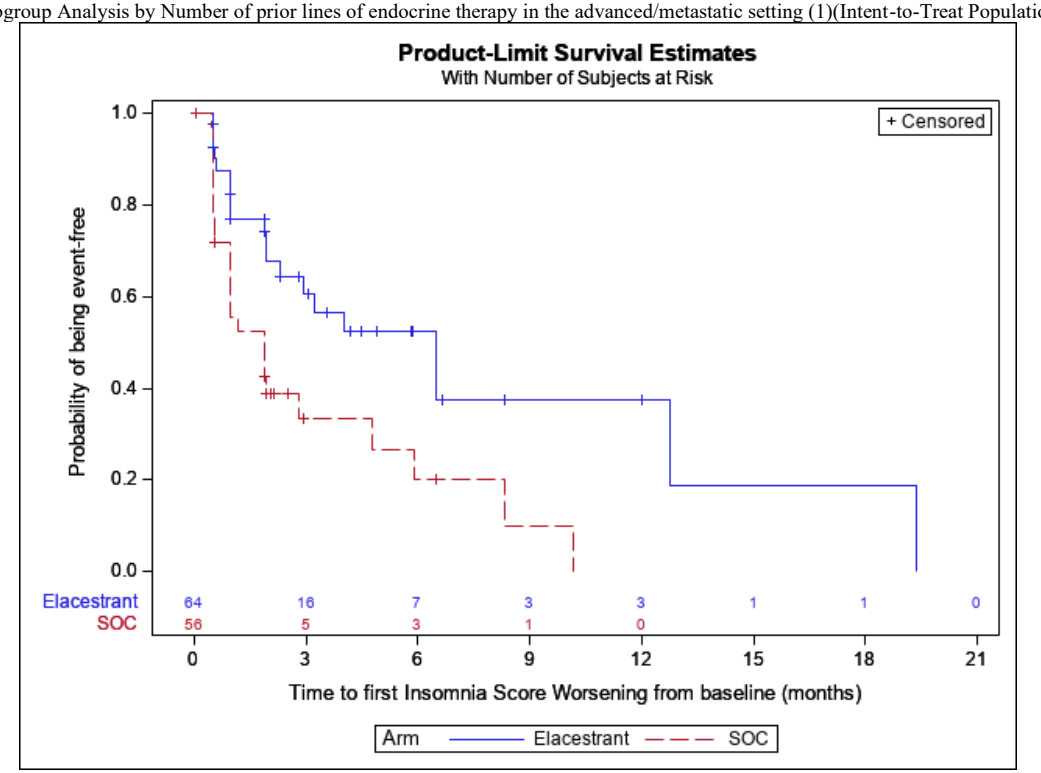
Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.0160	
1	Number of Subjects	64	56
	Events, n (%)	20 (31.3)	24 (42.9)
	Censored subjects, n (%)	44 (68.8)	32 (57.1)
	Median (months) [2]	6.47	1.87
	95% CI for Score worsening [2]	2.30 - 12.75	0.95 - 4.76
	Q1 (95% CI)	1.91 (0.95 - 3.22)	0.56 (0.49 - 0.99)
	Q3 (95% CI)	12.75 (6.47 - NC)	5.91 (1.94 - NC)
	Min, Max	0.03+, 19.38	0.03+, 10.15
	Hazard ratio [3]	0.421	
	95% CI for Hazard ratio [3]	0.224 - 0.774	
	2-sided p-value [4]	0.0046	
2	Number of Subjects	38	40
	Events, n (%)	18 (47.4)	14 (35)
	Censored subjects, n (%)	20 (52.6)	26 (65)
	Median (months) [2]	1.91	2.79
	95% CI for Score worsening [2]	0.53 - 19.12	1.91 - NC
	Q1 (95% CI)	0.53 (0.49 - 1.84)	1.87 (0.95 - 2.79)
	Q3 (95% CI)	19.12 (2.00 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	1.511	
	95% CI for Hazard ratio [3]	0.734 - 3.147	
	2-sided p-value [4]	0.2532	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

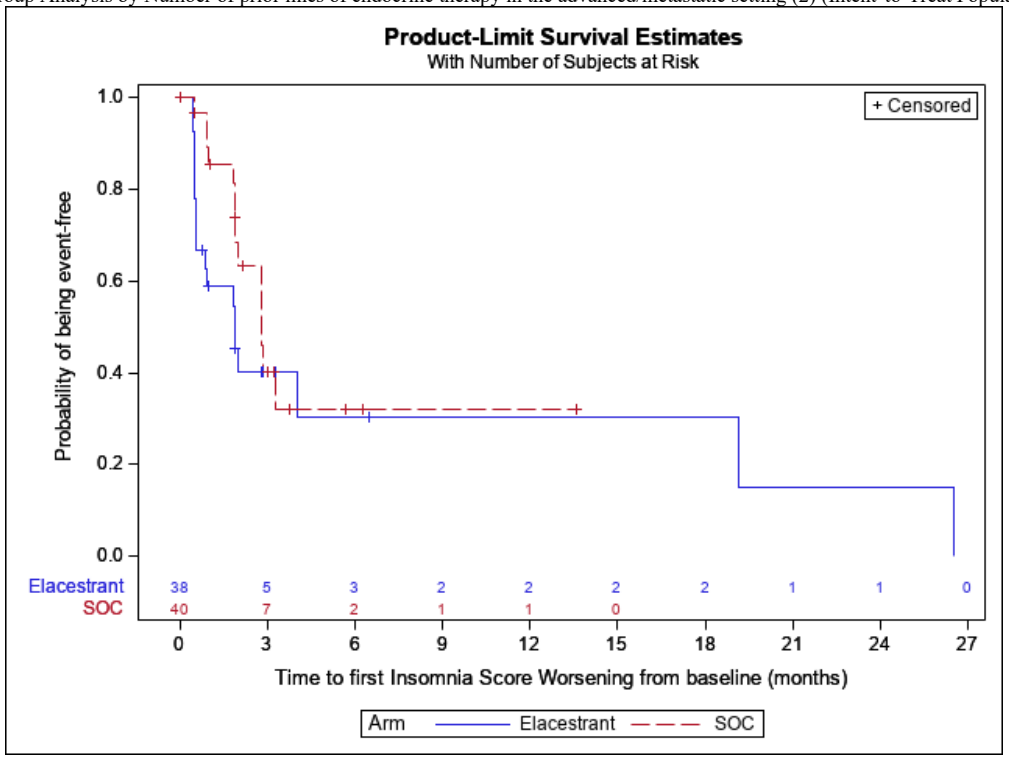
Figure 17.10.a: Kaplan-Meier Plot of Insomnia Score for Elacestrant vs SOC,
Subgroup Analysis by Number of prior lines of endocrine therapy in the advanced/metastatic setting (1)(Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 17.10.b: Kaplan-Meier Plot of Insomnia Score for Elacestrant vs SOC,
Subgroup Analysis by Number of prior lines of endocrine therapy in the advanced/metastatic setting (2) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 17.11: Subgroup Analysis of Time to first worsening from baseline of Insomnia score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.3024	
0	Number of Subjects	76	67
	Events, n (%)	29 (38.2)	26 (38.8)
	Censored subjects, n (%)	47 (61.8)	41 (61.2)
	Median (months) [2]	4.01	2.00
	95% CI for Score worsening [2]	1.91 - 12.75	0.99 - 3.29
	Q1 (95% CI)	0.92 (0.53 - 1.94)	0.95 (0.49 - 1.81)
	Q3 (95% CI)	19.12 (6.51 - NC)	5.91 (2.79 - 10.15)
	Min, Max	0.03+, 26.51	0.03+, 13.57+
	Hazard ratio [3]	0.626	
	95% CI for Hazard ratio [3]	0.360 - 1.090	
	2-sided p-value [4]	0.093	
1	Number of Subjects	26	29
	Events, n (%)	9 (34.6)	12 (41.4)
	Censored subjects, n (%)	17 (65.4)	17 (58.6)
	Median (months) [2]	2.30	2.79
	95% CI for Score worsening [2]	0.99 - NC	1.91 - NC
	Q1 (95% CI)	0.99 (0.53 - 2.30)	1.87 (0.92 - 1.94)
	Q3 (95% CI)	. (1.94 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 4.5+	0.03+, 6.51+
	Hazard ratio [3]	1.108	
	95% CI for Hazard ratio [3]	0.445 - 2.685	
	2-sided p-value [4]	0.8022	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Insomnia a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Insomnia are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.1: Nausea and Vomiting Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	5.21	.	7.32	.
	SD	10.9	.	15.1	.
	median	0	.	0	.
	min	0	.	0	.
	max	50	.	83.3	.
Cycle 1 Day 15	n	91	89	72	68
	mean	11.9	6.18	6.71	-2
	SD	19.1	18.2	16.7	8.89
	median	0	0	0	0
	min	0	-17	0	-33
	max	100	100	100	16.7
Cycle 2 Day 1	n	88	86	82	75
	mean	12.3	6.98	11.8	2.22
	SD	17	18.2	22.5	15.3
	median	0	0	0	0
	min	0	-33	0	-50
	max	66.7	66.7	100	66.7
Cycle 3 Day 1	n	57	57	45	42
	mean	9.65	4.68	5.56	0.79
	SD	13.7	17.7	11.8	8.98
	median	0	0	0	0
	min	0	-50	0	-17
	max	66.7	66.7	50	33.3
Cycle 4 Day 1	n	46	45	32	30
	mean	9.78	4.44	7.81	1.67
	SD	13.9	13.9	18.4	13.4
	median	0	0	0	0
	min	0	-33	0	-33
	max	50	33.3	83.3	50
Cycle 6 Day 1	n	29	28	18	16
	mean	8.62	3.57	2.78	-1
	SD	12.3	15.9	6.39	9.56
	median	0	0	0	0
	min	0	-33	0	-17
	max	33.3	33.3	16.7	16.7
Cycle 8 Day 1	n	22	21	13	11
	mean	5.3	0	1.28	-3
	SD	9.47	11.8	4.62	6.74
	median	0	0	0	0
	min	0	-33	0	-17
	max	33.3	16.7	16.7	0
Cycle 10 Day 1	n	18	17	10	8
	mean	13	7.84	0	-2.1
	SD	24	27.1	0	5.89
	median	0	0	0	0
	min	0	-33	0	-17

Study: RAD1901-308
Section: Tables

Table 18.1: Nausea and Vomiting Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	100	0	0
Cycle 12 Day 1	n	13	12	8	6
	mean	10.3	4.17	2.08	-2.8
	SD	27.7	32.7	5.89	6.8
	median	0	0	0	0
	min	0	-33	0	-17
	max	100	100	16.7	0
Cycle 14 Day 1	n	11	11	4	3
	mean	6.06	-1.5	0	0
	SD	11.2	11.7	0	0
	median	0	0	0	0
	min	0	-33	0	0
	max	33.3	16.7	0	0
Cycle 16 Day 1	n	9	8	2	2
	mean	9.26	4.17	0	0
	SD	14.7	7.72	0	0
	median	0	0	0	0
	min	0	0	0	0
	max	33.3	16.7	0	0
Cycle 18 Day 1	n	8	8	2	2
	mean	10.4	2.08	8.33	8.33
	SD	15.3	13.9	11.8	11.8
	median	0	0	8.33	8.33
	min	0	-17	0	0
	max	33.3	33.3	16.7	16.7
Cycle 20 Day 1	n	8	8	2	2
	mean	6.25	2.08	8.33	8.33
	SD	8.63	16.5	11.8	11.8
	median	0	0	8.33	8.33
	min	0	-33	0	0
	max	16.7	16.7	16.7	16.7
Cycle 22 Day 1	n	6	6	2	2
	mean	5.56	0	8.33	8.33
	SD	8.61	10.5	11.8	11.8
	median	0	0	8.33	8.33
	min	0	-17	0	0
	max	16.7	16.7	16.7	16.7
Cycle 24 Day 1	n	4	4	0	0
	mean	12.5	4.17	.	.
	SD	16	21	.	.
	median	8.33	0	.	.
	min	0	-17	.	.
	max	33.3	33.3	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	12.5	4.17	.	.
	SD	16	21	.	.
	median	8.33	0	.	.

Study: RAD1901-308
Section: Tables

Table 18.1: Nausea and Vomiting Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

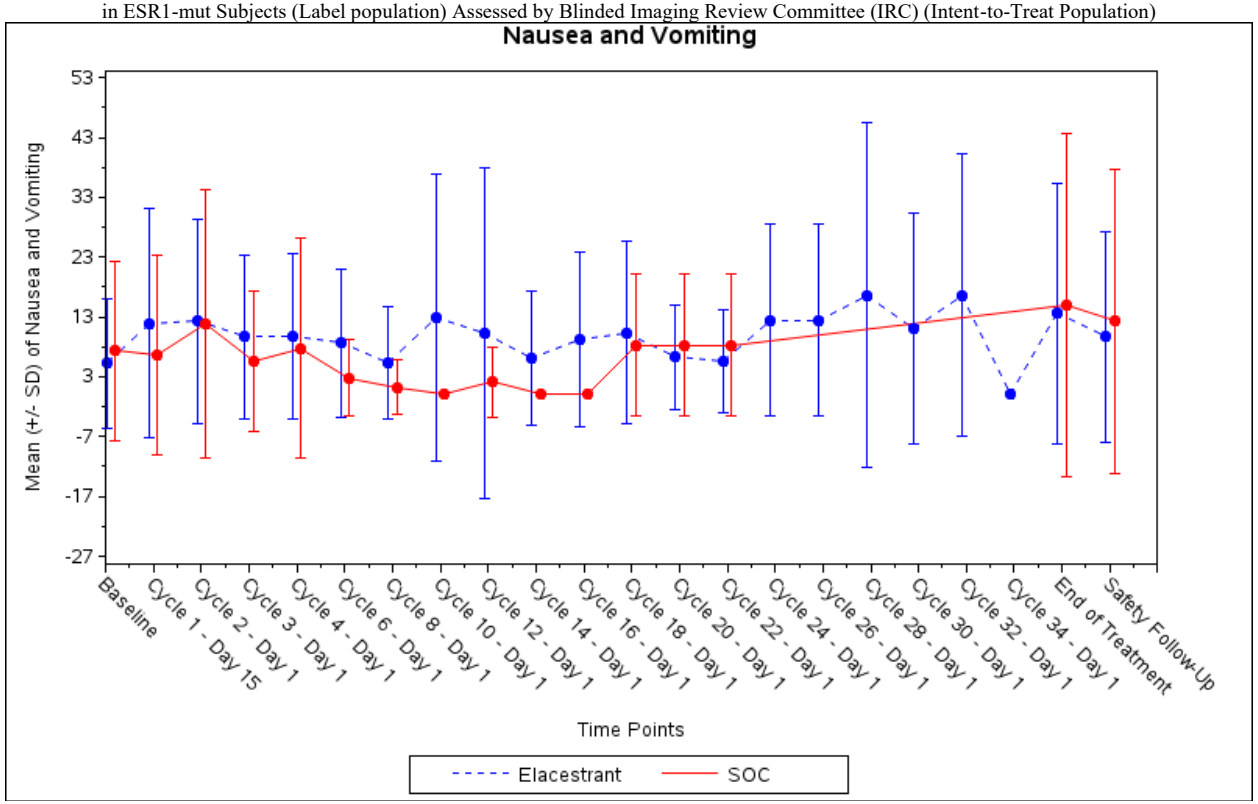
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	0	-17	.	.
	max	33.3	33.3	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	16.7	16.7	.	.
	SD	28.9	28.9	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	50	50	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	11.1	11.1	.	.
	SD	19.2	19.2	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	33.3	33.3	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	16.7	16.7	.	.
	SD	23.6	23.6	.	.
	median	16.7	16.7	.	.
	min	0	0	.	.
	max	33.3	33.3	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	0	0	.	.
	SD	.	.	.	.
	median	0	0	.	.
	min	0	0	.	.
	max	0	0	.	.
End of Treatment	n	70	68	72	66
	mean	13.6	10	15	6.82
	SD	21.8	21.8	28.7	21.7
	median	0	0	0	0
	min	0	-33	0	-33
	max	100	100	100	100
Safety Follow-Up	n	31	31	19	17
	mean	9.68	6.45	12.3	-.98
	SD	17.6	17	25.4	18.1
	median	0	0	0	0
	min	0	-17	0	-50
	max	66.7	66.7	100	33.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 18.1: Mean (+/-SD) of Nausea and Vomiting score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.2: Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	1.66	1.16
median	0.76	0.49
min	0.03	0.03
max	22.14	9.26
Death	1 (1)	1 (1)
Events, n (%)	55 (53.9)	28 (29.2)
Censored subjects, n (%)	47 (46.1)	68 (70.8)
Nausea and vomiting score worsening	55 (53.9)	28 (29.2)
No event	46 (45.1)	67 (69.8)
Median (months) [2]	1.02	2.10
95% CI for Score worsening [2]	0.99 - 1.87	1.91 - 3.29
Q1 (95% CI)	0.53 (0.49 - 0.95)	0.99 (0.95 - 1.94)
Q3 (95% CI)	5.72 (1.91 - 11.99)	. (2.86 - NC)
Min, Max	0.03+, 22.14	0.03+, 9.26+
Score worsening rate at 3 months (95% CI) [2]	34.07 (22.96 - 45.18)	37.59 (21.76 - 53.42)
Score worsening rate at 6 months (95% CI) [2]	23.86 (12.32 - 35.40)	28.19 (11.82 - 44.57)
Score worsening rate at 12 months (95% CI) [2]	6.36 (0.00 - 17.36)	. (. - .)
Score worsening rate at 18 months (95% CI) [2]	6.36 (0.00 - 17.36)	. (. - .)
Score worsening rate at 24 months (95% CI) [2]	0.00 (. - .)	. (. - .)
Hazard ratio [3]	1.568	
95% CI for Hazard ratio [3]	0.987 - 2.542	
2-sided p-value [4]	0.0617	

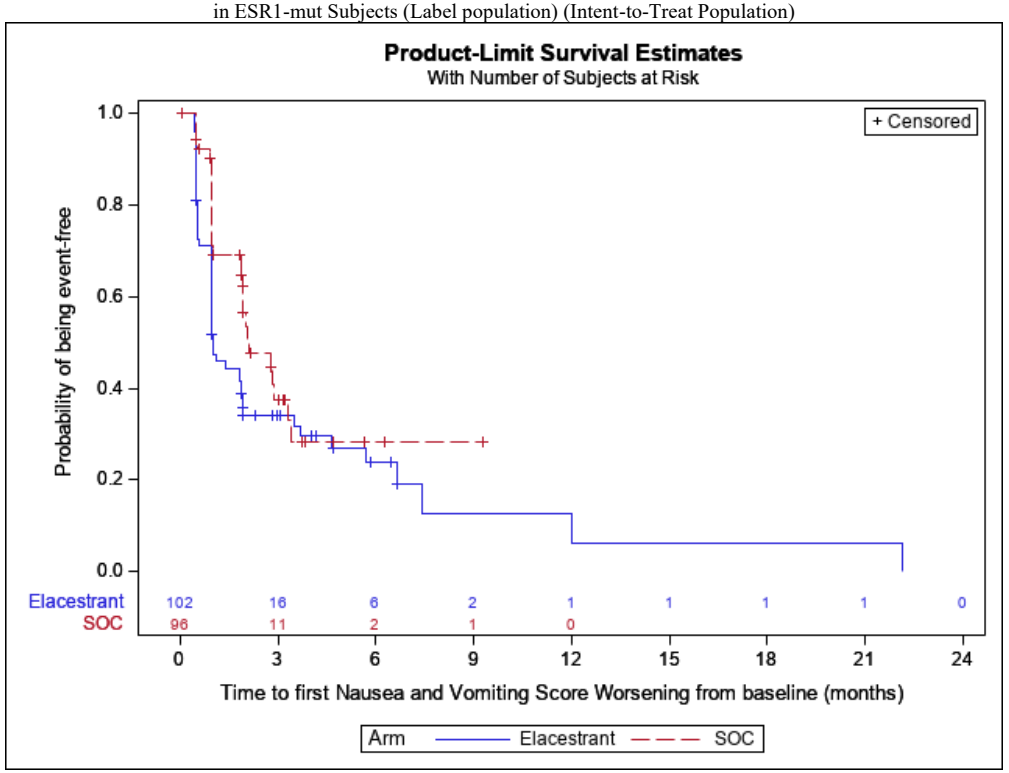
+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

'

Study: RAD1901-308
Section: Tables

Figure 18.2: Kaplan-Meier Plot of Time to first worsening for Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.3: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.1030	
Yes	Number of Subjects	27	27
	Events, n (%)	20 (74.1)	7 (25.9)
	Censored subjects, n (%)	7 (25.9)	20 (74.1)
	Median (months) [2]	0.99	3.29
	95% CI for Score worsening [2]	0.95 - 1.41	2.00 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	2.00 (0.53 - 3.29)
	Q3 (95% CI)	1.87 (0.99 - NC)	. (2.86 - NC)
	Min, Max	0.03+, 6.67	0.03+, 5.65+
	Hazard ratio [3]	2.627	
	95% CI for Hazard ratio [3]	1.142 - 6.781	
	2-sided p-value [4]	0.027	
No	Number of Subjects	75	69
	Events, n (%)	35 (46.7)	21 (30.4)
	Censored subjects, n (%)	40 (53.3)	48 (69.6)
	Median (months) [2]	1.84	1.94
	95% CI for Score worsening [2]	0.95 - 3.68	1.02 - 3.42
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.99 (0.95 - 1.87)
	Q3 (95% CI)	7.39 (3.68 - NC)	. (2.07 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.221	
	95% CI for Hazard ratio [3]	0.710 - 2.146	
	2-sided p-value [4]	0.4789	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Nausea and Vomiting = Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.4: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.4170	
Yes	Number of Subjects	72	69
	Events, n (%)	38 (52.8)	19 (27.5)
	Censored subjects, n (%)	34 (47.2)	50 (72.5)
	Median (months) [2]	1.02	2.10
	95% CI for Score worsening [2]	0.95 - 1.91	1.94 - NC
	Q1 (95% CI)	0.56 (0.49 - 0.99)	0.99 (0.95 - 2.00)
	Q3 (95% CI)	3.68 (1.87 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 22.14	0.03+, 6.28+
	Hazard ratio [3]	1.825	
	95% CI for Hazard ratio [3]	1.058 - 3.251	
	2-sided p-value [4]	0.0314	
No	Number of Subjects	30	27
	Events, n (%)	17 (56.7)	9 (33.3)
	Censored subjects, n (%)	13 (43.3)	18 (66.7)
	Median (months) [2]	1.07	1.91
	95% CI for Score worsening [2]	0.53 - 5.72	0.99 - 3.42
	Q1 (95% CI)	0.49 (0.49 - 1.02)	0.99 (0.49 - 1.91)
	Q3 (95% CI)	6.67 (1.12 - NC)	3.42 (1.91 - NC)
	Min, Max	0.03+, 11.99	0.03+, 9.26+
	Hazard ratio [3]	1.098	
	95% CI for Hazard ratio [3]	0.488 - 2.624	
	2-sided p-value [4]	0.8526	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.5: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.8623	
<65 years	Number of Subjects	49	48
	Events, n (%)	30 (61.2)	13 (27.1)
	Censored subjects, n (%)	19 (38.8)	35 (72.9)
	Median (months) [2]	0.99	1.94
	95% CI for Score worsening [2]	0.56 - 1.91	1.87 - 2.83
	Q1 (95% CI)	0.53 (0.49 - 0.95)	1.87 (0.99 - 1.94)
	Q3 (95% CI)	5.72 (1.84 - NC)	. (1.94 - NC)
	Min, Max	0.03+, 11.99	0.03+, 6.28+
	Hazard ratio [3]	1.592	
	95% CI for Hazard ratio [3]	0.838 - 3.189	
	2-sided p-value [4]	0.1692	
>=65 years	Number of Subjects	53	48
	Events, n (%)	25 (47.2)	15 (31.3)
	Censored subjects, n (%)	28 (52.8)	33 (68.8)
	Median (months) [2]	1.02	2.86
	95% CI for Score worsening [2]	0.99 - 4.67	0.99 - NC
	Q1 (95% CI)	0.95 (0.49 - 0.99)	0.99 (0.92 - 2.79)
	Q3 (95% CI)	6.67 (1.87 - NC)	. (2.86 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.433	
	95% CI for Hazard ratio [3]	0.757 - 2.801	
	2-sided p-value [4]	0.2703	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.6: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.2293	
<75 years	Number of Subjects	85	80
	Events, n (%)	46 (54.1)	23 (28.8)
	Censored subjects, n (%)	39 (45.9)	57 (71.3)
	Median (months) [2]	1.02	2.07
	95% CI for Score worsening [2]	0.99 - 1.94	1.87 - 3.29
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.99 (0.95 - 1.94)
	Q3 (95% CI)	5.72 (1.94 - 11.99)	3.42 (2.79 - NC)
	Min, Max	0.03+, 22.14	0.03+, 6.28+
	Hazard ratio [3]	1.315	
	95% CI for Hazard ratio [3]	0.793 - 2.232	
	2-sided p-value [4]	0.3151	
>=75 years	Number of Subjects	17	16
	Events, n (%)	9 (52.9)	5 (31.3)
	Censored subjects, n (%)	8 (47.1)	11 (68.8)
	Median (months) [2]	0.97	2.86
	95% CI for Score worsening [2]	0.53 - 1.87	0.99 - NC
	Q1 (95% CI)	0.53 (0.53 - 0.99)	0.99 (0.53 - NC)
	Q3 (95% CI)	. (0.95 - NC)	. (2.86 - NC)
	Min, Max	0.03+, 4.01+	0.03+, 9.26+
	Hazard ratio [3]	2.390	
	95% CI for Hazard ratio [3]	0.812 - 7.913	
	2-sided p-value [4]	0.1092	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.7: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)
Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.1020	
Europe	Number of Subjects	54	43
	Events, n (%)	27 (50)	15 (34.9)
	Censored subjects, n (%)	27 (50)	28 (65.1)
	Median (months) [2]	1.87	2.07
	95% CI for Score worsening [2]	0.99 - 5.72	0.99 - 3.42
	Q1 (95% CI)	0.74 (0.49 - 1.02)	0.99 (0.95 - 2.00)
	Q3 (95% CI)	11.99 (3.52 - NC)	3.42 (2.10 - NC)
	Min, Max	0.03+, 22.14	0.03+, 5.65+
	Hazard ratio [3]	0.993	
	95% CI for Hazard ratio [3]	0.524 - 1.942	
	2-sided p-value [4]	0.9612	
North America	Number of Subjects	32	37
	Events, n (%)	19 (59.4)	10 (27)
	Censored subjects, n (%)	13 (40.6)	27 (73)
	Median (months) [2]	0.99	2.79
	95% CI for Score worsening [2]	0.53 - 1.94	1.94 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	1.02 (0.92 - 2.79)
	Q3 (95% CI)	3.68 (1.02 - NC)	. (2.79 - NC)
	Min, Max	0.03+, 7.39	0.03+, 9.26+
	Hazard ratio [3]	2.138	
	95% CI for Hazard ratio [3]	1.010 - 4.809	
	2-sided p-value [4]	0.0465	
Asia	Number of Subjects	8	14
	Events, n (%)	5 (62.5)	2 (14.3)
	Censored subjects, n (%)	3 (37.5)	12 (85.7)
	Median (months) [2]	0.95	.
	95% CI for Score worsening [2]	0.43 - NC	0.99 - NC
	Q1 (95% CI)	0.49 (0.43 - 0.99)	0.99 (0.99 - NC)
	Q3 (95% CI)	0.99 (0.49 - NC)	. (0.99 - NC)
	Min, Max	0.03+, 1.84	0.03+, 6.28+
	Hazard ratio [3]	5.289	
	95% CI for Hazard ratio [3]	1.119 - 37.333	
	2-sided p-value [4]	0.0203	
Other	Number of Subjects	8	2
	Events, n (%)	4 (50)	1 (50)
	Censored subjects, n (%)	4 (50)	1 (50)
	Median (months) [2]	0.99	1.87
	95% CI for Score worsening [2]	0.53 - NC	. - NC
	Q1 (95% CI)	0.56 (0.53 - 0.99)	1.87 (. - NC)
	Q3 (95% CI)	0.99 (0.56 - NC)	1.87 (. - NC)
	Min, Max	0.03+, 5.85+	0.03+, 1.87
	Hazard ratio [3]	1.689	
	95% CI for Hazard ratio [3]	0.232 - 34.233	
	2-sided p-value [4]	0.6816	

Study: RAD1901-308
Section: Tables

Table 18.7: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Nausea and Vomiting =Visual Analogue Scale, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.8: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.9049	
0	Number of Subjects	59	51
	Events, n (%)	34 (57.6)	14 (27.5)
	Censored subjects, n (%)	25 (42.4)	37 (72.5)
	Median (months) [2]	1.02	2.07
	95% CI for Score worsening [2]	0.95 - 1.94	1.91 - 3.29
	Q1 (95% CI)	0.53 (0.49 - 0.99)	1.87 (0.99 - 2.07)
	Q3 (95% CI)	5.72 (1.87 - 11.99)	3.42 (2.07 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.496	
	95% CI for Hazard ratio [3]	0.808 - 2.911	
	2-sided p-value [4]	0.2268	
1	Number of Subjects	43	45
	Events, n (%)	21 (48.8)	14 (31.1)
	Censored subjects, n (%)	22 (51.2)	31 (68.9)
	Median (months) [2]	1.02	2.83
	95% CI for Score worsening [2]	0.95 - 3.68	0.99 - NC
	Q1 (95% CI)	0.95 (0.49 - 0.99)	0.99 (0.53 - 2.00)
	Q3 (95% CI)	6.67 (1.87 - NC)	. (2.83 - NC)
	Min, Max	0.03+, 6.67	0.03+, 6.28+
	Hazard ratio [3]	1.517	
	95% CI for Hazard ratio [3]	0.771 - 3.070	
	2-sided p-value [4]	0.2135	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.9: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.8418	
yes	Number of Subjects	82	78
	Events, n (%)	44 (53.7)	22 (28.2)
	Censored subjects, n (%)	38 (46.3)	56 (71.8)
	Median (months) [2]	1.02	2.07
	95% CI for Score worsening [2]	0.95 - 1.94	1.87 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.99 (0.95 - 1.94)
	Q3 (95% CI)	7.39 (1.94 - 11.99)	. (2.79 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.547	
	95% CI for Hazard ratio [3]	0.931 - 2.642	
	2-sided p-value [4]	0.0966	
no	Number of Subjects	20	18
	Events, n (%)	11 (55)	6 (33.3)
	Censored subjects, n (%)	9 (45)	12 (66.7)
	Median (months) [2]	1.00	2.83
	95% CI for Score worsening [2]	0.99 - 1.84	0.99 - NC
	Q1 (95% CI)	0.97 (0.49 - 1.02)	1.45 (0.95 - 3.29)
	Q3 (95% CI)	2.76 (0.99 - NC)	3.29 (1.91 - NC)
	Min, Max	0.03+, 6.67	0.03+, 3.42
	Hazard ratio [3]	1.463	
	95% CI for Hazard ratio [3]	0.520 - 4.423	
	2-sided p-value [4]	0.4912	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.10: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.2819	
1	Number of Subjects	64	56
	Events, n (%)	34 (53.1)	15 (26.8)
	Censored subjects, n (%)	30 (46.9)	41 (73.2)
	Median (months) [2]	0.99	1.94
	95% CI for Score worsening [2]	0.95 - 1.94	0.99 - 3.42
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.95 (0.92 - 1.87)
	Q3 (95% CI)	6.67 (1.91 - 11.99)	3.42 (1.94 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.228	
	95% CI for Hazard ratio [3]	0.675 - 2.337	
	2-sided p-value [4]	0.5163	
2	Number of Subjects	38	40
	Events, n (%)	21 (55.3)	13 (32.5)
	Censored subjects, n (%)	17 (44.7)	27 (67.5)
	Median (months) [2]	1.12	2.79
	95% CI for Score worsening [2]	0.99 - 1.91	1.94 - NC
	Q1 (95% CI)	0.99 (0.49 - 1.02)	1.91 (0.99 - 2.79)
	Q3 (95% CI)	4.67 (1.41 - NC)	. (2.86 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 6.28+
	Hazard ratio [3]	2.013	
	95% CI for Hazard ratio [3]	1.012 - 4.153	
	2-sided p-value [4]	0.048	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 18.11: Subgroup Analysis of Time to first worsening from baseline of Nausea and Vomiting score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.1230	
0	Number of Subjects	76	67
	Events, n (%)	42 (55.3)	20 (29.9)
	Censored subjects, n (%)	34 (44.7)	47 (70.1)
	Median (months) [2]	1.02	2.07
	95% CI for Score worsening [2]	0.99 - 1.91	1.87 - 3.29
	Q1 (95% CI)	0.95 (0.53 - 0.99)	0.99 (0.95 - 1.94)
	Q3 (95% CI)	6.67 (1.91 - 11.99)	3.29 (2.10 - NC)
	Min, Max	0.03+, 22.14	0.03+, 9.26+
	Hazard ratio [3]	1.256	
	95% CI for Hazard ratio [3]	0.738 - 2.202	
	2-sided p-value [4]	0.4214	
1	Number of Subjects	26	29
	Events, n (%)	13 (50)	8 (27.6)
	Censored subjects, n (%)	13 (50)	21 (72.4)
	Median (months) [2]	0.53	2.83
	95% CI for Score worsening [2]	0.49 - NC	1.87 - NC
	Q1 (95% CI)	0.49 (0.49 - 0.53)	0.99 (0.92 - NC)
	Q3 (95% CI)	3.52 (0.53 - NC)	. (2.83 - NC)
	Min, Max	0.03+, 3.52	0.03+, 6.28+
	Hazard ratio [3]	2.526	
	95% CI for Hazard ratio [3]	1.055 - 6.438	
	2-sided p-value [4]	0.0374	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Nausea and Vomiting a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Nausea and Vomiting are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.1: Pain and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
Baseline	n	96	.	82	.
	mean	27.3	.	27.4	.
	SD	25.1	.	26.4	.
	median	16.7	.	16.7	.
	min	0	.	0	.
	max	100	.	100	.
Cycle 1 Day 15	n	91	89	72	68
	mean	26.6	-1.5	27.3	-2.9
	SD	26.1	19.1	27	16.8
	median	16.7	0	16.7	0
	min	0	-50	0	-50
	max	100	50	100	50
Cycle 2 Day 1	n	88	86	82	75
	mean	27.7	0.58	30.5	0.89
	SD	24.9	19.7	26.9	21
	median	16.7	0	33.3	0
	min	0	-50	0	-33
	max	100	50	100	66.7
Cycle 3 Day 1	n	57	57	45	42
	mean	26	0.29	20.7	-4.8
	SD	24.4	19.5	22.5	19.6
	median	16.7	0	16.7	0
	min	0	-33	0	-67
	max	83.3	66.7	83.3	33.3
Cycle 4 Day 1	n	46	45	32	30
	mean	27.2	1.85	24	-2.2
	SD	23.7	20.2	24.3	21.3
	median	25	0	16.7	0
	min	0	-33	0	-67
	max	83.3	66.7	100	33.3
Cycle 6 Day 1	n	29	28	18	16
	mean	29.3	4.76	28.7	1.04
	SD	29.4	23.1	28.5	21.5
	median	33.3	0	16.7	0
	min	0	-33	0	-33
	max	83.3	66.7	100	50
Cycle 8 Day 1	n	22	21	13	11
	mean	33.3	7.94	24.4	1.52
	SD	32.5	28.7	18.8	15.7
	median	33.3	0	16.7	0
	min	0	-17	0	-17
	max	100	100	50	33.3
Cycle 10 Day 1	n	18	17	10	8
	mean	36.1	13.7	15	-2.1
	SD	33	33.5	12.3	5.89
	median	41.7	0	16.7	0
	min	0	-33	0	-17

Study: RAD1901-308
Section: Tables

Table 19.1: Pain and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	max	100	100	33.3	0
Cycle 12 Day 1	n	13	12	8	6
	mean	30.8	5.56	35.4	19.4
	SD	31.8	33.6	27.4	22.2
	median	33.3	0	33.3	16.7
	min	0	-33	0	0
	max	100	100	83.3	50
Cycle 14 Day 1	n	11	11	4	3
	mean	33.3	9.09	29.2	11.1
	SD	25.8	24	28.5	48.1
	median	33.3	0	25	-17
	min	0	-17	0	-17
	max	66.7	66.7	66.7	66.7
Cycle 16 Day 1	n	9	8	2	2
	mean	35.2	6.25	41.7	16.7
	SD	32.7	29.5	35.4	23.6
	median	33.3	0	41.7	16.7
	min	0	-33	16.7	0
	max	100	66.7	66.7	33.3
Cycle 18 Day 1	n	8	8	2	2
	mean	29.2	6.25	33.3	8.33
	SD	27.8	12.4	23.6	11.8
	median	25	8.33	33.3	8.33
	min	0	-17	16.7	0
	max	83.3	16.7	50	16.7
Cycle 20 Day 1	n	8	8	2	2
	mean	45.8	25	33.3	8.33
	SD	33	34.5	23.6	11.8
	median	41.7	16.7	33.3	8.33
	min	0	-17	16.7	0
	max	100	83.3	50	16.7
Cycle 22 Day 1	n	6	6	2	2
	mean	33.3	22.2	25	0
	SD	27.9	32.8	11.8	0
	median	33.3	8.33	25	0
	min	0	0	16.7	0
	max	83.3	83.3	33.3	0
Cycle 24 Day 1	n	4	4	0	0
	mean	37.5	20.8	.	.
	SD	21	31.5	.	.
	median	33.3	8.33	.	.
	min	16.7	0	.	.
	max	66.7	66.7	.	.
Cycle 26 Day 1	n	4	4	0	0
	mean	41.7	25	.	.
	SD	16.7	28.9	.	.
	median	33.3	16.7	.	.

Study: RAD1901-308
Section: Tables

Table 19.1: Pain and Change From Baseline by Visit, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

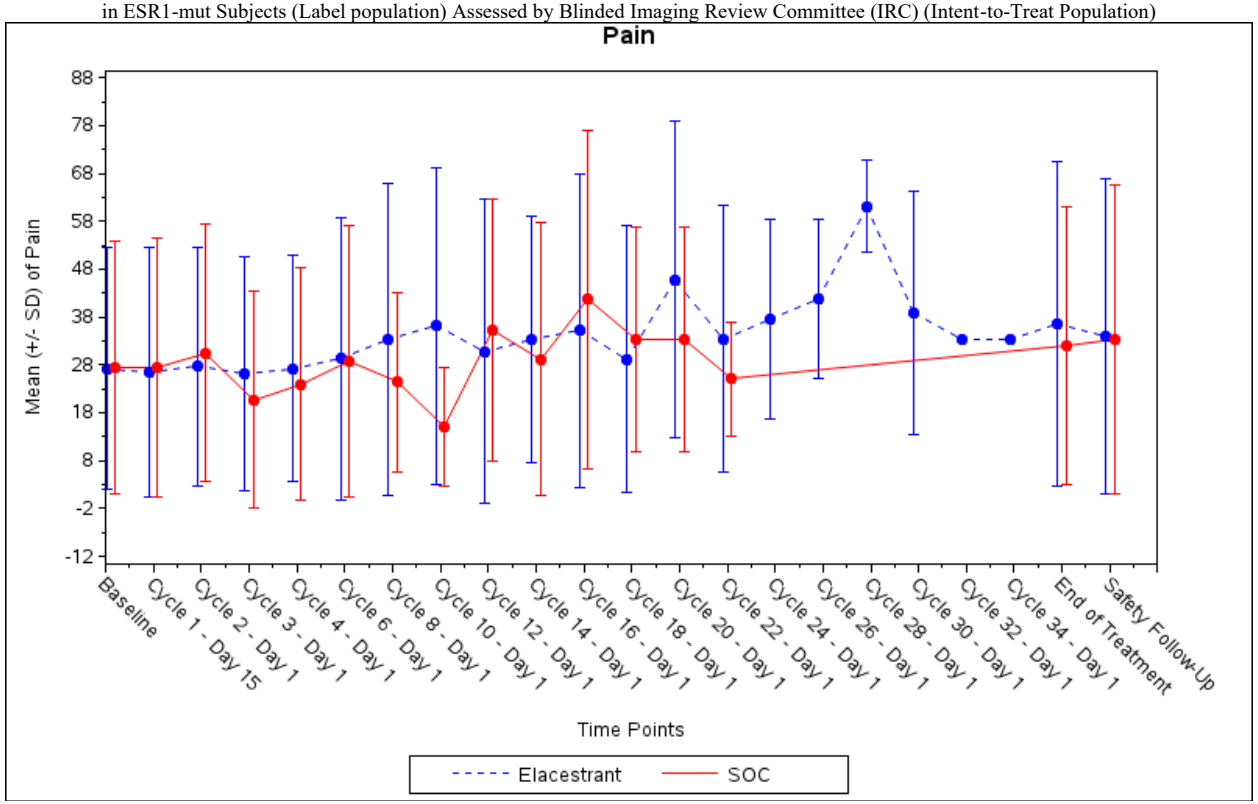
		Elacestrant (N=102)		SOC (N=96)	
Analysis Visit	**Statistics**	**Observed**	**Change from Baseline**	**Observed**	**Change from Baseline**
	min	33.3	0	.	.
	max	66.7	66.7	.	.
Cycle 28 Day 1	n	3	3	0	0
	mean	61.1	44.4	.	.
	SD	9.62	19.2	.	.
	median	66.7	33.3	.	.
	min	50	33.3	.	.
	max	66.7	66.7	.	.
Cycle 30 Day 1	n	3	3	0	0
	mean	38.9	22.2	.	.
	SD	25.5	38.5	.	.
	median	33.3	0	.	.
	min	16.7	0	.	.
	max	66.7	66.7	.	.
Cycle 32 Day 1	n	2	2	0	0
	mean	33.3	8.33	.	.
	SD	0	11.8	.	.
	median	33.3	8.33	.	.
	min	33.3	0	.	.
	max	33.3	16.7	.	.
Cycle 34 Day 1	n	1	1	0	0
	mean	33.3	0	.	.
	SD	.	.	.	.
	median	33.3	0	.	.
	min	33.3	0	.	.
	max	33.3	0	.	.
End of Treatment	n	70	68	72	66
	mean	36.7	12.3	31.9	3.28
	SD	33.9	28	29	23.1
	median	33.3	0	25	0
	min	0	-67	0	-67
	max	100	83.3	100	83.3
Safety Follow-Up	n	31	31	18	17
	mean	33.9	8.06	33.3	-.98
	SD	32.9	30.1	32.3	34.1
	median	33.3	0	25	0
	min	0	-67	0	-67
	max	100	100	100	83.3

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 19.1: Mean (+/-SD) of Pain score by Visit for Elacestrant vs SOC,
in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.2: Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

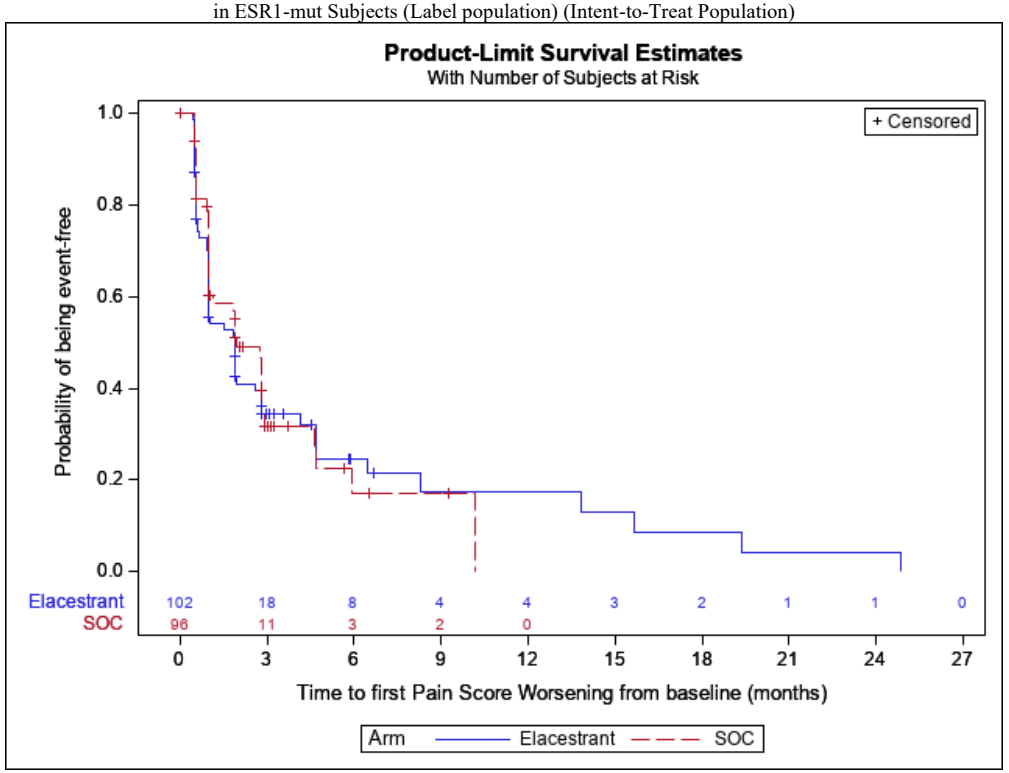
	Elacestrant (N=102)	SOC (N=96)
Observation period (months) [1]		
n (Number of subjects)	102	96
mean	2.15	1.44
median	0.95	0.95
min	0.03	0.03
max	24.84	10.15
Events, n (%)	58 (56.9)	42 (43.8)
Pain score worsening	58 (56.9)	42 (43.8)
Censored subjects, n (%)	44 (43.1)	54 (56.3)
No event	43 (42.2)	53 (55.2)
Death	1 (1)	1 (1)
Median (months) [2]	1.87	1.94
95% CI for Score worsening [2]	0.99 - 2.79	0.99 - 2.83
Q1 (95% CI)	0.59 (0.53 - 0.95)	0.95 (0.56 - 0.99)
Q3 (95% CI)	4.67 (2.79 - 13.83)	4.70 (2.83 - NC)
Min, Max	0.03+, 24.84	0.03+, 10.15
Score worsening rate at 3 months (95% CI) [2]	34.35 (23.14 - 45.57)	31.73 (18.43 - 45.02)
Score worsening rate at 6 months (95% CI) [2]	24.66 (13.27 - 36.06)	17.00 (2.62 - 31.37)
Score worsening rate at 12 months (95% CI) [2]	17.26 (5.38 - 29.15)	0.00 (. - .)
Score worsening rate at 18 months (95% CI) [2]	8.63 (0.00 - 18.97)	0.00 (. - .)
Score worsening rate at 24 months (95% CI) [2]	4.32 (0.00 - 12.22)	0.00 (. - .)
Hazard ratio [3]	1.174	
95% CI for Hazard ratio [3]	0.778 - 1.785	
2-sided p-value [4]	0.4446	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline <=10 points.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of last score evaluation).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain worsening are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using a stratified Cox Proportional Hazards model with ties= Efron and the stratification factors: prior treatment with fulvestrant (Yes vs No) and presence of visceral metastases (Yes vs No); the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided stratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Figure 19.2: Kaplan-Meier Plot of Time to first worsening for Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)



Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.3: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Prior treatment with fulvestrant (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.1869	
Yes	Number of Subjects	27	27
	Events, n (%)	15 (55.6)	11 (40.7)
	Censored subjects, n (%)	12 (44.4)	16 (59.3)
	Median (months) [2]	1.51	2.73
	95% CI for Score worsening [2]	0.53 - 2.56	1.15 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.99 (0.56 - 2.73)
	Q3 (95% CI)	4.67 (1.51 - NC)	4.70 (2.73 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 5.65+
	Hazard ratio [3]	1.694	
	95% CI for Hazard ratio [3]	0.779 - 3.798	
	2-sided p-value [4]	0.1873	
No	Number of Subjects	75	69
	Events, n (%)	43 (57.3)	31 (44.9)
	Censored subjects, n (%)	32 (42.7)	38 (55.1)
	Median (months) [2]	1.87	1.91
	95% CI for Score worsening [2]	0.99 - 4.17	0.99 - 2.83
	Q1 (95% CI)	0.95 (0.53 - 0.99)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	6.47 (2.83 - 15.64)	4.63 (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 10.15
	Hazard ratio [3]	0.897	
	95% CI for Hazard ratio [3]	0.559 - 1.451	
	2-sided p-value [4]	0.6514	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Pain = Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.4: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Presence of visceral metastasis (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Presence of visceral metastasis (yes vs no)	Interaction Effect p-value [1]	0.5561	
Yes	Number of Subjects	72	69
	Events, n (%)	41 (56.9)	32 (46.4)
	Censored subjects, n (%)	31 (43.1)	37 (53.6)
	Median (months) [2]	1.02	1.87
	95% CI for Score worsening [2]	0.95 - 1.94	0.99 - 2.79
	Q1 (95% CI)	0.59 (0.53 - 0.95)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	4.67 (1.94 - 19.38)	4.63 (2.73 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.51+
	Hazard ratio [3]	1.052	
	95% CI for Hazard ratio [3]	0.657 - 1.693	
	2-sided p-value [4]	0.8491	
No	Number of Subjects	30	27
	Events, n (%)	17 (56.7)	10 (37)
	Censored subjects, n (%)	13 (43.3)	17 (63)
	Median (months) [2]	2.79	2.83
	95% CI for Score worsening [2]	0.99 - 6.47	0.99 - NC
	Q1 (95% CI)	0.66 (0.49 - 1.91)	0.99 (0.53 - 2.83)
	Q3 (95% CI)	8.31 (4.17 - NC)	10.15 (2.83 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	1.261	
	95% CI for Hazard ratio [3]	0.577 - 2.889	
	2-sided p-value [4]	0.5576	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.5: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<65 years vs >=65 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.3523	
<65 years	Number of Subjects	49	48
	Events, n (%)	26 (53.1)	22 (45.8)
	Censored subjects, n (%)	23 (46.9)	26 (54.2)
	Median (months) [2]	2.56	1.84
	95% CI for Score worsening [2]	0.99 - 4.17	0.95 - 2.83
	Q1 (95% CI)	0.95 (0.53 - 0.99)	0.95 (0.95 - 0.99)
	Q3 (95% CI)	4.67 (2.79 - 13.83)	2.83 (2.79 - NC)
	Min, Max	0.03+, 15.64	0.03+, 6.51+
	Hazard ratio [3]	0.799	
	95% CI for Hazard ratio [3]	0.445 - 1.443	
	2-sided p-value [4]	0.464	
>=65 years	Number of Subjects	53	48
	Events, n (%)	32 (60.4)	20 (41.7)
	Censored subjects, n (%)	21 (39.6)	28 (58.3)
	Median (months) [2]	1.87	2.73
	95% CI for Score worsening [2]	0.95 - 1.91	1.15 - 5.91
	Q1 (95% CI)	0.59 (0.53 - 0.99)	0.92 (0.53 - 1.91)
	Q3 (95% CI)	6.47 (1.91 - 19.38)	5.91 (4.70 - NC)
	Min, Max	0.03+, 24.84	0.03+, 10.15
	Hazard ratio [3]	1.343	
	95% CI for Hazard ratio [3]	0.765 - 2.405	
	2-sided p-value [4]	0.3156	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.6: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Age (<75 years vs >=75 years)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.1829	
<75 years	Number of Subjects	85	80
	Events, n (%)	47 (55.3)	35 (43.8)
	Censored subjects, n (%)	38 (44.7)	45 (56.3)
	Median (months) [2]	1.91	1.94
	95% CI for Score worsening [2]	0.99 - 2.83	0.99 - 2.83
	Q1 (95% CI)	0.66 (0.53 - 0.99)	0.95 (0.92 - 0.99)
	Q3 (95% CI)	8.31 (2.83 - 15.64)	4.63 (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 10.15
	Hazard ratio [3]	0.926	
	95% CI for Hazard ratio [3]	0.590 - 1.463	
	2-sided p-value [4]	0.7337	
>=75 years	Number of Subjects	17	16
	Events, n (%)	11 (64.7)	7 (43.8)
	Censored subjects, n (%)	6 (35.3)	9 (56.3)
	Median (months) [2]	0.99	1.91
	95% CI for Score worsening [2]	0.53 - 1.91	0.56 - NC
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.56 (0.53 - 1.91)
	Q3 (95% CI)	1.91 (0.99 - NC)	. (1.91 - NC)
	Min, Max	0.03+, 6.47	0.03+, 9.26+
	Hazard ratio [3]	1.682	
	95% CI for Hazard ratio [3]	0.655 - 4.621	
	2-sided p-value [4]	0.2788	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.7: Subgroup Analysis of Time to first worsening from baseline of Pain for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Region (Europe, North America, Asia, Other)	Interaction Effect p-value [1]	0.2798	
Europe	Number of Subjects	54	43
	Events, n (%)	32 (59.3)	18 (41.9)
	Censored subjects, n (%)	22 (40.7)	25 (58.1)
	Median (months) [2]	1.87	2.83
	95% CI for Score worsening [2]	0.99 - 2.79	1.91 - 5.91
	Q1 (95% CI)	0.53 (0.49 - 1.51)	0.99 (0.56 - 2.79)
	Q3 (95% CI)	8.31 (2.56 - 15.64)	5.91 (4.63 - NC)
	Min, Max	0.03+, 19.38	0.03+, 10.15
	Hazard ratio [3]	1.299	
	95% CI for Hazard ratio [3]	0.725 - 2.391	
	2-sided p-value [4]	0.3969	
North America	Number of Subjects	32	37
	Events, n (%)	18 (56.3)	16 (43.2)
	Censored subjects, n (%)	14 (43.8)	21 (56.8)
	Median (months) [2]	0.99	1.84
	95% CI for Score worsening [2]	0.95 - 4.67	0.95 - 2.92
	Q1 (95% CI)	0.53 (0.49 - 0.99)	0.92 (0.53 - 0.99)
	Q3 (95% CI)	4.67 (1.02 - 4.67)	2.92 (1.91 - NC)
	Min, Max	0.03+, 6.67+	0.03+, 9.26+
	Hazard ratio [3]	1.039	
	95% CI for Hazard ratio [3]	0.520 - 2.087	
	2-sided p-value [4]	0.9719	
Asia	Number of Subjects	8	14
	Events, n (%)	4 (50)	7 (50)
	Censored subjects, n (%)	4 (50)	7 (50)
	Median (months) [2]	0.95	0.99
	95% CI for Score worsening [2]	0.59 - NC	0.56 - 1.94
	Q1 (95% CI)	0.77 (0.59 - 0.95)	0.76 (0.53 - 1.87)
	Q3 (95% CI)	1.43 (0.95 - NC)	1.94 (0.95 - NC)
	Min, Max	0.03+, 1.91	0.03+, 2.83
	Hazard ratio [3]	1.730	
	95% CI for Hazard ratio [3]	0.423 - 6.624	
	2-sided p-value [4]	0.4541	
Other	Number of Subjects	8	2
	Events, n (%)	4 (50)	1 (50)
	Censored subjects, n (%)	4 (50)	1 (50)
	Median (months) [2]	24.84	0.95
	95% CI for Score worsening [2]	0.99 - NC	. - NC
	Q1 (95% CI)	0.99 (0.53 - NC)	0.95 (. - NC)
	Q3 (95% CI)	24.84 (1.91 - NC)	0.95 (. - NC)
	Min, Max	0.03+, 24.84	0.03+, 0.95
	Hazard ratio [3]	0.154	
	95% CI for Hazard ratio [3]	0.006 - 3.904	
	2-sided p-value [4]	0.1284	

Study: RAD1901-308
Section: Tables

Table 19.7: Subgroup Analysis of Time to first worsening from baseline of Pain for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) Assessed by Blinded Imaging Review Committee (IRC) (Intent-to-Treat Population) Region (Europe, North America, Asia, Other)

Subgroup Analysis (Level)	Elacestrant (N=102)	SOC (N=96)

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, Pain =Visual Analogue Scale, NC = Not calculable, SE = Standard Error. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=15 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.8: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Baseline ECOG Performance Status (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Baseline ECOG Performance Status (0 vs 1)	Interaction Effect p-value [1]	0.1907	
0	Number of Subjects	59	51
	Events, n (%)	33 (55.9)	27 (52.9)
	Censored subjects, n (%)	26 (44.1)	24 (47.1)
	Median (months) [2]	1.00	0.99
	95% CI for Score worsening [2]	0.95 - 2.79	0.95 - 2.79
	Q1 (95% CI)	0.56 (0.53 - 0.99)	0.95 (0.53 - 0.99)
	Q3 (95% CI)	8.31 (2.56 - 15.64)	2.79 (1.91 - NC)
	Min, Max	0.03+, 19.38	0.03+, 10.15
	Hazard ratio [3]	0.837	
	95% CI for Hazard ratio [3]	0.499 - 1.412	
	2-sided p-value [4]	0.5146	
1	Number of Subjects	43	45
	Events, n (%)	25 (58.1)	15 (33.3)
	Censored subjects, n (%)	18 (41.9)	30 (66.7)
	Median (months) [2]	1.91	2.92
	95% CI for Score worsening [2]	0.99 - 4.67	1.87 - 5.91
	Q1 (95% CI)	0.92 (0.49 - 1.87)	0.99 (0.56 - 2.92)
	Q3 (95% CI)	4.67 (1.94 - 13.83)	5.91 (2.92 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.51+
	Hazard ratio [3]	1.429	
	95% CI for Hazard ratio [3]	0.748 - 2.812	
	2-sided p-value [4]	0.2914	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.9: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Measurable disease at baseline (Yes vs No)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Measurable disease at baseline (yes vs no)	Interaction Effect p-value [1]	0.6209	
yes	Number of Subjects	82	78
	Events, n (%)	47 (57.3)	36 (46.2)
	Censored subjects, n (%)	35 (42.7)	42 (53.8)
	Median (months) [2]	1.51	1.87
	95% CI for Score worsening [2]	0.95 - 2.79	0.99 - 2.79
	Q1 (95% CI)	0.53 (0.53 - 0.95)	0.95 (0.56 - 0.99)
	Q3 (95% CI)	4.67 (2.79 - 19.38)	2.92 (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 9.26+
	Hazard ratio [3]	1.058	
	95% CI for Hazard ratio [3]	0.682 - 1.652	
	2-sided p-value [4]	0.8111	
no	Number of Subjects	20	18
	Events, n (%)	11 (55)	6 (33.3)
	Censored subjects, n (%)	9 (45)	12 (66.7)
	Median (months) [2]	1.91	5.91
	95% CI for Score worsening [2]	0.99 - 13.83	2.79 - NC
	Q1 (95% CI)	0.99 (0.66 - 1.91)	2.79 (0.49 - 5.91)
	Q3 (95% CI)	8.31 (1.91 - NC)	10.15 (4.63 - NC)
	Min, Max	0.03+, 15.64	0.03+, 10.15
	Hazard ratio [3]	1.073	
	95% CI for Hazard ratio [3]	0.382 - 3.233	
	2-sided p-value [4]	0.9306	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.10: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)	Interaction Effect p-value [1]	0.4902	
1	Number of Subjects	64	56
	Events, n (%)	38 (59.4)	25 (44.6)
	Censored subjects, n (%)	26 (40.6)	31 (55.4)
	Median (months) [2]	1.91	1.91
	95% CI for Score worsening [2]	0.99 - 2.83	0.95 - 2.83
	Q1 (95% CI)	0.95 (0.53 - 0.99)	0.92 (0.53 - 0.99)
	Q3 (95% CI)	4.67 (2.79 - 13.83)	2.92 (2.79 - NC)
	Min, Max	0.03+, 19.38	0.03+, 10.15
	Hazard ratio [3]	0.919	
	95% CI for Hazard ratio [3]	0.554 - 1.549	
	2-sided p-value [4]	0.7522	
2	Number of Subjects	38	40
	Events, n (%)	20 (52.6)	17 (42.5)
	Censored subjects, n (%)	18 (47.4)	23 (57.5)
	Median (months) [2]	0.99	2.79
	95% CI for Score worsening [2]	0.59 - 4.67	1.15 - 4.70
	Q1 (95% CI)	0.53 (0.49 - 0.95)	0.99 (0.56 - 2.73)
	Q3 (95% CI)	15.64 (1.87 - NC)	4.70 (2.83 - NC)
	Min, Max	0.03+, 24.84	0.03+, 5.65+
	Hazard ratio [3]	1.383	
	95% CI for Hazard ratio [3]	0.706 - 2.718	
	2-sided p-value [4]	0.3448	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Tables

Table 19.11: Subgroup Analysis of Time to first worsening from baseline of Pain score for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

Subgroup Analysis (Level)		Elacestrant (N=102)	SOC (N=96)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)	Interaction Effect p-value [1]	0.8448	
0	Number of Subjects	76	67
	Events, n (%)	44 (57.9)	25 (37.3)
	Censored subjects, n (%)	32 (42.1)	42 (62.7)
	Median (months) [2]	1.87	1.94
	95% CI for Score worsening [2]	0.99 - 2.83	0.99 - 2.83
	Q1 (95% CI)	0.66 (0.53 - 0.99)	0.95 (0.53 - 1.15)
	Q3 (95% CI)	4.67 (2.83 - 13.83)	5.91 (2.79 - NC)
	Min, Max	0.03+, 19.38	0.03+, 10.15
	Hazard ratio [3]	1.068	
	95% CI for Hazard ratio [3]	0.652 - 1.784	
	2-sided p-value [4]	0.7977	
1	Number of Subjects	26	29
	Events, n (%)	14 (53.8)	17 (58.6)
	Censored subjects, n (%)	12 (46.2)	12 (41.4)
	Median (months) [2]	1.84	2.79
	95% CI for Score worsening [2]	0.95 - NC	0.95 - 4.63
	Q1 (95% CI)	0.53 (0.49 - 1.84)	0.95 (0.53 - 1.84)
	Q3 (95% CI)	24.84 (1.87 - NC)	4.63 (2.79 - NC)
	Min, Max	0.03+, 24.84	0.03+, 6.51+
	Hazard ratio [3]	1.166	
	95% CI for Hazard ratio [3]	0.553 - 2.401	
	2-sided p-value [4]	0.6688	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. Time to first worsening is defined as the time from the date of randomization until first significant decrease in the score from baseline. For EQ-Pain a clinically meaningful worsening corresponds to change from baseline >=10 points.
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles of Pain are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] HR is calculated using an unstratified Cox Proportional Hazards model with ties= Efron. The CI is calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 8 July 2022

Anhang 4-G3: Sicherheitsendpunkte

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
Abdominal Pain	Baseline	Frequency	1. Never	69 (67.65%)	55 (57.29%)
			2. Rarely	9 (8.82%)	16 (16.67%)
			3. Occasionally	9 (8.82%)	6 (6.25%)
			4. Frequently	3 (2.94%)	2 (2.08%)
		Interfere	1. Not at all	9 (8.82%)	13 (13.54%)
			2. A little bit	10 (9.80%)	6 (6.25%)
			3. Somewhat	1 (0.98%)	3 (3.13%)
			4. Quite a bit	1 (0.98%)	2 (2.08%)
		Severity	1. None	2 (1.96%)	2 (2.08%)
			2. Mild	15 (14.71%)	11 (11.46%)
			3. Moderate	4 (3.92%)	9 (9.38%)
			4. Severe	1 (0.98%)	3 (3.13%)
	Cycle 1 Day 15	Frequency	Improved	11 (10.78%)	6 (6.25%)
			No Change	53 (51.96%)	46 (47.92%)
			Worsened	21 (20.59%)	14 (14.58%)
		Interfere	Improved	4 (3.92%)	2 (2.08%)
			No Change	5 (4.90%)	9 (9.38%)
			Worsened	26 (25.49%)	11 (11.46%)
		Severity	Improved	1 (0.98%)	5 (5.21%)
			No Change	9 (8.82%)	10 (10.42%)
			Worsened	26 (25.49%)	10 (10.42%)
	Cycle 2 Day 1	Frequency	Improved	12 (11.76%)	10 (10.42%)
			No Change	52 (50.98%)	50 (52.08%)
			Worsened	17 (16.67%)	16 (16.67%)
		Interfere	Improved	6 (5.88%)	2 (2.08%)
			No Change	3 (2.94%)	7 (7.29%)
			Worsened	20 (19.61%)	15 (15.63%)
		Severity	Improved	0 (0.00%)	5 (5.21%)
			No Change	10 (9.80%)	4 (4.17%)
			Worsened	19 (18.63%)	16 (16.67%)
	Cycle 3 Day 1	Frequency	Improved	5 (4.90%)	5 (5.21%)
			No Change	35 (34.31%)	30 (31.25%)
			Worsened	11 (10.78%)	7 (7.29%)
		Interfere	Improved	4 (3.92%)	1 (1.04%)
			No Change	1 (0.98%)	2 (2.08%)
			Worsened	13 (12.75%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	12 (11.76%)	7 (7.29%)
	Cycle 4 Day 1	Frequency	Improved	2 (1.96%)	2 (2.08%)
			No Change	31 (30.39%)	21 (21.88%)
			Worsened	11 (10.78%)	6 (6.25%)
		Interfere	Improved	3 (2.94%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	9 (8.82%)	5 (5.21%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	11 (10.78%)	4 (4.17%)
	Cycle 6 Day 1	Frequency	Improved	2 (1.96%)	2 (2.08%)
			No Change	23 (22.55%)	14 (14.58%)
			Worsened	3 (2.94%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	5 (4.90%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	4 (3.92%)	0 (0.00%)
	Cycle 8 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	15 (14.71%)	10 (10.42%)
			Worsened	3 (2.94%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 10 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	10 (9.80%)	8 (8.33%)
			Worsened	4 (3.92%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 12 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	11 (10.78%)	6 (6.25%)
			Worsened	1 (0.98%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 14 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	9 (8.82%)	2 (2.08%)
			Worsened	1 (0.98%)	2 (2.08%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 16 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 18 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	7 (6.86%)	1 (1.04%)
			Worsened	0 (0.00%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	5 (4.90%)	10 (10.42%)
			No Change	38 (37.25%)	42 (43.75%)
			Worsened	26 (25.49%)	14 (14.58%)
		Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	3 (2.94%)	6 (6.25%)
			Worsened	25 (24.51%)	10 (10.42%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	2 (1.96%)	6 (6.25%)
			Worsened	26 (25.49%)	11 (11.46%)
	Safety Follow-Up	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	19 (18.63%)	13 (13.54%)
			Worsened	9 (8.82%)	4 (4.17%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	10 (9.80%)	5 (5.21%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	10 (9.80%)	6 (6.25%)
Anxious	Baseline	Frequency	1. Never	33 (32.35%)	28 (29.17%)
			2. Rarely	28 (27.45%)	26 (27.08%)
			3. Occasionally	20 (19.61%)	19 (19.79%)
			4. Frequently	8 (7.84%)	6 (6.25%)
			5. Almost constantly	1 (0.98%)	0 (0.00%)
		Interfere	1. Not at all	29 (28.43%)	27 (28.13%)
			2. A little bit	21 (20.59%)	16 (16.67%)
			3. Somewhat	5 (4.90%)	4 (4.17%)
			4. Quite a bit	2 (1.96%)	1 (1.04%)
		Severity	1. None	1 (0.98%)	3 (3.13%)
			2. Mild	34 (33.33%)	33 (34.38%)
			3. Moderate	18 (17.65%)	14 (14.58%)
			4. Severe	4 (3.92%)	0 (0.00%)
			5. Very severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	32 (31.37%)	19 (19.79%)
			No Change	40 (39.22%)	37 (38.54%)
			Worsened	14 (13.73%)	10 (10.42%)
		Interfere	Improved	16 (15.69%)	8 (8.33%)
			No Change	16 (15.69%)	14 (14.58%)
			Worsened	11 (10.78%)	13 (13.54%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Severity	Improved	14 (13.73%)	12 (12.50%)
			No Change	21 (20.59%)	15 (15.63%)
			Worsened	13 (12.75%)	10 (10.42%)
	Cycle 2 Day 1	Frequency	Improved	30 (29.41%)	24 (25.00%)
			No Change	37 (36.27%)	41 (42.71%)
			Worsened	14 (13.73%)	11 (11.46%)
		Interfere	Improved	10 (9.80%)	8 (8.33%)
			No Change	20 (19.61%)	22 (22.92%)
			Worsened	14 (13.73%)	10 (10.42%)
		Severity	Improved	14 (13.73%)	10 (10.42%)
			No Change	20 (19.61%)	23 (23.96%)
			Worsened	13 (12.75%)	9 (9.38%)
	Cycle 3 Day 1	Frequency	Improved	22 (21.57%)	11 (11.46%)
			No Change	18 (17.65%)	23 (23.96%)
			Worsened	12 (11.76%)	8 (8.33%)
		Interfere	Improved	4 (3.92%)	3 (3.13%)
			No Change	11 (10.78%)	6 (6.25%)
			Worsened	9 (8.82%)	7 (7.29%)
		Severity	Improved	6 (5.88%)	5 (5.21%)
			No Change	10 (9.80%)	5 (5.21%)
			Worsened	9 (8.82%)	7 (7.29%)
	Cycle 4 Day 1	Frequency	Improved	16 (15.69%)	8 (8.33%)
			No Change	18 (17.65%)	15 (15.63%)
			Worsened	10 (9.80%)	6 (6.25%)
		Interfere	Improved	5 (4.90%)	2 (2.08%)
			No Change	10 (9.80%)	5 (5.21%)
			Worsened	11 (10.78%)	7 (7.29%)
		Severity	Improved	8 (7.84%)	5 (5.21%)
			No Change	8 (7.84%)	5 (5.21%)
			Worsened	10 (9.80%)	6 (6.25%)
	Cycle 6 Day 1	Frequency	Improved	11 (10.78%)	8 (8.33%)
			No Change	12 (11.76%)	7 (7.29%)
			Worsened	5 (4.90%)	3 (3.13%)
		Interfere	Improved	4 (3.92%)	2 (2.08%)
			No Change	9 (8.82%)	1 (1.04%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	4 (3.92%)	3 (3.13%)
			No Change	10 (9.80%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 8 Day 1	Frequency	Improved	9 (8.82%)	4 (4.17%)
			No Change	4 (3.92%)	6 (6.25%)
			Worsened	8 (7.84%)	3 (3.13%)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	5 (4.90%)	2 (2.08%)
		Severity	Improved	2 (1.96%)	3 (3.13%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	5 (4.90%)	2 (2.08%)
	Cycle 10 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	7 (6.86%)	5 (5.21%)
			Worsened	6 (5.88%)	4 (4.17%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	5 (4.90%)	3 (3.13%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	5 (4.90%)	3 (3.13%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 12 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	5 (4.90%)	4 (4.17%)
			Worsened	4 (3.92%)	3 (3.13%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	2 (1.96%)	3 (3.13%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 14 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 16 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	3 (2.94%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 20 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 22 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 24 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	13 (12.75%)	15 (15.63%)
			No Change	39 (38.24%)	34 (35.42%)
			Worsened	17 (16.67%)	18 (18.75%)
		Interfere	Improved	5 (4.90%)	2 (2.08%)
			No Change	17 (16.67%)	18 (18.75%)
			Worsened	19 (18.63%)	19 (19.79%)
		Severity	Improved	5 (4.90%)	5 (5.21%)
			No Change	23 (22.55%)	20 (20.83%)
			Worsened	13 (12.75%)	16 (16.67%)
	Safety Follow-Up	Frequency	Improved	12 (11.76%)	2 (2.08%)
			No Change	11 (10.78%)	6 (6.25%)
			Worsened	7 (6.86%)	10 (10.42%)
		Interfere	Improved	6 (5.88%)	1 (1.04%)
			No Change	7 (6.86%)	4 (4.17%)
			Worsened	6 (5.88%)	6 (6.25%)
		Severity	Improved	6 (5.88%)	2 (2.08%)
			No Change	7 (6.86%)	1 (1.04%)
			Worsened	6 (5.88%)	9 (9.38%)
Breath	Baseline	Interfere	1. Not at all	15 (14.71%)	10 (10.42%)
			2. A little bit	11 (10.78%)	8 (8.33%)
			3. Somewhat	2 (1.96%)	2 (2.08%)
			4. Quite a bit	3 (2.94%)	1 (1.04%)
			5. Very much	0 (0.00%)	2 (2.08%)
		Severity	1. None	61 (59.80%)	57 (59.38%)
			2. Mild	23 (22.55%)	15 (15.63%)
			3. Moderate	2 (1.96%)	4 (4.17%)
			4. Severe	4 (3.92%)	2 (2.08%)
			5. Very severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Interfere	Improved	5 (4.90%)	5 (5.21%)
			No Change	10 (9.80%)	8 (8.33%)
			Worsened	16 (15.69%)	10 (10.42%)
		Severity	Improved	8 (7.84%)	2 (2.08%)
			No Change	61 (59.80%)	54 (56.25%)
			Worsened	16 (15.69%)	10 (10.42%)
	Cycle 2 Day 1	Interfere	Improved	3 (2.94%)	4 (4.17%)
			No Change	14 (13.73%)	6 (6.25%)
			Worsened	19 (18.63%)	22 (22.92%)
		Severity	Improved	9 (8.82%)	4 (4.17%)
			No Change	57 (55.88%)	51 (53.13%)
			Worsened	15 (14.71%)	21 (21.88%)
	Cycle 3 Day 1	Interfere	Improved	6 (5.88%)	2 (2.08%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	7 (6.86%)	5 (5.21%)
		Severity	Improved	11 (10.78%)	6 (6.25%)
			No Change	32 (31.37%)	30 (31.25%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	8 (7.84%)	6 (6.25%)
	Cycle 4 Day 1	Interfere	Improved	4 (3.92%)	2 (2.08%)
			No Change	2 (1.96%)	4 (4.17%)
			Worsened	13 (12.75%)	6 (6.25%)
		Severity	Improved	7 (6.86%)	3 (3.13%)
			No Change	26 (25.49%)	19 (19.79%)
			Worsened	11 (10.78%)	7 (7.29%)
	Cycle 6 Day 1	Interfere	Improved	2 (1.96%)	2 (2.08%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	6 (5.88%)	4 (4.17%)
		Severity	Improved	6 (5.88%)	3 (3.13%)
			No Change	15 (14.71%)	9 (9.38%)
			Worsened	7 (6.86%)	6 (6.25%)
	Cycle 8 Day 1	Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	3 (3.13%)
		Severity	Improved	5 (4.90%)	3 (3.13%)
			No Change	13 (12.75%)	6 (6.25%)
			Worsened	3 (2.94%)	4 (4.17%)
	Cycle 10 Day 1	Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	3 (3.13%)
		Severity	Improved	5 (4.90%)	2 (2.08%)
			No Change	7 (6.86%)	4 (4.17%)
			Worsened	4 (3.92%)	4 (4.17%)
	Cycle 12 Day 1	Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	3 (3.13%)
		Severity	Improved	4 (3.92%)	1 (1.04%)
			No Change	4 (3.92%)	4 (4.17%)
			Worsened	4 (3.92%)	3 (3.13%)
	Cycle 14 Day 1	Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	3 (3.13%)
		Severity	Improved	4 (3.92%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	3 (2.94%)	3 (3.13%)
	Cycle 16 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	0 (0.00%)
		Severity	Improved	3 (2.94%)	0 (0.00%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	4 (3.92%)	0 (0.00%)
	Cycle 18 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	4 (3.92%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 20 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	3 (2.94%)	0 (0.00%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 22 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 24 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 26 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 28 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	9 (8.82%)	4 (4.17%)
			Worsened	23 (22.55%)	22 (22.92%)
		Severity	Improved	5 (4.90%)	3 (3.13%)
			No Change	43 (42.16%)	44 (45.83%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	21 (20.59%)	20 (20.83%)
	Safety Follow-Up	Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	10 (9.80%)	5 (5.21%)
		Severity	Improved	3 (2.94%)	1 (1.04%)
			No Change	17 (16.67%)	12 (12.50%)
			Worsened	10 (9.80%)	5 (5.21%)
Cough	Baseline	Interfere	1. Not at all	17 (16.67%)	14 (14.58%)
			2. A little bit	2 (1.96%)	9 (9.38%)
			3. Somewhat	2 (1.96%)	1 (1.04%)
			4. Quite a bit	2 (1.96%)	1 (1.04%)
		Severity	1. None	70 (68.63%)	54 (56.25%)
			2. Mild	13 (12.75%)	18 (18.75%)
			3. Moderate	3 (2.94%)	6 (6.25%)
			4. Severe	3 (2.94%)	1 (1.04%)
			5. Very severe	1 (0.98%)	0 (0.00%)
	Cycle 1 Day 15	Interfere	Improved	3 (2.94%)	2 (2.08%)
			No Change	8 (7.84%)	12 (12.50%)
			Worsened	13 (12.75%)	6 (6.25%)
		Severity	Improved	12 (11.76%)	7 (7.29%)
			No Change	63 (61.76%)	52 (54.17%)
			Worsened	10 (9.80%)	7 (7.29%)
	Cycle 2 Day 1	Interfere	Improved	3 (2.94%)	4 (4.17%)
			No Change	8 (7.84%)	8 (8.33%)
			Worsened	17 (16.67%)	7 (7.29%)
		Severity	Improved	12 (11.76%)	13 (13.54%)
			No Change	56 (54.90%)	53 (55.21%)
			Worsened	13 (12.75%)	10 (10.42%)
	Cycle 3 Day 1	Interfere	Improved	2 (1.96%)	3 (3.13%)
			No Change	4 (3.92%)	5 (5.21%)
			Worsened	4 (3.92%)	2 (2.08%)
		Severity	Improved	7 (6.86%)	5 (5.21%)
			No Change	40 (39.22%)	34 (35.42%)
			Worsened	4 (3.92%)	3 (3.13%)
	Cycle 4 Day 1	Interfere	Improved	3 (2.94%)	4 (4.17%)
			No Change	4 (3.92%)	4 (4.17%)
			Worsened	7 (6.86%)	1 (1.04%)
		Severity	Improved	7 (6.86%)	4 (4.17%)
			No Change	30 (29.41%)	23 (23.96%)
			Worsened	7 (6.86%)	2 (2.08%)
	Cycle 6 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	3 (3.13%)
			Worsened	5 (4.90%)	0 (0.00%)
		Severity	Improved	6 (5.88%)	5 (5.21%)
			No Change	17 (16.67%)	11 (11.46%)
			Worsened	5 (4.90%)	2 (2.08%)
	Cycle 8 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	4 (3.92%)	3 (3.13%)
			No Change	15 (14.71%)	8 (8.33%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 10 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	2 (2.08%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	5 (4.90%)	2 (2.08%)
			No Change	9 (8.82%)	6 (6.25%)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 12 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	1 (1.04%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	8 (7.84%)	4 (4.17%)
			Worsened	1 (0.98%)	2 (2.08%)
	Cycle 14 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	3 (2.94%)	1 (1.04%)
			No Change	7 (6.86%)	2 (2.08%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 16 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 18 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	3 (2.94%)	1 (1.04%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 20 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	6 (5.88%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 22 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 24 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 26 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 30 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	8 (8.33%)
			Worsened	9 (8.82%)	12 (12.50%)
		Severity	Improved	9 (8.82%)	13 (13.54%)
			No Change	50 (49.02%)	41 (42.71%)
			Worsened	10 (9.80%)	13 (13.54%)
	Safety Follow-Up	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	4 (3.92%)	2 (2.08%)
		Severity	Improved	5 (4.90%)	1 (1.04%)
			No Change	21 (20.59%)	16 (16.67%)
			Worsened	4 (3.92%)	1 (1.04%)
Decreased Appetite	Baseline	Interfere	1. Not at all	23 (22.55%)	16 (16.67%)
			2. A little bit	9 (8.82%)	10 (10.42%)
			3. Somewhat	3 (2.94%)	4 (4.17%)
			4. Quite a bit	0 (0.00%)	2 (2.08%)
			5. Very much	0 (0.00%)	1 (1.04%)
		Severity	1. None	59 (57.84%)	46 (47.92%)
			2. Mild	22 (21.57%)	20 (20.83%)
			3. Moderate	8 (7.84%)	9 (9.38%)
			4. Severe	1 (0.98%)	2 (2.08%)
			5. Very severe	0 (0.00%)	2 (2.08%)
	Cycle 1 Day 15	Interfere	Improved	4 (3.92%)	7 (7.29%)
			No Change	12 (11.76%)	11 (11.46%)
			Worsened	19 (18.63%)	7 (7.29%)
		Severity	Improved	7 (6.86%)	11 (11.46%)
			No Change	61 (59.80%)	45 (46.88%)
			Worsened	17 (16.67%)	10 (10.42%)
	Cycle 2 Day 1	Interfere	Improved	2 (1.96%)	6 (6.25%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	16 (15.69%)	7 (7.29%)
			Worsened	18 (17.65%)	8 (8.33%)
		Severity	Improved	7 (6.86%)	18 (18.75%)
			No Change	58 (56.86%)	49 (51.04%)
			Worsened	16 (15.69%)	9 (9.38%)
	Cycle 3 Day 1	Interfere	Improved	2 (1.96%)	2 (2.08%)
			No Change	8 (7.84%)	4 (4.17%)
			Worsened	10 (9.80%)	5 (5.21%)
		Severity	Improved	4 (3.92%)	7 (7.29%)
			No Change	38 (37.25%)	31 (32.29%)
			Worsened	10 (9.80%)	4 (4.17%)
	Cycle 4 Day 1	Interfere	Improved	3 (2.94%)	1 (1.04%)
			No Change	7 (6.86%)	1 (1.04%)
			Worsened	7 (6.86%)	6 (6.25%)
		Severity	Improved	4 (3.92%)	7 (7.29%)
			No Change	30 (29.41%)	18 (18.75%)
			Worsened	10 (9.80%)	4 (4.17%)
	Cycle 6 Day 1	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	4 (3.92%)	3 (3.13%)
			Worsened	6 (5.88%)	0 (0.00%)
		Severity	Improved	4 (3.92%)	4 (4.17%)
			No Change	17 (16.67%)	12 (12.50%)
			Worsened	7 (6.86%)	2 (2.08%)
	Cycle 8 Day 1	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	3 (3.13%)
			No Change	16 (15.69%)	8 (8.33%)
			Worsened	4 (3.92%)	2 (2.08%)
	Cycle 10 Day 1	Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	5 (4.90%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	3 (3.13%)
			No Change	10 (9.80%)	5 (5.21%)
			Worsened	5 (4.90%)	2 (2.08%)
	Cycle 12 Day 1	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	7 (6.86%)	4 (4.17%)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 14 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 16 Day 1	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	4 (3.92%)	0 (0.00%)
	Cycle 18 Day 1	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 20 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 22 Day 1	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	2 (2.08%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 24 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 32 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Severity	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Interfere	Improved	5 (4.90%)	4 (4.17%)
			No Change	6 (5.88%)	10 (10.42%)
			Worsened	22 (21.57%)	16 (16.67%)
		Severity	Improved	6 (5.88%)	12 (12.50%)
			No Change	40 (39.22%)	38 (39.58%)
			Worsened	23 (22.55%)	17 (17.71%)
	Safety Follow-Up	Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	9 (8.82%)	3 (3.13%)
		Severity	Improved	4 (3.92%)	2 (2.08%)
			No Change	17 (16.67%)	13 (13.54%)
			Worsened	9 (8.82%)	3 (3.13%)
Discouraged	Baseline	Frequency	1. Never	63 (61.76%)	58 (60.42%)
			2. Rarely	15 (14.71%)	10 (10.42%)
			3. Occasionally	9 (8.82%)	10 (10.42%)
			4. Frequently	2 (1.96%)	1 (1.04%)
			5. Almost constantly	1 (0.98%)	0 (0.00%)
		Interfere	1. Not at all	12 (11.76%)	5 (5.21%)
			2. A little bit	11 (10.78%)	10 (10.42%)
			3. Somewhat	3 (2.94%)	4 (4.17%)
			4. Quite a bit	3 (2.94%)	1 (1.04%)
		Severity	1. None	5 (4.90%)	3 (3.13%)
			2. Mild	14 (13.73%)	10 (10.42%)
			3. Moderate	11 (10.78%)	8 (8.33%)
			4. Severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	16 (15.69%)	10 (10.42%)
			No Change	53 (51.96%)	49 (51.04%)
			Worsened	16 (15.69%)	7 (7.29%)
		Interfere	Improved	5 (4.90%)	5 (5.21%)
			No Change	6 (5.88%)	5 (5.21%)
			Worsened	11 (10.78%)	3 (3.13%)
		Severity	Improved	4 (3.92%)	7 (7.29%)
			No Change	8 (7.84%)	5 (5.21%)
			Worsened	15 (14.71%)	5 (5.21%)
	Cycle 2 Day 1	Frequency	Improved	17 (16.67%)	10 (10.42%)
			No Change	52 (50.98%)	47 (48.96%)
			Worsened	12 (11.76%)	19 (19.79%)
		Interfere	Improved	3 (2.94%)	2 (2.08%)
			No Change	6 (5.88%)	5 (5.21%)
			Worsened	10 (9.80%)	16 (16.67%)
		Severity	Improved	4 (3.92%)	2 (2.08%)
			No Change	7 (6.86%)	5 (5.21%)
			Worsened	11 (10.78%)	16 (16.67%)
	Cycle 3 Day 1	Frequency	Improved	13 (12.75%)	6 (6.25%)
			No Change	29 (28.43%)	30 (31.25%)
			Worsened	10 (9.80%)	6 (6.25%)
		Interfere	Improved	3 (2.94%)	1 (1.04%)
			No Change	4 (3.92%)	4 (4.17%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	8 (7.84%)	4 (4.17%)
		Severity	Improved	3 (2.94%)	3 (3.13%)
			No Change	5 (4.90%)	3 (3.13%)
			Worsened	9 (8.82%)	4 (4.17%)
	Cycle 4 Day 1	Frequency	Improved	11 (10.78%)	4 (4.17%)
			No Change	28 (27.45%)	16 (16.67%)
			Worsened	5 (4.90%)	9 (9.38%)
		Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	6 (5.88%)	7 (7.29%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	6 (5.88%)	7 (7.29%)
	Cycle 6 Day 1	Frequency	Improved	9 (8.82%)	4 (4.17%)
			No Change	15 (14.71%)	12 (12.50%)
			Worsened	4 (3.92%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	7 (6.86%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	5 (4.90%)	0 (0.00%)
	Cycle 8 Day 1	Frequency	Improved	5 (4.90%)	2 (2.08%)
			No Change	12 (11.76%)	9 (9.38%)
			Worsened	4 (3.92%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	4 (3.92%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	5 (4.90%)	0 (0.00%)
	Cycle 10 Day 1	Frequency	Improved	3 (2.94%)	3 (3.13%)
			No Change	8 (7.84%)	4 (4.17%)
			Worsened	5 (4.90%)	3 (3.13%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	6 (5.88%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	6 (5.88%)	1 (1.04%)
	Cycle 12 Day 1	Frequency	Improved	4 (3.92%)	0 (0.00%)
			No Change	5 (4.90%)	6 (6.25%)
			Worsened	3 (2.94%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	2 (2.08%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 14 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	6 (5.88%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	1 (0.98%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 16 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	3 (2.94%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 20 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	7 (6.86%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	8 (7.84%)	5 (5.21%)
			No Change	39 (38.24%)	42 (43.75%)
			Worsened	22 (21.57%)	20 (20.83%)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	4 (4.17%)
			Worsened	21 (20.59%)	18 (18.75%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	8 (7.84%)	4 (4.17%)
			Worsened	20 (19.61%)	20 (20.83%)
	Safety Follow-Up	Frequency	Improved	7 (6.86%)	1 (1.04%)
			No Change	15 (14.71%)	12 (12.50%)
			Worsened	8 (7.84%)	5 (5.21%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	8 (7.84%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	6 (5.88%)	5 (5.21%)
Dizziness	Baseline	Interfere	1. Not at all	7 (6.86%)	5 (5.21%)
			2. A little bit	11 (10.78%)	5 (5.21%)
			3. Somewhat	2 (1.96%)	0 (0.00%)
			5. Very much	0 (0.00%)	1 (1.04%)
		Severity	1. None	73 (71.57%)	69 (71.88%)
			2. Mild	12 (11.76%)	9 (9.38%)
			3. Moderate	5 (4.90%)	0 (0.00%)
			4. Severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Interfere	Improved	3 (2.94%)	1 (1.04%)
			No Change	9 (8.82%)	3 (3.13%)
			Worsened	11 (10.78%)	7 (7.29%)
		Severity	Improved	3 (2.94%)	4 (4.17%)
			No Change	69 (67.65%)	53 (55.21%)
			Worsened	13 (12.75%)	9 (9.38%)
	Cycle 2 Day 1	Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	7 (6.86%)	4 (4.17%)
			Worsened	12 (11.76%)	8 (8.33%)
		Severity	Improved	8 (7.84%)	6 (6.25%)
			No Change	61 (59.80%)	60 (62.50%)
			Worsened	12 (11.76%)	10 (10.42%)
	Cycle 3 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	10 (9.80%)	9 (9.38%)
		Severity	Improved	1 (0.98%)	3 (3.13%)
			No Change	39 (38.24%)	30 (31.25%)
			Worsened	10 (9.80%)	9 (9.38%)
	Cycle 4 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	4 (3.92%)	6 (6.25%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	34 (33.33%)	21 (21.88%)
			Worsened	6 (5.88%)	6 (6.25%)
	Cycle 6 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	5 (4.90%)	2 (2.08%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	21 (20.59%)	12 (12.50%)
			Worsened	5 (4.90%)	4 (4.17%)
	Cycle 8 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	5 (4.90%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	14 (13.73%)	9 (9.38%)
			Worsened	5 (4.90%)	2 (2.08%)
	Cycle 10 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	11 (10.78%)	7 (7.29%)
			Worsened	4 (3.92%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 12 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	5 (5.21%)
			Worsened	4 (3.92%)	2 (2.08%)
	Cycle 14 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	9 (8.82%)	3 (3.13%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 16 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	5 (4.90%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 18 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 20 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	7 (6.86%)	2 (2.08%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 22 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 24 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 26 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 28 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	3 (3.13%)
			Worsened	18 (17.65%)	13 (13.54%)
		Severity	Improved	5 (4.90%)	6 (6.25%)
			No Change	45 (44.12%)	49 (51.04%)
			Worsened	19 (18.63%)	12 (12.50%)
	Safety Follow-Up	Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	4 (3.92%)	6 (6.25%)
		Severity	Improved	3 (2.94%)	0 (0.00%)
			No Change	22 (21.57%)	12 (12.50%)
			Worsened	5 (4.90%)	6 (6.25%)
Fatigue	Baseline	Interfere	1. Not at all	2 (1.96%)	
			2. A little bit	1 (0.98%)	
		Severity	1. None	1 (0.98%)	
			2. Mild	2 (1.96%)	
	Cycle 1 Day 15	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 2 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	No Change	1 (0.98%)	0 (0.00%)
			Worsened	5 (4.90%)	1 (1.04%)
	Cycle 3 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 4 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 6 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 8 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 16 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	End of Treatment	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	5 (4.90%)	1 (1.04%)
		Severity	No Change	0 (0.00%)	0 (0.00%)
			Worsened	5 (4.90%)	1 (1.04%)
	Safety Follow-Up	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
General Pain	Baseline	Frequency	1. Never	22 (21.57%)	19 (19.79%)
			2. Rarely	24 (23.53%)	21 (21.88%)
			3. Occasionally	19 (18.63%)	21 (21.88%)
			4. Frequently	15 (14.71%)	12 (12.50%)
			5. Almost constantly	10 (9.80%)	6 (6.25%)
		Interfere	1. Not at all	27 (26.47%)	22 (22.92%)
			2. A little bit	16 (15.69%)	21 (21.88%)
			3. Somewhat	13 (12.75%)	12 (12.50%)
			4. Quite a bit	8 (7.84%)	5 (5.21%)
			5. Very much	2 (1.96%)	0 (0.00%)
		Severity	1. None	2 (1.96%)	0 (0.00%)
			2. Mild	27 (26.47%)	31 (32.29%)
			3. Moderate	27 (26.47%)	22 (22.92%)
			4. Severe	10 (9.80%)	5 (5.21%)
			5. Very severe	1 (0.98%)	2 (2.08%)
	Cycle 1 Day 15	Frequency	Improved	26 (25.49%)	18 (18.75%)
			No Change	36 (35.29%)	33 (34.38%)
			Worsened	23 (22.55%)	15 (15.63%)
		Interfere	Improved	6 (5.88%)	8 (8.33%)
			No Change	23 (22.55%)	25 (26.04%)
			Worsened	28 (27.45%)	13 (13.54%)
		Severity	Improved	8 (7.84%)	11 (11.46%)
			No Change	30 (29.41%)	25 (26.04%)
			Worsened	21 (20.59%)	10 (10.42%)
	Cycle 2 Day 1	Frequency	Improved	27 (26.47%)	22 (22.92%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	33 (32.35%)	35 (36.46%)
			Worsened	21 (20.59%)	19 (19.79%)
		Interfere	Improved	10 (9.80%)	13 (13.54%)
			No Change	26 (25.49%)	27 (28.13%)
			Worsened	23 (22.55%)	15 (15.63%)
		Severity	Improved	11 (10.78%)	13 (13.54%)
			No Change	27 (26.47%)	28 (29.17%)
			Worsened	24 (23.53%)	15 (15.63%)
	Cycle 3 Day 1	Frequency	Improved	21 (20.59%)	14 (14.58%)
			No Change	18 (17.65%)	19 (19.79%)
			Worsened	13 (12.75%)	9 (9.38%)
		Interfere	Improved	9 (8.82%)	5 (5.21%)
			No Change	10 (9.80%)	15 (15.63%)
			Worsened	17 (16.67%)	6 (6.25%)
		Severity	Improved	7 (6.86%)	7 (7.29%)
			No Change	17 (16.67%)	10 (10.42%)
			Worsened	12 (11.76%)	9 (9.38%)
	Cycle 4 Day 1	Frequency	Improved	15 (14.71%)	9 (9.38%)
			No Change	18 (17.65%)	13 (13.54%)
			Worsened	11 (10.78%)	7 (7.29%)
		Interfere	Improved	6 (5.88%)	2 (2.08%)
			No Change	10 (9.80%)	13 (13.54%)
			Worsened	14 (13.73%)	4 (4.17%)
		Severity	Improved	10 (9.80%)	6 (6.25%)
			No Change	9 (8.82%)	10 (10.42%)
			Worsened	13 (12.75%)	4 (4.17%)
	Cycle 6 Day 1	Frequency	Improved	10 (9.80%)	6 (6.25%)
			No Change	11 (10.78%)	6 (6.25%)
			Worsened	7 (6.86%)	6 (6.25%)
		Interfere	Improved	3 (2.94%)	3 (3.13%)
			No Change	7 (6.86%)	3 (3.13%)
			Worsened	7 (6.86%)	5 (5.21%)
		Severity	Improved	6 (5.88%)	4 (4.17%)
			No Change	5 (4.90%)	4 (4.17%)
			Worsened	7 (6.86%)	4 (4.17%)
	Cycle 8 Day 1	Frequency	Improved	7 (6.86%)	2 (2.08%)
			No Change	8 (7.84%)	7 (7.29%)
			Worsened	6 (5.88%)	4 (4.17%)
		Interfere	Improved	4 (3.92%)	1 (1.04%)
			No Change	4 (3.92%)	4 (4.17%)
			Worsened	5 (4.90%)	5 (5.21%)
		Severity	Improved	4 (3.92%)	3 (3.13%)
			No Change	4 (3.92%)	3 (3.13%)
			Worsened	6 (5.88%)	4 (4.17%)
	Cycle 10 Day 1	Frequency	Improved	7 (6.86%)	2 (2.08%)
			No Change	3 (2.94%)	5 (5.21%)
			Worsened	6 (5.88%)	3 (3.13%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	4 (4.17%)
			Worsened	4 (3.92%)	2 (2.08%)
		Severity	Improved	4 (3.92%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 12 Day 1	Frequency	Improved	5 (4.90%)	1 (1.04%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	3 (2.94%)	6 (6.25%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	3 (2.94%)	6 (6.25%)
		Severity	Improved	3 (2.94%)	1 (1.04%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	1 (0.98%)	6 (6.25%)
	Cycle 14 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	0 (0.00%)
			Worsened	2 (1.96%)	3 (3.13%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	4 (3.92%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 16 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 18 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	4 (3.92%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	5 (4.90%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	4 (3.92%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	11 (10.78%)	14 (14.58%)
			No Change	26 (25.49%)	32 (33.33%)
			Worsened	32 (31.37%)	20 (20.83%)
		Interfere	Improved	9 (8.82%)	8 (8.33%)
			No Change	9 (8.82%)	16 (16.67%)
			Worsened	33 (32.35%)	22 (22.92%)
		Severity	Improved	6 (5.88%)	7 (7.29%)
			No Change	19 (18.63%)	23 (23.96%)
			Worsened	27 (26.47%)	17 (17.71%)
	Safety Follow-Up	Frequency	Improved	6 (5.88%)	7 (7.29%)
			No Change	15 (14.71%)	5 (5.21%)
			Worsened	9 (8.82%)	6 (6.25%)
		Interfere	Improved	3 (2.94%)	4 (4.17%)
			No Change	8 (7.84%)	2 (2.08%)
			Worsened	11 (10.78%)	6 (6.25%)
		Severity	Improved	6 (5.88%)	4 (4.17%)
			No Change	9 (8.82%)	2 (2.08%)
			Worsened	7 (6.86%)	6 (6.25%)
Headache	Baseline	Frequency	1. Never	58 (56.86%)	60 (62.50%)
			2. Rarely	17 (16.67%)	12 (12.50%)
			3. Occasionally	11 (10.78%)	5 (5.21%)
			4. Frequently	3 (2.94%)	1 (1.04%)
			5. Almost constantly	1 (0.98%)	1 (1.04%)
		Interfere	1. Not at all	12 (11.76%)	12 (12.50%)
			2. A little bit	14 (13.73%)	5 (5.21%)
			3. Somewhat	4 (3.92%)	1 (1.04%)
			5. Very much	1 (0.98%)	1 (1.04%)
		Severity	1. None	4 (3.92%)	2 (2.08%)
			2. Mild	18 (17.65%)	13 (13.54%)
			3. Moderate	9 (8.82%)	4 (4.17%)
			4. Severe	2 (1.96%)	0 (0.00%)
			5. Very severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	9 (8.82%)	5 (5.21%)
			No Change	53 (51.96%)	44 (45.83%)
			Worsened	23 (22.55%)	17 (17.71%)
		Interfere	Improved	2 (1.96%)	2 (2.08%)
			No Change	12 (11.76%)	7 (7.29%)
			Worsened	24 (23.53%)	18 (18.75%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	14 (13.73%)	10 (10.42%)
			Worsened	23 (22.55%)	15 (15.63%)
	Cycle 2 Day 1	Frequency	Improved	13 (12.75%)	8 (8.33%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	54 (52.94%)	44 (45.83%)
			Worsened	14 (13.73%)	24 (25.00%)
		Interfere	Improved	1 (0.98%)	2 (2.08%)
			No Change	10 (9.80%)	7 (7.29%)
			Worsened	17 (16.67%)	21 (21.88%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	11 (10.78%)	9 (9.38%)
			Worsened	16 (15.69%)	21 (21.88%)
	Cycle 3 Day 1	Frequency	Improved	9 (8.82%)	4 (4.17%)
			No Change	32 (31.37%)	27 (28.13%)
			Worsened	11 (10.78%)	11 (11.46%)
		Interfere	Improved	3 (2.94%)	0 (0.00%)
			No Change	5 (4.90%)	4 (4.17%)
			Worsened	11 (10.78%)	11 (11.46%)
		Severity	Improved	3 (2.94%)	1 (1.04%)
			No Change	7 (6.86%)	5 (5.21%)
			Worsened	9 (8.82%)	10 (10.42%)
	Cycle 4 Day 1	Frequency	Improved	7 (6.86%)	6 (6.25%)
			No Change	21 (20.59%)	17 (17.71%)
			Worsened	16 (15.69%)	6 (6.25%)
		Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	5 (4.90%)	3 (3.13%)
			Worsened	14 (13.73%)	5 (5.21%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	16 (15.69%)	6 (6.25%)
	Cycle 6 Day 1	Frequency	Improved	5 (4.90%)	4 (4.17%)
			No Change	14 (13.73%)	9 (9.38%)
			Worsened	9 (8.82%)	5 (5.21%)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	7 (6.86%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	3 (3.13%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	8 (7.84%)	3 (3.13%)
	Cycle 8 Day 1	Frequency	Improved	2 (1.96%)	3 (3.13%)
			No Change	15 (14.71%)	7 (7.29%)
			Worsened	4 (3.92%)	3 (3.13%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	3 (3.13%)
			Worsened	5 (4.90%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	4 (3.92%)	1 (1.04%)
	Cycle 10 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	7 (6.86%)	6 (6.25%)
			Worsened	7 (6.86%)	4 (4.17%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	6 (5.88%)	3 (3.13%)
		Severity	Improved	2 (1.96%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	5 (4.90%)	2 (2.08%)
	Cycle 12 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	7 (6.86%)	5 (5.21%)
			Worsened	4 (3.92%)	2 (2.08%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 14 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	7 (6.86%)	3 (3.13%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 16 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	4 (3.92%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 18 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	6 (5.88%)	0 (0.00%)
			Worsened	0 (0.00%)	2 (2.08%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 24 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	15 (14.71%)	2 (2.08%)
			No Change	39 (38.24%)	50 (52.08%)
			Worsened	15 (14.71%)	15 (15.63%)
		Interfere	Improved	1 (0.98%)	2 (2.08%)
			No Change	8 (7.84%)	6 (6.25%)
			Worsened	14 (13.73%)	19 (19.79%)
		Severity	Improved	4 (3.92%)	2 (2.08%)
			No Change	7 (6.86%)	8 (8.33%)
			Worsened	13 (12.75%)	17 (17.71%)
	Safety Follow-Up	Frequency	Improved	6 (5.88%)	3 (3.13%)
			No Change	16 (15.69%)	11 (11.46%)
			Worsened	8 (7.84%)	4 (4.17%)
		Interfere	Improved	1 (0.98%)	2 (2.08%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	7 (6.86%)	6 (6.25%)
		Severity	Improved	2 (1.96%)	2 (2.08%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	8 (7.84%)	6 (6.25%)
Heartburn	Baseline	Frequency	1. Never	62 (60.78%)	58 (60.42%)
			2. Rarely	15 (14.71%)	13 (13.54%)
			3. Occasionally	11 (10.78%)	5 (5.21%)
			4. Frequently	2 (1.96%)	3 (3.13%)
		Severity	1. None	4 (3.92%)	1 (1.04%)
			2. Mild	21 (20.59%)	11 (11.46%)
			3. Moderate	4 (3.92%)	7 (7.29%)
			4. Severe	1 (0.98%)	2 (2.08%)
	Cycle 1 Day 15	Frequency	Improved	15 (14.71%)	9 (9.38%)
			No Change	51 (50.00%)	45 (46.88%)
			Worsened	18 (17.65%)	12 (12.50%)
		Severity	Improved	4 (3.92%)	5 (5.21%)
			No Change	10 (9.80%)	4 (4.17%)
			Worsened	18 (17.65%)	10 (10.42%)
	Cycle 2 Day 1	Frequency	Improved	16 (15.69%)	17 (17.71%)
			No Change	49 (48.04%)	46 (47.92%)
			Worsened	16 (15.69%)	13 (13.54%)
		Severity	Improved	3 (2.94%)	5 (5.21%)
			No Change	11 (10.78%)	2 (2.08%)
			Worsened	15 (14.71%)	10 (10.42%)
	Cycle 3 Day 1	Frequency	Improved	8 (7.84%)	6 (6.25%)
			No Change	33 (32.35%)	27 (28.13%)
			Worsened	11 (10.78%)	9 (9.38%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	7 (6.86%)	1 (1.04%)
			Worsened	11 (10.78%)	7 (7.29%)
	Cycle 4 Day 1	Frequency	Improved	7 (6.86%)	7 (7.29%)
			No Change	27 (26.47%)	17 (17.71%)
			Worsened	10 (9.80%)	5 (5.21%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	9 (8.82%)	4 (4.17%)
	Cycle 6 Day 1	Frequency	Improved	6 (5.88%)	3 (3.13%)
			No Change	15 (14.71%)	9 (9.38%)
			Worsened	7 (6.86%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	6 (5.88%)	0 (0.00%)
			Worsened	5 (4.90%)	4 (4.17%)
	Cycle 8 Day 1	Frequency	Improved	3 (2.94%)	3 (3.13%)
			No Change	15 (14.71%)	6 (6.25%)
			Worsened	3 (2.94%)	4 (4.17%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	6 (5.88%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
	Cycle 10 Day 1	Frequency	Improved	2 (1.96%)	2 (2.08%)
			No Change	9 (8.82%)	3 (3.13%)
			Worsened	5 (4.90%)	5 (5.21%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	5 (5.21%)
	Cycle 12 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	8 (7.84%)	4 (4.17%)
			Worsened	3 (2.94%)	3 (3.13%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
	Cycle 14 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 16 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	2 (2.08%)
	Cycle 20 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	2 (1.96%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	13 (12.75%)	10 (10.42%)
			No Change	36 (35.29%)	41 (42.71%)
			Worsened	20 (19.61%)	14 (14.58%)
		Severity	Improved	3 (2.94%)	3 (3.13%)
			No Change	9 (8.82%)	5 (5.21%)
			Worsened	17 (16.67%)	14 (14.58%)
	Safety Follow-Up	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	17 (16.67%)	12 (12.50%)
			Worsened	10 (9.80%)	5 (5.21%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	11 (10.78%)	5 (5.21%)
Hot Flashes	Baseline	Frequency	1. Never	59 (57.84%)	50 (52.08%)
			2. Rarely	18 (17.65%)	16 (16.67%)
			3. Occasionally	8 (7.84%)	9 (9.38%)
			4. Frequently	5 (4.90%)	3 (3.13%)
			5. Almost constantly	0 (0.00%)	1 (1.04%)
		Severity	1. None	10 (9.80%)	0 (0.00%)
			2. Mild	15 (14.71%)	21 (21.88%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			3. Moderate	5 (4.90%)	6 (6.25%)
			4. Severe	2 (1.96%)	1 (1.04%)
			5. Very severe	1 (0.98%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	15 (14.71%)	12 (12.50%)
			No Change	52 (50.98%)	38 (39.58%)
			Worsened	19 (18.63%)	16 (16.67%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	15 (14.71%)	6 (6.25%)
			Worsened	19 (18.63%)	16 (16.67%)
	Cycle 2 Day 1	Frequency	Improved	10 (9.80%)	14 (14.58%)
			No Change	56 (54.90%)	44 (45.83%)
			Worsened	15 (14.71%)	18 (18.75%)
		Severity	Improved	5 (4.90%)	4 (4.17%)
			No Change	9 (8.82%)	9 (9.38%)
			Worsened	20 (19.61%)	17 (17.71%)
	Cycle 3 Day 1	Frequency	Improved	6 (5.88%)	7 (7.29%)
			No Change	34 (33.33%)	26 (27.08%)
			Worsened	12 (11.76%)	9 (9.38%)
		Severity	Improved	4 (3.92%)	1 (1.04%)
			No Change	6 (5.88%)	6 (6.25%)
			Worsened	15 (14.71%)	9 (9.38%)
	Cycle 4 Day 1	Frequency	Improved	4 (3.92%)	7 (7.29%)
			No Change	31 (30.39%)	16 (16.67%)
			Worsened	9 (8.82%)	6 (6.25%)
		Severity	Improved	4 (3.92%)	2 (2.08%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	9 (8.82%)	6 (6.25%)
	Cycle 6 Day 1	Frequency	Improved	2 (1.96%)	4 (4.17%)
			No Change	19 (18.63%)	8 (8.33%)
			Worsened	7 (6.86%)	6 (6.25%)
		Severity	Improved	3 (2.94%)	0 (0.00%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	6 (5.88%)	3 (3.13%)
	Cycle 8 Day 1	Frequency	Improved	3 (2.94%)	3 (3.13%)
			No Change	13 (12.75%)	8 (8.33%)
			Worsened	5 (4.90%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 10 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	11 (10.78%)	3 (3.13%)
			Worsened	3 (2.94%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	6 (6.25%)
	Cycle 12 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	3 (3.13%)
			Worsened	4 (3.92%)	4 (4.17%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	4 (3.92%)	3 (3.13%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 14 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 16 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 18 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	0 (0.00%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	11 (10.78%)	11 (11.46%)
			No Change	44 (43.14%)	38 (39.58%)
			Worsened	14 (13.73%)	18 (18.75%)
		Severity	Improved	2 (1.96%)	3 (3.13%)
			No Change	8 (7.84%)	6 (6.25%)
			Worsened	14 (13.73%)	18 (18.75%)
	Safety Follow-Up	Frequency	Improved	3 (2.94%)	3 (3.13%)
			No Change	21 (20.59%)	14 (14.58%)
			Worsened	6 (5.88%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	8 (7.84%)	3 (3.13%)
Increased Sweating	Baseline	Frequency	1. Never	68 (66.67%)	55 (57.29%)
			2. Rarely	13 (12.75%)	14 (14.58%)
			3. Occasionally	7 (6.86%)	8 (8.33%)
			4. Frequently	2 (1.96%)	2 (2.08%)
		Severity	1. None	7 (6.86%)	1 (1.04%)
			2. Mild	14 (13.73%)	19 (19.79%)
			3. Moderate	4 (3.92%)	2 (2.08%)
			4. Severe	1 (0.98%)	2 (2.08%)
			5. Very severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	9 (8.82%)	7 (7.29%)
			No Change	53 (51.96%)	48 (50.00%)
			Worsened	24 (23.53%)	11 (11.46%)
		Severity	Improved	2 (1.96%)	4 (4.17%)
			No Change	8 (7.84%)	7 (7.29%)
			Worsened	24 (23.53%)	11 (11.46%)
	Cycle 2 Day 1	Frequency	Improved	7 (6.86%)	9 (9.38%)
			No Change	60 (58.82%)	47 (48.96%)
			Worsened	14 (13.73%)	20 (20.83%)
		Severity	Improved	3 (2.94%)	1 (1.04%)
			No Change	10 (9.80%)	10 (10.42%)
			Worsened	18 (17.65%)	14 (14.58%)
	Cycle 3 Day 1	Frequency	Improved	7 (6.86%)	6 (6.25%)
			No Change	31 (30.39%)	27 (28.13%)
			Worsened	14 (13.73%)	9 (9.38%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	15 (14.71%)	8 (8.33%)
	Cycle 4 Day 1	Frequency	Improved	5 (4.90%)	3 (3.13%)
			No Change	30 (29.41%)	20 (20.83%)
			Worsened	9 (8.82%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	8 (7.84%)	5 (5.21%)
	Cycle 6 Day 1	Frequency	Improved	4 (3.92%)	3 (3.13%)
			No Change	19 (18.63%)	11 (11.46%)
			Worsened	5 (4.90%)	4 (4.17%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	2 (1.96%)	3 (3.13%)
			Worsened	4 (3.92%)	2 (2.08%)
	Cycle 8 Day 1	Frequency	Improved	3 (2.94%)	3 (3.13%)
			No Change	11 (10.78%)	7 (7.29%)
			Worsened	7 (6.86%)	3 (3.13%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	6 (5.88%)	1 (1.04%)
	Cycle 10 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	10 (9.80%)	4 (4.17%)
			Worsened	5 (4.90%)	5 (5.21%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	5 (4.90%)	5 (5.21%)
	Cycle 12 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	3 (3.13%)
			Worsened	4 (3.92%)	4 (4.17%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	3 (3.13%)
	Cycle 14 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	7 (6.86%)	2 (2.08%)
			Worsened	2 (1.96%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
	Cycle 16 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	8 (7.84%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	6 (5.88%)	8 (8.33%)
			No Change	43 (42.16%)	42 (43.75%)
			Worsened	20 (19.61%)	17 (17.71%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	4 (3.92%)	6 (6.25%)
			Worsened	22 (21.57%)	16 (16.67%)
	Safety Follow-Up	Frequency	Improved	5 (4.90%)	3 (3.13%)
			No Change	19 (18.63%)	12 (12.50%)
			Worsened	6 (5.88%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	6 (5.88%)	5 (5.21%)
Insomnia	Baseline	Interfere	1. Not at all	19 (18.63%)	16 (16.67%)
			2. A little bit	29 (28.43%)	22 (22.92%)
			3. Somewhat	7 (6.86%)	9 (9.38%)
			4. Quite a bit	2 (1.96%)	0 (0.00%)
			5. Very much	2 (1.96%)	0 (0.00%)
		Severity	1. None	32 (31.37%)	32 (33.33%)
			2. Mild	33 (32.35%)	23 (23.96%)
			3. Moderate	18 (17.65%)	21 (21.88%)
			4. Severe	5 (4.90%)	3 (3.13%)
			5. Very severe	2 (1.96%)	0 (0.00%)
	Cycle 1 Day 15	Interfere	Improved	9 (8.82%)	6 (6.25%)
			No Change	20 (19.61%)	15 (15.63%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	24 (23.53%)	11 (11.46%)
		Severity	Improved	20 (19.61%)	16 (16.67%)
			No Change	49 (48.04%)	37 (38.54%)
			Worsened	17 (16.67%)	13 (13.54%)
	Cycle 2 Day 1	Interfere	Improved	10 (9.80%)	9 (9.38%)
			No Change	16 (15.69%)	16 (16.67%)
			Worsened	22 (21.57%)	17 (17.71%)
		Severity	Improved	23 (22.55%)	19 (19.79%)
			No Change	41 (40.20%)	40 (41.67%)
			Worsened	17 (16.67%)	17 (17.71%)
	Cycle 3 Day 1	Interfere	Improved	8 (7.84%)	3 (3.13%)
			No Change	10 (9.80%)	7 (7.29%)
			Worsened	14 (13.73%)	11 (11.46%)
		Severity	Improved	12 (11.76%)	10 (10.42%)
			No Change	29 (28.43%)	21 (21.88%)
			Worsened	11 (10.78%)	11 (11.46%)
	Cycle 4 Day 1	Interfere	Improved	5 (4.90%)	3 (3.13%)
			No Change	8 (7.84%)	3 (3.13%)
			Worsened	11 (10.78%)	9 (9.38%)
		Severity	Improved	13 (12.75%)	6 (6.25%)
			No Change	17 (16.67%)	16 (16.67%)
			Worsened	14 (13.73%)	7 (7.29%)
	Cycle 6 Day 1	Interfere	Improved	2 (1.96%)	2 (2.08%)
			No Change	7 (6.86%)	3 (3.13%)
			Worsened	5 (4.90%)	4 (4.17%)
		Severity	Improved	10 (9.80%)	3 (3.13%)
			No Change	12 (11.76%)	9 (9.38%)
			Worsened	6 (5.88%)	6 (6.25%)
	Cycle 8 Day 1	Interfere	Improved	4 (3.92%)	2 (2.08%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	5 (4.90%)	2 (2.08%)
			No Change	13 (12.75%)	8 (8.33%)
			Worsened	3 (2.94%)	3 (3.13%)
	Cycle 10 Day 1	Interfere	Improved	1 (0.98%)	2 (2.08%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	5 (4.90%)	4 (4.17%)
		Severity	Improved	5 (4.90%)	1 (1.04%)
			No Change	5 (4.90%)	6 (6.25%)
			Worsened	6 (5.88%)	3 (3.13%)
	Cycle 12 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	2 (1.96%)	5 (5.21%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	7 (6.86%)	2 (2.08%)
			Worsened	3 (2.94%)	5 (5.21%)
	Cycle 14 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	5 (4.90%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 16 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 18 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 20 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 22 Day 1	Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 24 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 28 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 30 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 32 Day 1	Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Interfere	Improved	3 (2.94%)	5 (5.21%)
			No Change	13 (12.75%)	18 (18.75%)
			Worsened	28 (27.45%)	15 (15.63%)
		Severity	Improved	17 (16.67%)	16 (16.67%)
			No Change	25 (24.51%)	37 (38.54%)
			Worsened	27 (26.47%)	14 (14.58%)
	Safety Follow-Up	Interfere	Improved	4 (3.92%)	2 (2.08%)
			No Change	8 (7.84%)	2 (2.08%)
			Worsened	7 (6.86%)	6 (6.25%)
		Severity	Improved	10 (9.80%)	2 (2.08%)
			No Change	15 (14.71%)	9 (9.38%)
			Worsened	5 (4.90%)	7 (7.29%)
Joint Pain	Baseline	Frequency	1. Never	42 (41.18%)	34 (35.42%)
			2. Rarely	13 (12.75%)	18 (18.75%)
			3. Occasionally	22 (21.57%)	14 (14.58%)
			4. Frequently	8 (7.84%)	9 (9.38%)
			5. Almost constantly	5 (4.90%)	4 (4.17%)
		Interfere	1. Not at all	16 (15.69%)	26 (27.08%)
			2. A little bit	19 (18.63%)	8 (8.33%)
			3. Somewhat	6 (5.88%)	9 (9.38%)
			4. Quite a bit	5 (4.90%)	1 (1.04%)
			5. Very much	0 (0.00%)	1 (1.04%)
		Severity	1. None	5 (4.90%)	2 (2.08%)
			2. Mild	18 (17.65%)	26 (27.08%)
			3. Moderate	21 (20.59%)	13 (13.54%)
			4. Severe	4 (3.92%)	5 (5.21%)
			5. Very severe	1 (0.98%)	0 (0.00%)
	Cycle 1 Day 15	Frequency	Improved	27 (26.47%)	19 (19.79%)
			No Change	40 (39.22%)	32 (33.33%)
			Worsened	18 (17.65%)	15 (15.63%)
		Interfere	Improved	9 (8.82%)	7 (7.29%)
			No Change	17 (16.67%)	17 (17.71%)
			Worsened	18 (17.65%)	18 (18.75%)
		Severity	Improved	11 (10.78%)	8 (8.33%)
			No Change	16 (15.69%)	20 (20.83%)
			Worsened	19 (18.63%)	15 (15.63%)
	Cycle 2 Day 1	Frequency	Improved	22 (21.57%)	18 (18.75%)
			No Change	37 (36.27%)	32 (33.33%)
			Worsened	22 (21.57%)	26 (27.08%)
		Interfere	Improved	6 (5.88%)	6 (6.25%)
			No Change	16 (15.69%)	19 (19.79%)
			Worsened	26 (25.49%)	24 (25.00%)
		Severity	Improved	8 (7.84%)	5 (5.21%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	16 (15.69%)	21 (21.88%)
			Worsened	26 (25.49%)	25 (26.04%)
	Cycle 3 Day 1	Frequency	Improved	15 (14.71%)	9 (9.38%)
			No Change	22 (21.57%)	19 (19.79%)
			Worsened	15 (14.71%)	14 (14.58%)
		Interfere	Improved	7 (6.86%)	5 (5.21%)
			No Change	11 (10.78%)	6 (6.25%)
			Worsened	16 (15.69%)	12 (12.50%)
		Severity	Improved	9 (8.82%)	2 (2.08%)
			No Change	10 (9.80%)	9 (9.38%)
			Worsened	16 (15.69%)	12 (12.50%)
	Cycle 4 Day 1	Frequency	Improved	7 (6.86%)	7 (7.29%)
			No Change	22 (21.57%)	10 (10.42%)
			Worsened	15 (14.71%)	12 (12.50%)
		Interfere	Improved	6 (5.88%)	5 (5.21%)
			No Change	7 (6.86%)	5 (5.21%)
			Worsened	13 (12.75%)	11 (11.46%)
		Severity	Improved	7 (6.86%)	4 (4.17%)
			No Change	7 (6.86%)	8 (8.33%)
			Worsened	14 (13.73%)	9 (9.38%)
	Cycle 6 Day 1	Frequency	Improved	7 (6.86%)	2 (2.08%)
			No Change	12 (11.76%)	8 (8.33%)
			Worsened	9 (8.82%)	8 (8.33%)
		Interfere	Improved	1 (0.98%)	2 (2.08%)
			No Change	7 (6.86%)	3 (3.13%)
			Worsened	8 (7.84%)	8 (8.33%)
		Severity	Improved	4 (3.92%)	1 (1.04%)
			No Change	5 (4.90%)	4 (4.17%)
			Worsened	8 (7.84%)	8 (8.33%)
	Cycle 8 Day 1	Frequency	Improved	5 (4.90%)	2 (2.08%)
			No Change	10 (9.80%)	3 (3.13%)
			Worsened	6 (5.88%)	8 (8.33%)
		Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	6 (5.88%)	5 (5.21%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	5 (4.90%)	7 (7.29%)
	Cycle 10 Day 1	Frequency	Improved	7 (6.86%)	1 (1.04%)
			No Change	5 (4.90%)	5 (5.21%)
			Worsened	4 (3.92%)	4 (4.17%)
		Interfere	Improved	4 (3.92%)	1 (1.04%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	5 (4.90%)	4 (4.17%)
		Severity	Improved	5 (4.90%)	0 (0.00%)
			No Change	6 (5.88%)	3 (3.13%)
			Worsened	1 (0.98%)	4 (4.17%)
	Cycle 12 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	5 (4.90%)	5 (5.21%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	4 (3.92%)	4 (4.17%)
		Severity	Improved	3 (2.94%)	0 (0.00%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	2 (1.96%)	3 (3.13%)
	Cycle 14 Day 1	Frequency	Improved	3 (2.94%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	4 (3.92%)	4 (4.17%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	4 (3.92%)	3 (3.13%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	1 (0.98%)	3 (3.13%)
	Cycle 16 Day 1	Frequency	Improved	3 (2.94%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	4 (3.92%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	4 (3.92%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
	Cycle 20 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	5 (4.90%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	2 (1.96%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	15 (14.71%)	18 (18.75%)
			No Change	31 (30.39%)	24 (25.00%)
			Worsened	23 (22.55%)	25 (26.04%)
		Interfere	Improved	2 (1.96%)	7 (7.29%)
			No Change	11 (10.78%)	8 (8.33%)
			Worsened	21 (20.59%)	27 (28.13%)
		Severity	Improved	6 (5.88%)	7 (7.29%)
			No Change	8 (7.84%)	13 (13.54%)
			Worsened	21 (20.59%)	24 (25.00%)
	Safety Follow-Up	Frequency	Improved	9 (8.82%)	5 (5.21%)
			No Change	13 (12.75%)	6 (6.25%)
			Worsened	8 (7.84%)	7 (7.29%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	3 (3.13%)
			Worsened	7 (6.86%)	7 (7.29%)
		Severity	Improved	4 (3.92%)	2 (2.08%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	7 (6.86%)	7 (7.29%)
Muscle Pain	Baseline	Frequency	1. Never	46 (45.10%)	40 (41.67%)
			2. Rarely	15 (14.71%)	18 (18.75%)
			3. Occasionally	20 (19.61%)	11 (11.46%)
			4. Frequently	8 (7.84%)	9 (9.38%)
			5. Almost constantly	1 (0.98%)	1 (1.04%)
		Interfere	1. Not at all	10 (9.80%)	18 (18.75%)
			2. A little bit	19 (18.63%)	15 (15.63%)
			3. Somewhat	12 (11.76%)	2 (2.08%)
			4. Quite a bit	3 (2.94%)	1 (1.04%)
			5. Very much	0 (0.00%)	1 (1.04%)
		Severity	1. None	6 (5.88%)	1 (1.04%)
			2. Mild	16 (15.69%)	27 (28.13%)
			3. Moderate	22 (21.57%)	8 (8.33%)
			4. Severe	2 (1.96%)	1 (1.04%)
			5. Very severe	0 (0.00%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	21 (20.59%)	12 (12.50%)
			No Change	43 (42.16%)	39 (40.63%)
			Worsened	21 (20.59%)	15 (15.63%)
		Interfere	Improved	7 (6.86%)	5 (5.21%)
			No Change	13 (12.75%)	14 (14.58%)
			Worsened	17 (16.67%)	17 (17.71%)
		Severity	Improved	6 (5.88%)	4 (4.17%)
			No Change	15 (14.71%)	17 (17.71%)
			Worsened	18 (17.65%)	15 (15.63%)
	Cycle 2 Day 1	Frequency	Improved	14 (13.73%)	12 (12.50%)
			No Change	41 (40.20%)	38 (39.58%)
			Worsened	26 (25.49%)	26 (27.08%)
		Interfere	Improved	8 (7.84%)	2 (2.08%)
			No Change	14 (13.73%)	15 (15.63%)
			Worsened	24 (23.53%)	27 (28.13%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Severity	Improved	6 (5.88%)	2 (2.08%)
			No Change	17 (16.67%)	15 (15.63%)
			Worsened	24 (23.53%)	29 (30.21%)
	Cycle 3 Day 1	Frequency	Improved	17 (16.67%)	6 (6.25%)
			No Change	20 (19.61%)	27 (28.13%)
			Worsened	15 (14.71%)	9 (9.38%)
		Interfere	Improved	5 (4.90%)	2 (2.08%)
			No Change	7 (6.86%)	7 (7.29%)
			Worsened	15 (14.71%)	11 (11.46%)
		Severity	Improved	6 (5.88%)	2 (2.08%)
			No Change	8 (7.84%)	7 (7.29%)
			Worsened	14 (13.73%)	11 (11.46%)
	Cycle 4 Day 1	Frequency	Improved	8 (7.84%)	5 (5.21%)
			No Change	23 (22.55%)	16 (16.67%)
			Worsened	13 (12.75%)	8 (8.33%)
		Interfere	Improved	4 (3.92%)	1 (1.04%)
			No Change	9 (8.82%)	7 (7.29%)
			Worsened	13 (12.75%)	11 (11.46%)
		Severity	Improved	5 (4.90%)	3 (3.13%)
			No Change	11 (10.78%)	9 (9.38%)
			Worsened	12 (11.76%)	7 (7.29%)
	Cycle 6 Day 1	Frequency	Improved	6 (5.88%)	3 (3.13%)
			No Change	13 (12.75%)	8 (8.33%)
			Worsened	9 (8.82%)	7 (7.29%)
		Interfere	Improved	2 (1.96%)	2 (2.08%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	12 (11.76%)	7 (7.29%)
		Severity	Improved	3 (2.94%)	2 (2.08%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	11 (10.78%)	8 (8.33%)
	Cycle 8 Day 1	Frequency	Improved	7 (6.86%)	0 (0.00%)
			No Change	10 (9.80%)	7 (7.29%)
			Worsened	4 (3.92%)	6 (6.25%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	6 (5.88%)	6 (6.25%)
		Severity	Improved	4 (3.92%)	1 (1.04%)
			No Change	4 (3.92%)	4 (4.17%)
			Worsened	4 (3.92%)	4 (4.17%)
	Cycle 10 Day 1	Frequency	Improved	5 (4.90%)	2 (2.08%)
			No Change	8 (7.84%)	4 (4.17%)
			Worsened	3 (2.94%)	4 (4.17%)
		Interfere	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	3 (2.94%)	4 (4.17%)
		Severity	Improved	4 (3.92%)	0 (0.00%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 12 Day 1	Frequency	Improved	3 (2.94%)	0 (0.00%)
			No Change	6 (5.88%)	4 (4.17%)
			Worsened	3 (2.94%)	4 (4.17%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	4 (3.92%)	5 (5.21%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	3 (2.94%)	4 (4.17%)
	Cycle 14 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	3 (2.94%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	4 (3.92%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 16 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	3 (2.94%)	1 (1.04%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	3 (2.94%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 20 Day 1	Frequency	Improved	3 (2.94%)	0 (0.00%)
			No Change	4 (3.92%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 22 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 24 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	12 (11.76%)	10 (10.42%)
			No Change	36 (35.29%)	34 (35.42%)
			Worsened	21 (20.59%)	23 (23.96%)
		Interfere	Improved	3 (2.94%)	2 (2.08%)
			No Change	13 (12.75%)	9 (9.38%)
			Worsened	19 (18.63%)	24 (25.00%)
		Severity	Improved	5 (4.90%)	2 (2.08%)
			No Change	8 (7.84%)	14 (14.58%)
			Worsened	22 (21.57%)	21 (21.88%)
	Safety Follow-Up	Frequency	Improved	6 (5.88%)	2 (2.08%)
			No Change	17 (16.67%)	7 (7.29%)
			Worsened	7 (6.86%)	9 (9.38%)
		Interfere	Improved	5 (4.90%)	0 (0.00%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	7 (6.86%)	7 (7.29%)
		Severity	Improved	5 (4.90%)	1 (1.04%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	8 (7.84%)	8 (8.33%)
Nausea	Baseline	Frequency	1. Never	65 (63.73%)	59 (61.46%)
			2. Rarely	16 (15.69%)	13 (13.54%)
			3. Occasionally	6 (5.88%)	3 (3.13%)
			4. Frequently	3 (2.94%)	3 (3.13%)
			5. Almost constantly	0 (0.00%)	1 (1.04%)
		Severity	1. None	7 (6.86%)	3 (3.13%)
			2. Mild	19 (18.63%)	11 (11.46%)
			3. Moderate	2 (1.96%)	2 (2.08%)
			4. Severe	0 (0.00%)	5 (5.21%)
	Cycle 1 Day 15	Frequency	Improved	5 (4.90%)	8 (8.33%)
			No Change	50 (49.02%)	52 (54.17%)
			Worsened	30 (29.41%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	4 (4.17%)
			No Change	8 (7.84%)	5 (5.21%)
			Worsened	29 (28.43%)	6 (6.25%)
	Cycle 2 Day 1	Frequency	Improved	7 (6.86%)	11 (11.46%)
			No Change	43 (42.16%)	48 (50.00%)
			Worsened	31 (30.39%)	17 (17.71%)
		Severity	Improved	0 (0.00%)	4 (4.17%)
			No Change	7 (6.86%)	5 (5.21%)
			Worsened	33 (32.35%)	14 (14.58%)
	Cycle 3 Day 1	Frequency	Improved	7 (6.86%)	4 (4.17%)
			No Change	27 (26.47%)	30 (31.25%)
			Worsened	17 (16.67%)	8 (8.33%)
		Severity	Improved	0 (0.00%)	2 (2.08%)
			No Change	4 (3.92%)	5 (5.21%)
			Worsened	17 (16.67%)	5 (5.21%)
	Cycle 4 Day 1	Frequency	Improved	5 (4.90%)	3 (3.13%)
			No Change	22 (21.57%)	21 (21.88%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	16 (15.69%)	5 (5.21%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	4 (4.17%)
			Worsened	11 (10.78%)	4 (4.17%)
	Cycle 6 Day 1	Frequency	Improved	4 (3.92%)	3 (3.13%)
			No Change	12 (11.76%)	12 (12.50%)
			Worsened	12 (11.76%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	9 (8.82%)	1 (1.04%)
	Cycle 8 Day 1	Frequency	Improved	2 (1.96%)	2 (2.08%)
			No Change	12 (11.76%)	9 (9.38%)
			Worsened	7 (6.86%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
	Cycle 10 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	8 (7.84%)	7 (7.29%)
			Worsened	5 (4.90%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	4 (3.92%)	0 (0.00%)
	Cycle 12 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	5 (5.21%)
			Worsened	4 (3.92%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 14 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	3 (3.13%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 16 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	4 (3.92%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 18 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	0 (0.00%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	5 (4.90%)	6 (6.25%)
			No Change	33 (32.35%)	43 (44.79%)
			Worsened	31 (30.39%)	18 (18.75%)
		Severity	Improved	0 (0.00%)	3 (3.13%)
			No Change	5 (4.90%)	4 (4.17%)
			Worsened	29 (28.43%)	17 (17.71%)
	Safety Follow-Up	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	18 (17.65%)	13 (13.54%)
			Worsened	10 (9.80%)	4 (4.17%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	3 (2.94%)	2 (2.08%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	10 (9.80%)	2 (2.08%)
Sad	Baseline	Frequency	1. Never	43 (42.16%)	35 (36.46%)
			2. Rarely	24 (23.53%)	20 (20.83%)
			3. Occasionally	16 (15.69%)	22 (22.92%)
			4. Frequently	6 (5.88%)	2 (2.08%)
			5. Almost constantly	1 (0.98%)	0 (0.00%)
		Interfere	1. Not at all	25 (24.51%)	22 (22.92%)
			2. A little bit	16 (15.69%)	17 (17.71%)
			3. Somewhat	5 (4.90%)	4 (4.17%)
			4. Quite a bit	2 (1.96%)	0 (0.00%)
		Severity	1. None	6 (5.88%)	3 (3.13%)
			2. Mild	30 (29.41%)	29 (30.21%)
			3. Moderate	12 (11.76%)	12 (12.50%)
			4. Severe	1 (0.98%)	1 (1.04%)
			5. Very severe	1 (0.98%)	0 (0.00%)
	Cycle 1 Day 15	Frequency	Improved	18 (17.65%)	17 (17.71%)
			No Change	46 (45.10%)	40 (41.67%)
			Worsened	21 (20.59%)	9 (9.38%)
		Interfere	Improved	11 (10.78%)	5 (5.21%)
			No Change	15 (14.71%)	17 (17.71%)
			Worsened	20 (19.61%)	8 (8.33%)
		Severity	Improved	12 (11.76%)	11 (11.46%)
			No Change	18 (17.65%)	16 (16.67%)
			Worsened	23 (22.55%)	7 (7.29%)
	Cycle 2 Day 1	Frequency	Improved	25 (24.51%)	21 (21.88%)
			No Change	40 (39.22%)	40 (41.67%)
			Worsened	16 (15.69%)	15 (15.63%)
		Interfere	Improved	6 (5.88%)	6 (6.25%)
			No Change	17 (16.67%)	14 (14.58%)
			Worsened	16 (15.69%)	18 (18.75%)
		Severity	Improved	5 (4.90%)	7 (7.29%)
			No Change	19 (18.63%)	18 (18.75%)
			Worsened	16 (15.69%)	15 (15.63%)
	Cycle 3 Day 1	Frequency	Improved	17 (16.67%)	12 (12.50%)
			No Change	25 (24.51%)	22 (22.92%)
			Worsened	10 (9.80%)	8 (8.33%)
		Interfere	Improved	4 (3.92%)	2 (2.08%)
			No Change	14 (13.73%)	6 (6.25%)
			Worsened	9 (8.82%)	7 (7.29%)
		Severity	Improved	6 (5.88%)	5 (5.21%)
			No Change	14 (13.73%)	6 (6.25%)
			Worsened	9 (8.82%)	6 (6.25%)
	Cycle 4 Day 1	Frequency	Improved	16 (15.69%)	6 (6.25%)
			No Change	22 (21.57%)	15 (15.63%)
			Worsened	6 (5.88%)	8 (8.33%)
		Interfere	Improved	1 (0.98%)	2 (2.08%)
			No Change	9 (8.82%)	5 (5.21%)
			Worsened	5 (4.90%)	8 (8.33%)
		Severity	Improved	7 (6.86%)	3 (3.13%)
			No Change	8 (7.84%)	6 (6.25%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	4 (3.92%)	8 (8.33%)
	Cycle 6 Day 1	Frequency	Improved	12 (11.76%)	7 (7.29%)
			No Change	11 (10.78%)	9 (9.38%)
			Worsened	5 (4.90%)	2 (2.08%)
		Interfere	Improved	4 (3.92%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	5 (4.90%)	1 (1.04%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	8 (7.84%)	2 (2.08%)
			Worsened	5 (4.90%)	1 (1.04%)
	Cycle 8 Day 1	Frequency	Improved	8 (7.84%)	3 (3.13%)
			No Change	9 (8.82%)	8 (8.33%)
			Worsened	4 (3.92%)	2 (2.08%)
		Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	6 (5.88%)	1 (1.04%)
			Worsened	5 (4.90%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	7 (6.86%)	1 (1.04%)
			Worsened	5 (4.90%)	2 (2.08%)
	Cycle 10 Day 1	Frequency	Improved	4 (3.92%)	2 (2.08%)
			No Change	6 (5.88%)	4 (4.17%)
			Worsened	6 (5.88%)	4 (4.17%)
		Interfere	Improved	0 (0.00%)	1 (1.04%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	5 (4.90%)	2 (2.08%)
		Severity	Improved	2 (1.96%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	5 (4.90%)	3 (3.13%)
	Cycle 12 Day 1	Frequency	Improved	6 (5.88%)	2 (2.08%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	3 (2.94%)	3 (3.13%)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 14 Day 1	Frequency	Improved	4 (3.92%)	1 (1.04%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	4 (3.92%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	4 (3.92%)	2 (2.08%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	4 (3.92%)	2 (2.08%)
	Cycle 16 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	2 (1.96%)	1 (1.04%)
			Worsened	4 (3.92%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	4 (3.92%)	1 (1.04%)
	Cycle 18 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	1 (1.04%)
	Cycle 20 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	3 (2.94%)	1 (1.04%)
			Worsened	3 (2.94%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	1 (1.04%)
			No Change	4 (3.92%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	16 (15.69%)	15 (15.63%)
			No Change	31 (30.39%)	38 (39.58%)
			Worsened	22 (21.57%)	14 (14.58%)
		Interfere	Improved	3 (2.94%)	6 (6.25%)
			No Change	10 (9.80%)	9 (9.38%)
			Worsened	19 (18.63%)	19 (19.79%)
		Severity	Improved	5 (4.90%)	6 (6.25%)
			No Change	12 (11.76%)	15 (15.63%)
			Worsened	18 (17.65%)	15 (15.63%)
	Safety Follow-Up	Frequency	Improved	11 (10.78%)	3 (3.13%)
			No Change	10 (9.80%)	8 (8.33%)
			Worsened	9 (8.82%)	7 (7.29%)
		Interfere	Improved	3 (2.94%)	1 (1.04%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	8 (7.84%)	6 (6.25%)
		Severity	Improved	1 (0.98%)	0 (0.00%)
			No Change	7 (6.86%)	3 (3.13%)
			Worsened	8 (7.84%)	6 (6.25%)
Swelling	Baseline	Frequency	1. Never	68 (66.67%)	66 (68.75%)
			2. Rarely	9 (8.82%)	5 (5.21%)
			3. Occasionally	7 (6.86%)	5 (5.21%)
			4. Frequently	3 (2.94%)	1 (1.04%)
			5. Almost constantly	3 (2.94%)	2 (2.08%)
		Interfere	1. Not at all	15 (14.71%)	10 (10.42%)
			2. A little bit	5 (4.90%)	2 (2.08%)
			3. Somewhat	1 (0.98%)	1 (1.04%)
			4. Quite a bit	3 (2.94%)	0 (0.00%)
		Severity	1. None	5 (4.90%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			2. Mild	14 (13.73%)	7 (7.29%)
			3. Moderate	5 (4.90%)	4 (4.17%)
			4. Severe	1 (0.98%)	1 (1.04%)
	Cycle 1 Day 15	Frequency	Improved	11 (10.78%)	6 (6.25%)
			No Change	60 (58.82%)	50 (52.08%)
			Worsened	14 (13.73%)	10 (10.42%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	10 (9.80%)	5 (5.21%)
			Worsened	12 (11.76%)	9 (9.38%)
		Severity	Improved	0 (0.00%)	2 (2.08%)
			No Change	11 (10.78%)	7 (7.29%)
			Worsened	13 (12.75%)	6 (6.25%)
	Cycle 2 Day 1	Frequency	Improved	11 (10.78%)	7 (7.29%)
			No Change	60 (58.82%)	54 (56.25%)
			Worsened	10 (9.80%)	15 (15.63%)
		Interfere	Improved	3 (2.94%)	0 (0.00%)
			No Change	8 (7.84%)	8 (8.33%)
			Worsened	10 (9.80%)	11 (11.46%)
		Severity	Improved	2 (1.96%)	3 (3.13%)
			No Change	7 (6.86%)	6 (6.25%)
			Worsened	13 (12.75%)	10 (10.42%)
	Cycle 3 Day 1	Frequency	Improved	8 (7.84%)	3 (3.13%)
			No Change	38 (37.25%)	30 (31.25%)
			Worsened	6 (5.88%)	9 (9.38%)
		Interfere	Improved	1 (0.98%)	1 (1.04%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	7 (6.86%)	5 (5.21%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	5 (4.90%)	1 (1.04%)
			Worsened	7 (6.86%)	7 (7.29%)
	Cycle 4 Day 1	Frequency	Improved	3 (2.94%)	1 (1.04%)
			No Change	34 (33.33%)	22 (22.92%)
			Worsened	7 (6.86%)	6 (6.25%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	5 (4.90%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	1 (1.04%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	7 (6.86%)	5 (5.21%)
	Cycle 6 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	23 (22.55%)	13 (13.54%)
			Worsened	3 (2.94%)	5 (5.21%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	2 (2.08%)
	Cycle 8 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	16 (15.69%)	9 (9.38%)
			Worsened	4 (3.92%)	4 (4.17%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	4 (3.92%)	2 (2.08%)
	Cycle 10 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	13 (12.75%)	6 (6.25%)
			Worsened	2 (1.96%)	4 (4.17%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	2 (2.08%)
	Cycle 12 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	9 (8.82%)	6 (6.25%)
			Worsened	2 (1.96%)	2 (2.08%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 14 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	3 (2.94%)	2 (2.08%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	3 (2.94%)	1 (1.04%)
	Cycle 16 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	7 (6.86%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 18 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	Cycle 20 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 22 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	3 (2.94%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Interfere	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
	End of Treatment	Frequency	Improved	10 (9.80%)	6 (6.25%)
			No Change	44 (43.14%)	51 (53.13%)
			Worsened	15 (14.71%)	10 (10.42%)
		Interfere	Improved	1 (0.98%)	0 (0.00%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	11 (10.78%)	11 (11.46%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	4 (3.92%)	4 (4.17%)
			Worsened	13 (12.75%)	9 (9.38%)
	Safety Follow-Up	Frequency	Improved	5 (4.90%)	2 (2.08%)
			No Change	17 (16.67%)	13 (13.54%)
			Worsened	8 (7.84%)	3 (3.13%)
		Interfere	Improved	2 (1.96%)	1 (1.04%)
			No Change	3 (2.94%)	2 (2.08%)
			Worsened	4 (3.92%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	3 (3.13%)
			No Change	1 (0.98%)	1 (1.04%)
			Worsened	7 (6.86%)	2 (2.08%)
Vomiting	Baseline	Frequency	1. Never	85 (83.33%)	70 (72.92%)
			2. Rarely	3 (2.94%)	3 (3.13%)
			3. Occasionally	2 (1.96%)	2 (2.08%)
			4. Frequently	0 (0.00%)	4 (4.17%)
		Severity	1. None	4 (3.92%)	1 (1.04%)
			2. Mild	4 (3.92%)	3 (3.13%)
			3. Moderate	1 (0.98%)	2 (2.08%)
			4. Severe	0 (0.00%)	4 (4.17%)
	Cycle 1 Day 15	Frequency	Improved	3 (2.94%)	6 (6.25%)
			No Change	72 (70.59%)	57 (59.38%)
			Worsened	10 (9.80%)	3 (3.13%)
		Severity	Improved	1 (0.98%)	2 (2.08%)
			No Change	3 (2.94%)	3 (3.13%)
			Worsened	9 (8.82%)	1 (1.04%)
	Cycle 2 Day 1	Frequency	Improved	4 (3.92%)	7 (7.29%)
			No Change	66 (64.71%)	61 (63.54%)
			Worsened	11 (10.78%)	8 (8.33%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	2 (1.96%)	2 (2.08%)
			Worsened	12 (11.76%)	5 (5.21%)
	Cycle 3 Day 1	Frequency	Improved	3 (2.94%)	3 (3.13%)
			No Change	45 (44.12%)	35 (36.46%)
			Worsened	4 (3.92%)	4 (4.17%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	0 (0.00%)	1 (1.04%)
			Worsened	5 (4.90%)	3 (3.13%)
	Cycle 4 Day 1	Frequency	Improved	2 (1.96%)	2 (2.08%)
			No Change	39 (38.24%)	23 (23.96%)
			Worsened	3 (2.94%)	4 (4.17%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	3 (2.94%)	4 (4.17%)
	Cycle 6 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	23 (22.55%)	15 (15.63%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	3 (2.94%)	0 (0.00%)
	Cycle 8 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	18 (17.65%)	10 (10.42%)
			Worsened	1 (0.98%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 10 Day 1	Frequency	Improved	2 (1.96%)	1 (1.04%)
			No Change	11 (10.78%)	7 (7.29%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 12 Day 1	Frequency	Improved	1 (0.98%)	1 (1.04%)
			No Change	8 (7.84%)	5 (5.21%)
			Worsened	3 (2.94%)	2 (2.08%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 14 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	8 (7.84%)	3 (3.13%)
			Worsened	0 (0.00%)	1 (1.04%)
	Cycle 16 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	3 (2.94%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
	Cycle 18 Day 1	Frequency	Improved	2 (1.96%)	0 (0.00%)
			No Change	5 (4.90%)	2 (2.08%)
			Worsened	0 (0.00%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	Cycle 20 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	6 (5.88%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 22 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	4 (3.92%)	2 (2.08%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 24 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)

Study: RAD1901-308
Section: Tables

Table 2: PRO-CTCAE by Visit in ESR1-mut Subjects (Label population) (Intent-to-Treat Population)

Category	Visit		Result	Elacestrant (N=102)	SOC (N=96)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	2 (1.96%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 26 Day 1	Frequency	Improved	1 (0.98%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 28 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 30 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	2 (1.96%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 32 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	1 (0.98%)	0 (0.00%)
	Cycle 34 Day 1	Frequency	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	0 (0.00%)
			Worsened	0 (0.00%)	0 (0.00%)
	End of Treatment	Frequency	Improved	1 (0.98%)	3 (3.13%)
			No Change	56 (54.90%)	55 (57.29%)
			Worsened	12 (11.76%)	8 (8.33%)
		Severity	Improved	0 (0.00%)	0 (0.00%)
			No Change	1 (0.98%)	3 (3.13%)
			Worsened	11 (10.78%)	6 (6.25%)
	Safety Follow-Up	Frequency	Improved	0 (0.00%)	2 (2.08%)
			No Change	26 (25.49%)	15 (15.63%)
			Worsened	4 (3.92%)	1 (1.04%)
		Severity	Improved	0 (0.00%)	1 (1.04%)
			No Change	0 (0.00%)	0 (0.00%)
			Worsened	5 (4.90%)	1 (1.04%)

SOC = Standard of Care

Data cut-off: 8 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Subjects with any TEAEs	92 (90.2%)	80 (87.9%)	59 (92.2%)	21 (77.8%)	172 (89.1%)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	15 (14.7%)	15 (16.5%)	11 (17.2%)	4 (14.8%)	30 (15.5%)
Anaemia	9 (8.8%)	8 (8.8%)	5 (7.8%)	3 (11.1%)	17 (8.8%)
Febrile neutropenia	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Iron deficiency anaemia	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Leukopenia	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Lymphadenopathy	1 (1%)	0	0	0	1 (0.5%)
Lymphocyte count decreased	6 (5.9%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	8 (4.1%)
Neutropenia	0	4 (4.4%)	2 (3.1%)	2 (7.4%)	4 (2.1%)
Thrombocytopenia	0	3 (3.3%)	2 (3.1%)	1 (3.7%)	3 (1.6%)
CARDIAC DISORDERS	3 (2.9%)	1 (1.1%)	0	1 (3.7%)	4 (2.1%)
Cardiac arrest	1 (1%)	0	0	0	1 (0.5%)
Left ventricular hypertrophy	1 (1%)	0	0	0	1 (0.5%)
Sinus tachycardia	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Supraventricular extrasystoles	1 (1%)	0	0	0	1 (0.5%)
EAR AND LABYRINTH DISORDERS	3 (2.9%)	3 (3.3%)	2 (3.1%)	1 (3.7%)	6 (3.1%)
Deafness	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Ear pain	1 (1%)	0	0	0	1 (0.5%)
Vertigo	2 (2%)	2 (2.2%)	2 (3.1%)	0	4 (2.1%)
ENDOCRINE DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Hyperthyroidism	1 (1%)	0	0	0	1 (0.5%)
EYE DISORDERS	3 (2.9%)	1 (1.1%)	0	1 (3.7%)	4 (2.1%)
Eye irritation	1 (1%)	0	0	0	1 (0.5%)
Lacrimation increased	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Vision blurred	2 (2%)	0	0	0	2 (1%)
GASTROINTESTINAL DISORDERS	66 (64.7%)	30 (33%)	16 (25%)	14 (51.9%)	96 (49.7%)
Abdominal discomfort	1 (1%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	3 (1.6%)
Abdominal distension	4 (3.9%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	6 (3.1%)
Abdominal pain	6 (5.9%)	7 (7.7%)	2 (3.1%)	5 (18.5%)	13 (6.7%)
Abdominal pain lower	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Abdominal pain upper	4 (3.9%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	6 (3.1%)
Abdominal rigidity	1 (1%)	0	0	0	1 (0.5%)
Ascites	1 (1%)	0	0	0	1 (0.5%)
Colitis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Constipation	11 (10.8%)	7 (7.7%)	3 (4.7%)	4 (14.8%)	18 (9.3%)
Diarrhoea	15 (14.7%)	13 (14.3%)	6 (9.4%)	7 (25.9%)	28 (14.5%)
Diverticulum intestinal	1 (1%)	0	0	0	1 (0.5%)
Dyspepsia	11 (10.8%)	3 (3.3%)	1 (1.6%)	2 (7.4%)	14 (7.3%)
Enteritis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Eructation	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Faeces discoloured	2 (2%)	0	0	0	2 (1%)
Flatulence	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Gastric disorder	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Gastritis	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Gastrointestinal pain	2 (2%)	1 (1.1%)	1 (1.6%)	0	3 (1.6%)
Gastrooesophageal reflux disease	3 (2.9%)	1 (1.1%)	1 (1.6%)	0	4 (2.1%)
Haematochezia	1 (1%)	0	0	0	1 (0.5%)
Ileus	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Lip dry	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Nausea	38 (37.3%)	18 (19.8%)	10 (15.6%)	8 (29.6%)	56 (29%)
Oesophageal pain	1 (1%)	0	0	0	1 (0.5%)
Oral pain	1 (1%)	0	0	0	1 (0.5%)
Oroantral fistula	1 (1%)	0	0	0	1 (0.5%)
Pancreatic failure	1 (1%)	0	0	0	1 (0.5%)
Pancreatitis acute	1 (1%)	0	0	0	1 (0.5%)
Small intestinal obstruction	1 (1%)	0	0	0	1 (0.5%)
Stomatitis	4 (3.9%)	0	0	0	4 (2.1%)
Toothache	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Vomiting	21 (20.6%)	9 (9.9%)	4 (6.3%)	5 (18.5%)	30 (15.5%)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	40 (39.2%)	39 (42.9%)	33 (51.6%)	6 (22.2%)	79 (40.9%)
Administration site pain	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Asthenia	10 (9.8%)	6 (6.6%)	6 (9.4%)	0	16 (8.3%)
Chest pain	2 (2%)	1 (1.1%)	0	1 (3.7%)	3 (1.6%)
Chills	3 (2.9%)	0	0	0	3 (1.6%)
Face oedema	1 (1%)	0	0	0	1 (0.5%)
Facial pain	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Fatigue	17 (16.7%)	21 (23.1%)	17 (26.6%)	4 (14.8%)	38 (19.7%)
General physical health deterioration	1 (1%)	0	0	0	1 (0.5%)
Influenza like illness	3 (2.9%)	0	0	0	3 (1.6%)
Injection site oedema	0	2 (2.2%)	2 (3.1%)	0	2 (1%)
Injection site pain	0	8 (8.8%)	8 (12.5%)	0	8 (4.1%)
Injection site pruritus	0	2 (2.2%)	2 (3.1%)	0	2 (1%)
Injection site reaction	0	2 (2.2%)	2 (3.1%)	0	2 (1%)
Local reaction	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Malaise	1 (1%)	0	0	0	1 (0.5%)
Non-cardiac chest pain	2 (2%)	0	0	0	2 (1%)
Oedema peripheral	6 (5.9%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	8 (4.1%)
Pain	4 (3.9%)	2 (2.2%)	2 (3.1%)	0	6 (3.1%)
Performance status decreased	1 (1%)	0	0	0	1 (0.5%)
Peripheral swelling	1 (1%)	0	0	0	1 (0.5%)
Puncture site pain	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Pyrexia	6 (5.9%)	3 (3.3%)	2 (3.1%)	1 (3.7%)	9 (4.7%)
Swelling face	1 (1%)	0	0	0	1 (0.5%)
HEPATOBILIARY DISORDERS	4 (3.9%)	1 (1.1%)	1 (1.6%)	0	5 (2.6%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Cholecystitis acute	1 (1%)	0	0	0	1 (0.5%)
Hepatic steatosis	1 (1%)	0	0	0	1 (0.5%)
Hepatocellular injury	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Hepatotoxicity	1 (1%)	0	0	0	1 (0.5%)
IMMUNE SYSTEM DISORDERS	3 (2.9%)	0	0	0	3 (1.6%)
Hypersensitivity	1 (1%)	0	0	0	1 (0.5%)
Seasonal allergy	3 (2.9%)	0	0	0	3 (1.6%)
INFECTIONS AND INFESTATIONS	22 (21.6%)	12 (13.2%)	8 (12.5%)	4 (14.8%)	34 (17.6%)
Abscess oral	1 (1%)	0	0	0	1 (0.5%)
Bronchitis	1 (1%)	2 (2.2%)	2 (3.1%)	0	3 (1.6%)
COVID-19	4 (3.9%)	3 (3.3%)	2 (3.1%)	1 (3.7%)	7 (3.6%)
Cystitis	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Device related sepsis	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Diverticulitis	1 (1%)	0	0	0	1 (0.5%)
Fungal infection	1 (1%)	0	0	0	1 (0.5%)
Gastroenteritis	2 (2%)	0	0	0	2 (1%)
Gastroenteritis viral	1 (1%)	0	0	0	1 (0.5%)
Herpes simplex reactivation	1 (1%)	0	0	0	1 (0.5%)
Herpes zoster	1 (1%)	0	0	0	1 (0.5%)
Nasopharyngitis	3 (2.9%)	1 (1.1%)	0	1 (3.7%)	4 (2.1%)
Pneumonia	2 (2%)	1 (1.1%)	1 (1.6%)	0	3 (1.6%)
Rash pustular	1 (1%)	0	0	0	1 (0.5%)
Respiratory syncytial virus infection	1 (1%)	0	0	0	1 (0.5%)
Sepsis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Septic shock	1 (1%)	0	0	0	1 (0.5%)
Skin infection	1 (1%)	0	0	0	1 (0.5%)
Tooth infection	1 (1%)	0	0	0	1 (0.5%)
Upper respiratory tract infection	1 (1%)	0	0	0	1 (0.5%)
Urinary tract infection	8 (7.8%)	5 (5.5%)	3 (4.7%)	2 (7.4%)	13 (6.7%)
Urinary tract infection bacterial	1 (1%)	0	0	0	1 (0.5%)
Vulvovaginal candidiasis	1 (1%)	0	0	0	1 (0.5%)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	6 (5.9%)	5 (5.5%)	4 (6.3%)	1 (3.7%)	11 (5.7%)
Contusion	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Fall	1 (1%)	0	0	0	1 (0.5%)
Femoral neck fracture	1 (1%)	0	0	0	1 (0.5%)
Gastrointestinal injury	1 (1%)	0	0	0	1 (0.5%)
Joint injury	1 (1%)	0	0	0	1 (0.5%)
Ligament sprain	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Limb injury	1 (1%)	0	0	0	1 (0.5%)
Procedural pain	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Rib fracture	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Tooth fracture	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Ulna fracture	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Wound complication	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
INVESTIGATIONS	31 (30.4%)	31 (34.1%)	21 (32.8%)	10 (37%)	62 (32.1%)
Activated partial thromboplastin time prolonged	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Alanine aminotransferase increased	4 (3.9%)	12 (13.2%)	10 (15.6%)	2 (7.4%)	16 (8.3%)
Anticoagulation drug level above therapeutic	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Aspartate aminotransferase increased	10 (9.8%)	13 (14.3%)	8 (12.5%)	5 (18.5%)	23 (11.9%)
Blood Pressure Decreased	2 (2%)	0	0	0	2 (1%)
Blood Pressure Increased	6 (5.9%)	4 (4.4%)	3 (4.7%)	1 (3.7%)	10 (5.2%)
Blood albumin decreased	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Blood alkaline phosphatase increased	8 (7.8%)	6 (6.6%)	3 (4.7%)	3 (11.1%)	14 (7.3%)
Blood bilirubin increased	2 (2%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	4 (2.1%)
Blood calcium decreased	1 (1%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	3 (1.6%)
Blood calcium increased	2 (2%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	4 (2.1%)
Blood cholesterol increased	8 (7.8%)	2 (2.2%)	2 (3.1%)	0	10 (5.2%)
Blood creatinine increased	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Blood glucose increased	5 (4.9%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	7 (3.6%)
Blood lactate dehydrogenase increased	4 (3.9%)	0	0	0	4 (2.1%)
Blood magnesium decreased	1 (1%)	0	0	0	1 (0.5%)
Blood phosphorus decreased	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Blood potassium decreased	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Blood potassium increased	2 (2%)	1 (1.1%)	1 (1.6%)	0	3 (1.6%)
Blood sodium decreased	1 (1%)	4 (4.4%)	1 (1.6%)	3 (11.1%)	5 (2.6%)
Blood triglycerides increased	3 (2.9%)	3 (3.3%)	2 (3.1%)	1 (3.7%)	6 (3.1%)
Blood urine present	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
C-reactive protein increased	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Coronavirus test positive	1 (1%)	0	0	0	1 (0.5%)
Gamma-glutamyltransferase increased	5 (4.9%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	7 (3.6%)
Glycosylated haemoglobin increased	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
International normalised ratio increased	2 (2%)	1 (1.1%)	0	1 (3.7%)	3 (1.6%)
Transaminases increased	1 (1%)	0	0	0	1 (0.5%)
Weight decreased	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
METABOLISM AND NUTRITION DISORDERS	23 (22.5%)	7 (7.7%)	3 (4.7%)	4 (14.8%)	30 (15.5%)
Cell death	1 (1%)	0	0	0	1 (0.5%)
Decreased appetite	18 (17.6%)	7 (7.7%)	3 (4.7%)	4 (14.8%)	25 (13%)
Dehydration	3 (2.9%)	1 (1.1%)	0	1 (3.7%)	4 (2.1%)
Diabetes mellitus	1 (1%)	0	0	0	1 (0.5%)
Gout	1 (1%)	0	0	0	1 (0.5%)
Vitamin D deficiency	1 (1%)	0	0	0	1 (0.5%)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	45 (44.1%)	41 (45.1%)	28 (43.8%)	13 (48.1%)	86 (44.6%)
Arthralgia	22 (21.6%)	17 (18.7%)	14 (21.9%)	3 (11.1%)	39 (20.2%)
Back pain	15 (14.7%)	9 (9.9%)	7 (10.9%)	2 (7.4%)	24 (12.4%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Bone lesion	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Bone pain	4 (3.9%)	4 (4.4%)	1 (1.6%)	3 (11.1%)	8 (4.1%)
Flank pain	0	2 (2.2%)	2 (3.1%)	0	2 (1%)
Groin pain	2 (2%)	1 (1.1%)	1 (1.6%)	0	3 (1.6%)
Joint range of motion decreased	1 (1%)	0	0	0	1 (0.5%)
Joint swelling	2 (2%)	1 (1.1%)	1 (1.6%)	0	3 (1.6%)
Muscle spasms	3 (2.9%)	2 (2.2%)	2 (3.1%)	0	5 (2.6%)
Muscular weakness	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Musculoskeletal chest pain	4 (3.9%)	2 (2.2%)	2 (3.1%)	0	6 (3.1%)
Musculoskeletal discomfort	1 (1%)	0	0	0	1 (0.5%)
Musculoskeletal pain	3 (2.9%)	10 (11%)	8 (12.5%)	2 (7.4%)	13 (6.7%)
Musculoskeletal stiffness	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Myalgia	4 (3.9%)	3 (3.3%)	2 (3.1%)	1 (3.7%)	7 (3.6%)
Neck pain	4 (3.9%)	0	0	0	4 (2.1%)
Pain in extremity	8 (7.8%)	5 (5.5%)	2 (3.1%)	3 (11.1%)	13 (6.7%)
Pain in jaw	2 (2%)	0	0	0	2 (1%)
Pathological fracture	1 (1%)	0	0	0	1 (0.5%)
Spinal pain	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Synovial cyst	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Tendon pain	0	3 (3.3%)	3 (4.7%)	0	3 (1.6%)
Tendonitis	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	1 (1%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	3 (1.6%)
Breast cancer metastatic	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Cancer pain	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Tumour pain	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
NERVOUS SYSTEM DISORDERS	28 (27.5%)	21 (23.1%)	10 (15.6%)	11 (40.7%)	49 (25.4%)
Carpal tunnel syndrome	1 (1%)	0	0	0	1 (0.5%)
Dizziness	5 (4.9%)	1 (1.1%)	1 (1.6%)	0	6 (3.1%)
Dysgeusia	1 (1%)	2 (2.2%)	0	2 (7.4%)	3 (1.6%)
Facial paresis	1 (1%)	0	0	0	1 (0.5%)
Head discomfort	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Headache	14 (13.7%)	10 (11%)	5 (7.8%)	5 (18.5%)	24 (12.4%)
Hypoaesthesia	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Intracranial mass	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Memory impairment	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Meningeal disorder	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Nervous system disorder	1 (1%)	0	0	0	1 (0.5%)
Neuralgia	1 (1%)	0	0	0	1 (0.5%)
Neuropathy peripheral	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Paraesthesia	4 (3.9%)	3 (3.3%)	1 (1.6%)	2 (7.4%)	7 (3.6%)
Peripheral sensory neuropathy	0	2 (2.2%)	0	2 (7.4%)	2 (1%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Presyncope	1 (1%)	0	0	0	1 (0.5%)
Sciatica	1 (1%)	0	0	0	1 (0.5%)
Somnolence	1 (1%)	0	0	0	1 (0.5%)
Syncope	3 (2.9%)	1 (1.1%)	1 (1.6%)	0	4 (2.1%)
Tremor	1 (1%)	2 (2.2%)	0	2 (7.4%)	3 (1.6%)
PRODUCT ISSUES	1 (1%)	0	0	0	1 (0.5%)
Device occlusion	1 (1%)	0	0	0	1 (0.5%)
PSYCHIATRIC DISORDERS	20 (19.6%)	12 (13.2%)	8 (12.5%)	4 (14.8%)	32 (16.6%)
Agitation	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Anxiety	6 (5.9%)	4 (4.4%)	2 (3.1%)	2 (7.4%)	10 (5.2%)
Confusional state	1 (1%)	2 (2.2%)	0	2 (7.4%)	3 (1.6%)
Depression	3 (2.9%)	2 (2.2%)	0	2 (7.4%)	5 (2.6%)
Dysphoria	1 (1%)	0	0	0	1 (0.5%)
Initial insomnia	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Insomnia	11 (10.8%)	7 (7.7%)	5 (7.8%)	2 (7.4%)	18 (9.3%)
Persistent depressive disorder	1 (1%)	0	0	0	1 (0.5%)
Restlessness	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Sleep disorder	1 (1%)	0	0	0	1 (0.5%)
RENAL AND URINARY DISORDERS	7 (6.9%)	8 (8.8%)	4 (6.3%)	4 (14.8%)	15 (7.8%)
Acute kidney injury	1 (1%)	0	0	0	1 (0.5%)
Chronic kidney disease	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Haematuria	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Hypertonic bladder	1 (1%)	0	0	0	1 (0.5%)
Pollakiuria	2 (2%)	1 (1.1%)	1 (1.6%)	0	3 (1.6%)
Polyuria	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Proteinuria	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Renal impairment	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Urethral pain	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Urinary hesitation	1 (1%)	0	0	0	1 (0.5%)
Urinary incontinence	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Urine odour abnormal	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
REPRODUCTIVE SYSTEM AND BREAST DISORDERS	11 (10.8%)	3 (3.3%)	3 (4.7%)	0	14 (7.3%)
Breast haemorrhage	1 (1%)	0	0	0	1 (0.5%)
Breast pain	4 (3.9%)	2 (2.2%)	2 (3.1%)	0	6 (3.1%)
Breast ulceration	1 (1%)	0	0	0	1 (0.5%)
Pelvic pain	4 (3.9%)	0	0	0	4 (2.1%)
Vaginal discharge	1 (1%)	0	0	0	1 (0.5%)
Vaginal haemorrhage	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Vulvovaginal discomfort	1 (1%)	0	0	0	1 (0.5%)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	18 (17.6%)	14 (15.4%)	8 (12.5%)	6 (22.2%)	32 (16.6%)
Chronic obstructive pulmonary disease	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Cough	6 (5.9%)	7 (7.7%)	5 (7.8%)	2 (7.4%)	13 (6.7%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1: Any TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Dyspnoea	7 (6.9%)	6 (6.6%)	3 (4.7%)	3 (11.1%)	13 (6.7%)
Hiccups	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Nasal congestion	2 (2%)	0	0	0	2 (1%)
Oropharyngeal pain	2 (2%)	0	0	0	2 (1%)
Pleural effusion	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Productive cough	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Pulmonary embolism	1 (1%)	0	0	0	1 (0.5%)
Restrictive pulmonary disease	1 (1%)	0	0	0	1 (0.5%)
Sinus congestion	1 (1%)	0	0	0	1 (0.5%)
Throat irritation	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Wheezing	1 (1%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	3 (1.6%)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS	16 (15.7%)	6 (6.6%)	3 (4.7%)	3 (11.1%)	22 (11.4%)
Acne	1 (1%)	0	0	0	1 (0.5%)
Alopecia	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Dry skin	2 (2%)	0	0	0	2 (1%)
Ecchymosis	0	2 (2.2%)	1 (1.6%)	1 (3.7%)	2 (1%)
Erythema	1 (1%)	0	0	0	1 (0.5%)
Hair texture abnormal	1 (1%)	0	0	0	1 (0.5%)
Nail discolouration	1 (1%)	0	0	0	1 (0.5%)
Onychoclasis	1 (1%)	0	0	0	1 (0.5%)
Palmar-plantar erythrodysaesthesia syndrome	1 (1%)	0	0	0	1 (0.5%)
Pruritus	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Rash	4 (3.9%)	1 (1.1%)	0	1 (3.7%)	5 (2.6%)
Rash maculo-papular	2 (2%)	0	0	0	2 (1%)
Seborrhoea	1 (1%)	0	0	0	1 (0.5%)
Skin mass	1 (1%)	0	0	0	1 (0.5%)
Skin oedema	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Urticaria	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
VASCULAR DISORDERS	13 (12.7%)	8 (8.8%)	5 (7.8%)	3 (11.1%)	21 (10.9%)
Blood pressure fluctuation	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Haematoma	1 (1%)	0	0	0	1 (0.5%)
Hot flush	9 (8.8%)	6 (6.6%)	4 (6.3%)	2 (7.4%)	15 (7.8%)
Jugular vein thrombosis	1 (1%)	0	0	0	1 (0.5%)
Lymphoedema	2 (2%)	0	0	0	2 (1%)
Thrombophlebitis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)

SOC = Standard of Care, AI = Aromatase Inhibitor, ESR1-mut = ESR1 mutation.
Subjects with one or more AEs within an System Organ Class of MedDRA are counted only once.
System Organ Class and Preferred Terms are sorted alphabetically.
[1] Preferred Terms are summarized using AE Synonym Terms.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1: Any TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	1.07	0.82
Median	0.3	0.43
Minimum	0.03	0.03
Maximum	14.82	5.65
Events, n (%)	92 (90.2)	80 (87.9)
Censored subjects, n (%)	10 (9.8)	11 (12.1)
Median (months) [2]	0.30	0.43
95% CI for median [2]	0.10 - 0.49	0.26 - 0.53
Q1 (95% CI)	0.07 (. - NC)	0.07 (0.07 - 0.16)
Q3 (95% CI)	0.95 (0.56 - 1.84)	0.95 (0.56 - 1.87)
Min, Max	0.03+, 14.82+	0.03+, 5.65+
Rate at 3 months (95% CI) [2]	14.58 (7.70 - 21.46)	12.27 (5.25 - 19.28)
Rate at 6 months (95% CI) [2]	6.19 (0.34 - 12.03)	. (. - .)
Rate at 12 months (95% CI) [2]	6.19 (0.34 - 12.03)	. (. - .)
Rate at 18 months (95% CI) [2]	. (. - .)	. (. - .)
Hazard ratio [3]	1.036	
95% CI for Hazard ratio [3]	0.767 - 1.402	
2-sided p-value [4]	0.8405	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.2: Any TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Sensitivity Analysis

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	1.07	0.82
Median	0.3	0.43
Minimum	0.03	0.03
Maximum	14.82	5.65
Events, n (%)	92 (90.2)	80 (87.9)
Censored subjects, n (%)	10 (9.8)	11 (12.1)
Median (months) [2]	0.30	0.43
95% CI for median [2]	0.10 - 0.49	0.26 - 0.53
Q1 (95% CI)	0.07 (. - NC)	0.07 (0.07 - 0.16)
Q3 (95% CI)	0.95 (0.56 - 1.84)	0.95 (0.56 - 1.87)
Min, Max	0.03+, 14.82+	0.03+, 5.65+
Rate at 3 months (95% CI) [2]	14.58 (7.70 - 21.46)	12.27 (5.25 - 19.28)
Rate at 6 months (95% CI) [2]	6.19 (0.34 - 12.03)	. (. - .)
Rate at 12 months (95% CI) [2]	6.19 (0.34 - 12.03)	. (. - .)
Rate at 18 months (95% CI) [2]	. (. - .)	. (. - .)
Hazard ratio [3]	1.036	
95% CI for Hazard ratio [3]	0.767 - 1.402	
2-sided p-value [4]	0.8405	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For this sensitivity analysis all events of the SOC "Neoplasms benign and malignant and unspecified (including cysts and polyps)" are classified as disease-related events and will be excluded from the analysis.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.1: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.0134	
Yes	Number of Subjects	27	26
	Events, n (%)	26 (96.3)	21 (80.8)
	Censored subjects, n (%)	1 (3.7)	5 (19.2)
	Median (months) [2]	0.10	0.54
	95% CI for median [2]	0.07 - 0.33	0.39 - 0.82
	Q1 (95% CI)	0.07 (. - NC)	0.23 (0.16 - 0.49)
	Q3 (95% CI)	0.89 (0.20 - 0.95)	0.95 (0.62 - NC)
	Hazard ratio [3]	2.027	
	95% CI for Hazard ratio [3]	1.137 - 3.656	
	2-sided p-value [4]	0.0185	
No	Number of Subjects	75	65
	Events, n (%)	66 (88)	59 (90.8)
	Censored subjects, n (%)	9 (12)	6 (9.2)
	Median (months) [2]	0.39	0.36
	95% CI for median [2]	0.13 - 0.53	0.07 - 0.53
	Q1 (95% CI)	0.07 (0.07 - 0.10)	0.07 (0.03 - 0.07)
	Q3 (95% CI)	1.18 (0.72 - 3.75)	0.95 (0.53 - 1.87)
	Hazard ratio [3]	0.822	
	95% CI for Hazard ratio [3]	0.577 - 1.173	
	2-sided p-value [4]	0.2902	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowleymethod using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.2: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.1815	
Yes	Number of Subjects	72	66
	Events, n (%)	66 (91.7)	57 (86.4)
	Censored subjects, n (%)	6 (8.3)	9 (13.6)
	Median (months) [2]	0.13	0.39
	95% CI for median [2]	0.07 - 0.46	0.23 - 0.53
	Q1 (95% CI)	0.07 (. - NC)	0.07 (0.07 - 0.20)
	Q3 (95% CI)	0.82 (0.49 - 1.84)	0.95 (0.53 - 2.40)
	Hazard ratio [3]	1.187	
	95% CI for Hazard ratio [3]	0.833 - 1.697	
	2-sided p-value [4]	0.3669	
No	Number of Subjects	30	25
	Events, n (%)	26 (86.7)	23 (92)
	Censored subjects, n (%)	4 (13.3)	2 (8)
	Median (months) [2]	0.44	0.49
	95% CI for median [2]	0.16 - 0.95	0.07 - 0.82
	Q1 (95% CI)	0.10 (0.07 - 0.33)	0.07 (0.07 - 0.49)
	Q3 (95% CI)	0.99 (0.89 - NC)	0.92 (0.53 - 1.15)
	Hazard ratio [3]	0.763	
	95% CI for Hazard ratio [3]	0.429 - 1.362	
	2-sided p-value [4]	0.351	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.3: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<65 vs >=65)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.3457	
<65 years	Number of Subjects	49	44
	Events, n (%)	42 (85.7)	37 (84.1)
	Censored subjects, n (%)	7 (14.3)	7 (15.9)
	Median (months) [2]	0.46	0.38
	95% CI for median [2]	0.13 - 0.53	0.07 - 0.56
	Q1 (95% CI)	0.07 (0.07 - 0.13)	0.07 (0.03 - 0.13)
	Q3 (95% CI)	0.99 (0.53 - 5.19)	0.97 (0.53 - NC)
	Hazard ratio [3]	0.901	
	95% CI for Hazard ratio [3]	0.575 - 1.414	
	2-sided p-value [4]	0.6286	
>=65 years	Number of Subjects	53	47
	Events, n (%)	50 (94.3)	43 (91.5)
	Censored subjects, n (%)	3 (5.7)	4 (8.5)
	Median (months) [2]	0.13	0.49
	95% CI for median [2]	0.07 - 0.39	0.30 - 0.53
	Q1 (95% CI)	0.07 (0.03 - 0.07)	0.07 (0.07 - 0.36)
	Q3 (95% CI)	0.92 (0.36 - 1.41)	0.95 (0.53 - 1.94)
	Hazard ratio [3]	1.201	
	95% CI for Hazard ratio [3]	0.798 - 1.816	
	2-sided p-value [4]	0.3977	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.4: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<75 vs >=75)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.0076	
<75 years	Number of Subjects	85	75
	Events, n (%)	75 (88.2)	67 (89.3)
	Censored subjects, n (%)	10 (11.8)	8 (10.7)
	Median (months) [2]	0.33	0.39
	95% CI for median [2]	0.13 - 0.49	0.20 - 0.49
	Q1 (95% CI)	0.07 (0.07 - 0.10)	0.07 (0.07 - 0.13)
	Q3 (95% CI)	0.99 (0.79 - 3.68)	0.72 (0.53 - 1.05)
	Hazard ratio [3]	0.853	
	95% CI for Hazard ratio [3]	0.610 - 1.195	
	2-sided p-value [4]	0.3257	
>=75 years	Number of Subjects	17	16
	Events, n (%)	17 (100)	13 (81.3)
	Censored subjects, n (%)	0 (0)	3 (18.8)
	Median (months) [2]	0.10	0.94
	95% CI for median [2]	0.07 - 0.46	0.43 - 1.94
	Q1 (95% CI)	0.07 (0.03 - 0.10)	0.25 (0.07 - 0.92)
	Q3 (95% CI)	0.46 (0.10 - 0.99)	1.94 (0.95 - NC)
	Hazard ratio [3]	3.094	
	95% CI for Hazard ratio [3]	1.406 - 7.174	
	2-sided p-value [4]	0.0027	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.5: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
Region (Europe [EU], North America [NA], Asia, Other)	Interaction Effect p-value [1]	0.7087	
Europe	Number of Subjects	54	40
	Events, n (%)	50 (92.6)	33 (82.5)
	Censored subjects, n (%)	4 (7.4)	7 (17.5)
	Median (months) [2]	0.31	0.53
	95% CI for median [2]	0.10 - 0.53	0.49 - 0.95
	Q1 (95% CI)	0.07 (0.07 - 0.10)	0.13 (0.03 - 0.49)
	Q3 (95% CI)	0.99 (0.53 - 3.68)	1.87 (0.69 - 3.19)
	Hazard ratio [3]	1.168	
	95% CI for Hazard ratio [3]	0.749 - 1.842	
	2-sided p-value [4]	0.4997	
North America	Number of Subjects	32	35
	Events, n (%)	31 (96.9)	33 (94.3)
	Censored subjects, n (%)	1 (3.1)	2 (5.7)
	Median (months) [2]	0.11	0.16
	95% CI for median [2]	0.07 - 0.33	0.07 - 0.39
	Q1 (95% CI)	0.07 (. - NC)	0.07 (0.03 - 0.07)
	Q3 (95% CI)	0.49 (0.13 - 0.89)	0.53 (0.36 - 0.72)
	Hazard ratio [3]	1.059	
	95% CI for Hazard ratio [3]	0.645 - 1.733	
	2-sided p-value [4]	0.8277	
Asia	Number of Subjects	8	14
	Events, n (%)	8 (100)	13 (92.9)
	Censored subjects, n (%)	0 (0)	1 (7.1)
	Median (months) [2]	0.38	0.39
	95% CI for median [2]	0.03 - 0.76	0.13 - 1.05
	Q1 (95% CI)	0.07 (0.03 - 0.46)	0.13 (0.07 - 0.53)
	Q3 (95% CI)	0.62 (0.30 - NC)	1.05 (0.26 - 1.94)
	Hazard ratio [3]	2.003	
	95% CI for Hazard ratio [3]	0.742 - 5.327	
	2-sided p-value [4]	0.1512	
Other	Number of Subjects	8	2
	Events, n (%)	3 (37.5)	1 (50)
	Censored subjects, n (%)	5 (62.5)	1 (50)
	Median (months) [2]	.	.
	95% CI for median [2]	0.89 - NC	0.43 - NC
	Q1 (95% CI)	1.15 (0.10 - NC)	0.43 (0.43 - NC)
	Q3 (95% CI)	. (. - NC)	. (0.43 - NC)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1.1.5: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
	Hazard ratio [3]	0.622	
	95% CI for Hazard ratio [3]	0.078 - 12.677	
	2-sided p-value [4]	0.68	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.6: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Baseline ECOG Performance Status (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Baseline ECOG Performance Status	Interaction Effect p-value [1]	0.0852	
0	Number of Subjects	59	48
	Events, n (%)	49 (83.1)	39 (81.3)
	Censored subjects, n (%)	10 (16.9)	9 (18.8)
	Median (months) [2]	0.39	0.33
	95% CI for median [2]	0.13 - 0.79	0.07 - 0.49
	Q1 (95% CI)	0.07 (0.07 - 0.13)	0.07 (. - NC)
	Q3 (95% CI)	1.84 (0.79 - 5.55)	0.89 (0.49 - NC)
	Hazard ratio [3]	0.864	
	95% CI for Hazard ratio [3]	0.565 - 1.329	
	2-sided p-value [4]	0.5153	
1	Number of Subjects	43	43
	Events, n (%)	43 (100)	41 (95.3)
	Censored subjects, n (%)	0 (0)	2 (4.7)
	Median (months) [2]	0.10	0.53
	95% CI for median [2]	0.07 - 0.36	0.36 - 0.62
	Q1 (95% CI)	0.07 (0.07 - 0.10)	0.10 (0.07 - 0.43)
	Q3 (95% CI)	0.56 (0.30 - 0.99)	0.95 (0.53 - 1.15)
	Hazard ratio [3]	1.438	
	95% CI for Hazard ratio [3]	0.935 - 2.216	
	2-sided p-value [4]	0.1043	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 1.1.7: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Measurable disease at baseline ECOG (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.9934	
Yes	Number of Subjects	82	75
	Events, n (%)	74 (90.2)	65 (86.7)
	Censored subjects, n (%)	8 (9.8)	10 (13.3)
	Median (months) [2]	0.25	0.39
	95% CI for median [2]	0.10 - 0.49	0.23 - 0.53
	Q1 (95% CI)	0.07 (. - NC)	0.07 (0.07 - 0.16)
	Q3 (95% CI)	0.95 (0.53 - 2.56)	0.95 (0.56 - 1.87)
	Hazard ratio [3]	1.025	
	95% CI for Hazard ratio [3]	0.732 - 1.438	
	2-sided p-value [4]	0.9084	
No	Number of Subjects	20	16
	Events, n (%)	18 (90)	15 (93.8)
	Censored subjects, n (%)	2 (10)	1 (6.3)
	Median (months) [2]	0.33	0.51
	95% CI for median [2]	0.07 - 0.95	0.07 - 0.82
	Q1 (95% CI)	0.07 (0.03 - 0.30)	0.07 (0.03 - 0.49)
	Q3 (95% CI)	0.97 (0.36 - 1.84)	0.99 (0.53 - 2.79)
	Hazard ratio [3]	1.071	
	95% CI for Hazard ratio [3]	0.538 - 2.163	
	2-sided p-value [4]	0.853	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.8: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.4962	
1	Number of Subjects	64	52
	Events, n (%)	58 (90.6)	48 (92.3)
	Censored subjects, n (%)	6 (9.4)	4 (7.7)
	Median (months) [2]	0.31	0.49
	95% CI for median [2]	0.10 - 0.49	0.23 - 0.53
	Q1 (95% CI)	0.07 (0.07 - 0.10)	0.07 (0.07 - 0.23)
	Q3 (95% CI)	0.97 (0.53 - 2.56)	0.94 (0.53 - 1.87)
	Hazard ratio [3]	0.945	
	95% CI for Hazard ratio [3]	0.644 - 1.393	
	2-sided p-value [4]	0.7791	
2	Number of Subjects	38	39
	Events, n (%)	34 (89.5)	32 (82.1)
	Censored subjects, n (%)	4 (10.5)	7 (17.9)
	Median (months) [2]	0.25	0.39
	95% CI for median [2]	0.07 - 0.46	0.16 - 0.69
	Q1 (95% CI)	0.07 (0.07 - 0.13)	0.07 (0.07 - 0.23)
	Q3 (95% CI)	0.95 (0.36 - 2.46)	0.99 (0.62 - NC)
	Hazard ratio [3]	1.191	
	95% CI for Hazard ratio [3]	0.733 - 1.940	
	2-sided p-value [4]	0.4977	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 1.1.9: Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.1682	
0	Number of Subjects	76	64
	Events, n (%)	67 (88.2)	57 (89.1)
	Censored subjects, n (%)	9 (11.8)	7 (10.9)
	Median (months) [2]	0.34	0.41
	95% CI for median [2]	0.13 - 0.53	0.20 - 0.53
	Q1 (95% CI)	0.07 (0.07 - 0.10)	0.07 (0.07 - 0.16)
	Q3 (95% CI)	0.97 (0.72 - 3.68)	0.95 (0.53 - 1.94)
	Hazard ratio [3]	0.919	
	95% CI for Hazard ratio [3]	0.645 - 1.314	
	2-sided p-value [4]	0.6443	
1	Number of Subjects	26	27
	Events, n (%)	25 (96.2)	23 (85.2)
	Censored subjects, n (%)	1 (3.8)	4 (14.8)
	Median (months) [2]	0.11	0.49
	95% CI for median [2]	0.07 - 0.39	0.16 - 0.85
	Q1 (95% CI)	0.07 (0.03 - 0.07)	0.07 (0.07 - 0.36)
	Q3 (95% CI)	0.49 (0.13 - 1.81)	0.99 (0.69 - NC)
	Hazard ratio [3]	1.389	
	95% CI for Hazard ratio [3]	0.778 - 2.484	
	2-sided p-value [4]	0.2818	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 2: Observation period for TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

		Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]	N	102	91
	Mean	6.11	4.16
	Median	3.71	2.86
	Minimum	0.03	0.03
	Maximum	31.38	23.75

Not every observation period for all adverse events will be present, only the maximum observation period once is reported.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	4 (3.9)	12 (13.2)
Censored subjects, n (%)	98 (96.1)	79 (86.8)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (8.41 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	96.02 (92.19 - 99.84)	88.97 (82.52 - 95.42)
Rate at 6 months (95% CI) [2]	96.02 (92.19 - 99.84)	86.35 (78.31 - 94.40)
Rate at 12 months (95% CI) [2]	96.02 (92.19 - 99.84)	77.72 (60.10 - 95.33)
Rate at 18 months (95% CI) [2]	96.02 (92.19 - 99.84)	77.72 (60.10 - 95.33)
Hazard ratio [3]	0.271	
95% CI for Hazard ratio [3]	0.076 - 0.782	
2-sided p-value [4]	0.0158	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.5: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Arthralgia

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	22 (21.6)	17 (18.7)
Censored subjects, n (%)	80 (78.4)	74 (81.3)
Median (months) [2]	.	.
95% CI for median [2]	15.64 - NC	11.27 - NC
Q1 (95% CI)	6.57 (3.88 - 19.35)	11.27 (2.92 - NC)
Q3 (95% CI)	. (. - NC)	. (11.27 - NC)
Rate at 3 months (95% CI) [2]	85.72 (78.77 - 92.67)	82.69 (74.08 - 91.31)
Rate at 6 months (95% CI) [2]	77.28 (67.17 - 87.39)	75.10 (61.94 - 88.27)
Rate at 12 months (95% CI) [2]	68.64 (53.95 - 83.33)	50.07 (9.06 - 91.08)
Rate at 18 months (95% CI) [2]	60.06 (39.74 - 80.37)	. (. - .)
Hazard ratio [3]	0.863	
95% CI for Hazard ratio [3]	0.449 - 1.675	
2-sided p-value [4]	0.6588	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.6: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Aspartate aminotransferase increased

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	10 (9.8)	13 (14.3)
Censored subjects, n (%)	92 (90.2)	78 (85.7)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	8.41 (4.63 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	91.85 (86.42 - 97.28)	88.41 (81.55 - 95.27)
Rate at 6 months (95% CI) [2]	88.31 (81.22 - 95.41)	82.51 (72.28 - 92.74)
Rate at 12 months (95% CI) [2]	88.31 (81.22 - 95.41)	74.26 (56.37 - 92.15)
Rate at 18 months (95% CI) [2]	88.31 (81.22 - 95.41)	74.26 (56.37 - 92.15)
Hazard ratio [3]	0.600	
95% CI for Hazard ratio [3]	0.255 - 1.367	
2-sided p-value [4]	0.2199	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.8: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Back pain

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	15 (14.7)	9 (9.9)
Censored subjects, n (%)	87 (85.3)	82 (90.1)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (16.16 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	86.85 (80.17 - 93.53)	91.02 (85.08 - 96.96)
Rate at 6 months (95% CI) [2]	84.56 (76.70 - 92.43)	88.17 (80.22 - 96.13)
Rate at 12 months (95% CI) [2]	84.56 (76.70 - 92.43)	88.17 (80.22 - 96.13)
Rate at 18 months (95% CI) [2]	75.17 (56.45 - 93.88)	88.17 (80.22 - 96.13)
Hazard ratio [3]	1.366	
95% CI for Hazard ratio [3]	0.604 - 3.267	
2-sided p-value [4]	0.4611	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.12: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Constipation

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	11 (10.8)	7 (7.7)
Censored subjects, n (%)	91 (89.2)	84 (92.3)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (5.62 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	88.95 (82.77 - 95.12)	96.00 (91.47 - 100.00)
Rate at 6 months (95% CI) [2]	88.95 (82.77 - 95.12)	83.11 (70.24 - 95.99)
Rate at 12 months (95% CI) [2]	88.95 (82.77 - 95.12)	83.11 (70.24 - 95.99)
Rate at 18 months (95% CI) [2]	88.95 (82.77 - 95.12)	83.11 (70.24 - 95.99)
Hazard ratio [3]	1.324	
95% CI for Hazard ratio [3]	0.520 - 3.606	
2-sided p-value [4]	0.5616	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.14: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Decreased appetite

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	18 (17.6)	7 (7.7)
Censored subjects, n (%)	84 (82.4)	84 (92.3)
Median (months) [2]	.	.
95% CI for median [2]	23.59 - NC	. - NC
Q1 (95% CI)	23.59 (8.18 - NC)	. (. - NC)
Q3 (95% CI)	. (23.59 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	86.22 (79.51 - 92.92)	91.55 (85.44 - 97.66)
Rate at 6 months (95% CI) [2]	86.22 (79.51 - 92.92)	91.55 (85.44 - 97.66)
Rate at 12 months (95% CI) [2]	75.53 (62.56 - 88.50)	91.55 (85.44 - 97.66)
Rate at 18 months (95% CI) [2]	75.53 (62.56 - 88.50)	91.55 (85.44 - 97.66)
Hazard ratio [3]	2.119	
95% CI for Hazard ratio [3]	0.918 - 5.474	
2-sided p-value [4]	0.0866	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 2.15: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Diarrhoea

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	15 (14.7)	13 (14.3)
Censored subjects, n (%)	87 (85.3)	78 (85.7)
Median (months) [2]	.	.
95% CI for median [2]	12.55 - NC	. - NC
Q1 (95% CI)	12.32 (7.36 - NC)	7.46 (4.73 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	89.06 (82.96 - 95.17)	88.81 (81.74 - 95.88)
Rate at 6 months (95% CI) [2]	89.06 (82.96 - 95.17)	78.48 (65.62 - 91.33)
Rate at 12 months (95% CI) [2]	82.27 (71.50 - 93.04)	71.94 (54.93 - 88.95)
Rate at 18 months (95% CI) [2]	67.31 (46.59 - 88.03)	71.94 (54.93 - 88.95)
Hazard ratio [3]	0.878	
95% CI for Hazard ratio [3]	0.413 - 1.889	
2-sided p-value [4]	0.7313	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.16: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Dyspepsia

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	11 (10.8)	3 (3.3)
Censored subjects, n (%)	91 (89.2)	88 (96.7)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (11.89 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	91.53 (85.79 - 97.27)	96.09 (91.63 - 100.00)
Rate at 6 months (95% CI) [2]	91.53 (85.79 - 97.27)	96.09 (91.63 - 100.00)
Rate at 12 months (95% CI) [2]	82.92 (69.64 - 96.20)	96.09 (91.63 - 100.00)
Rate at 18 months (95% CI) [2]	76.01 (58.22 - 93.79)	96.09 (91.63 - 100.00)
Hazard ratio [3]	2.838	
95% CI for Hazard ratio [3]	0.877 - 12.615	
2-sided p-value [4]	0.0965	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 2.18: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Fatigue

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	17 (16.7)	21 (23.1)
Censored subjects, n (%)	85 (83.3)	70 (76.9)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (5.19 - NC)	4.50 (1.48 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	84.78 (77.66 - 91.90)	78.35 (69.65 - 87.04)
Rate at 6 months (95% CI) [2]	80.01 (70.58 - 89.45)	72.75 (61.75 - 83.75)
Rate at 12 months (95% CI) [2]	80.01 (70.58 - 89.45)	72.75 (61.75 - 83.75)
Rate at 18 months (95% CI) [2]	80.01 (70.58 - 89.45)	72.75 (61.75 - 83.75)
Hazard ratio [3]	0.661	
95% CI for Hazard ratio [3]	0.344 - 1.252	
2-sided p-value [4]	0.2029	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.19: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Headache

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	14 (13.7)	10 (11)
Censored subjects, n (%)	88 (86.3)	81 (89)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (5.88 - NC)	. (8.31 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	88.91 (82.71 - 95.11)	88.82 (81.76 - 95.89)
Rate at 6 months (95% CI) [2]	82.77 (72.75 - 92.80)	88.82 (81.76 - 95.89)
Rate at 12 months (95% CI) [2]	77.91 (64.68 - 91.13)	79.94 (62.24 - 97.64)
Rate at 18 months (95% CI) [2]	77.91 (64.68 - 91.13)	79.94 (62.24 - 97.64)
Hazard ratio [3]	1.074	
95% CI for Hazard ratio [3]	0.478 - 2.501	
2-sided p-value [4]	0.8625	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.21: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Insomnia

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	11 (10.8)	7 (7.7)
Censored subjects, n (%)	91 (89.2)	84 (92.3)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (9.92 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	93.11 (88.18 - 98.03)	92.77 (87.08 - 98.45)
Rate at 6 months (95% CI) [2]	91.38 (85.50 - 97.26)	88.35 (78.31 - 98.38)
Rate at 12 months (95% CI) [2]	80.51 (67.52 - 93.50)	88.35 (78.31 - 98.38)
Rate at 18 months (95% CI) [2]	80.51 (67.52 - 93.50)	88.35 (78.31 - 98.38)
Hazard ratio [3]	1.203	
95% CI for Hazard ratio [3]	0.471 - 3.288	
2-sided p-value [4]	0.7031	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.22: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal pain

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	3 (2.9)	10 (11)
Censored subjects, n (%)	99 (97.1)	81 (89)
Median (months) [2]	.	13.24
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	13.24 (. - NC)
Q3 (95% CI)	. (. - NC)	13.24 (. - NC)
Rate at 3 months (95% CI) [2]	98.00 (95.25 - 100.00)	90.46 (84.01 - 96.91)
Rate at 6 months (95% CI) [2]	98.00 (95.25 - 100.00)	88.08 (80.29 - 95.87)
Rate at 12 months (95% CI) [2]	94.08 (86.10 - 100.00)	88.08 (80.29 - 95.87)
Rate at 18 months (95% CI) [2]	94.08 (86.10 - 100.00)	0.00 (. - .)
Hazard ratio [3]	0.181	
95% CI for Hazard ratio [3]	0.038 - 0.631	
2-sided p-value [4]	0.0068	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	38 (37.3)	18 (19.8)
Censored subjects, n (%)	64 (62.7)	73 (80.2)
Median (months) [2]	16.10	.
95% CI for median [2]	6.18 - NC	. - NC
Q1 (95% CI)	0.95 (0.26 - 2.56)	. (2.50 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	65.36 (56.06 - 74.66)	78.58 (69.28 - 87.88)
Rate at 6 months (95% CI) [2]	62.85 (52.69 - 73.01)	76.12 (65.95 - 86.30)
Rate at 12 months (95% CI) [2]	59.86 (48.61 - 71.10)	76.12 (65.95 - 86.30)
Rate at 18 months (95% CI) [2]	49.88 (29.72 - 70.04)	76.12 (65.95 - 86.30)
Hazard ratio [3]	2.078	
95% CI for Hazard ratio [3]	1.202 - 3.731	
2-sided p-value [4]	0.0093	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 2.26: Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Vomiting

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	21 (20.6)	9 (9.9)
Censored subjects, n (%)	81 (79.4)	82 (90.1)
Median (months) [2]	.	.
95% CI for median [2]	17.71 - NC	. - NC
Q1 (95% CI)	11.40 (5.19 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	84.29 (77.22 - 91.36)	91.13 (85.26 - 97.00)
Rate at 6 months (95% CI) [2]	81.57 (72.95 - 90.19)	87.49 (78.50 - 96.47)
Rate at 12 months (95% CI) [2]	73.92 (60.79 - 87.06)	87.49 (78.50 - 96.47)
Rate at 18 months (95% CI) [2]	56.47 (31.94 - 81.00)	87.49 (78.50 - 96.47)
Hazard ratio [3]	1.926	
95% CI for Hazard ratio [3]	0.904 - 4.452	
2-sided p-value [4]	0.0965	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.1: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.5918	
Yes	Number of Subjects	27	26
	Events, n (%)	1 (3.7)	2 (7.7)
	Censored subjects, n (%)	26 (96.3)	24 (92.3)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (3.71 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.470	
	95% CI for Hazard ratio [3]	0.022 - 4.932	
	2-sided p-value [4]	0.529	
No	Number of Subjects	75	65
	Events, n (%)	3 (4)	10 (15.4)
	Censored subjects, n (%)	72 (96)	55 (84.6)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (8.41 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.234	
	95% CI for Hazard ratio [3]	0.052 - 0.771	
	2-sided p-value [4]	0.0168	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.2: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.9903	
Yes	Number of Subjects	72	66
	Events, n (%)	4 (5.6)	9 (13.6)
	Censored subjects, n (%)	68 (94.4)	57 (86.4)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	8.41 - NC
	Q1 (95% CI)	. (. - NC)	8.41 (3.71 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.374	
	95% CI for Hazard ratio [3]	0.101 - 1.155	
	2-sided p-value [4]	0.0902	
No	Number of Subjects	30	25
	Events, n (%)	. (.)	3 (12)
	Censored subjects, n (%)	30 (100)	22 (88)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.000	
	95% CI for Hazard ratio [3]	. - 0.717	
	2-sided p-value [4]	0.0527	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.3: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Age (<65 years vs >= 65 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.5894	
<65 years	Number of Subjects	49	44
	Events, n (%)	2 (4.1)	8 (18.2)
	Censored subjects, n (%)	47 (95.9)	36 (81.8)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	8.41 - NC
	Q1 (95% CI)	. (. - NC)	8.41 (0.99 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.215	
	95% CI for Hazard ratio [3]	0.032 - 0.859	
	2-sided p-value [4]	0.0326	
>=65 years	Number of Subjects	53	47
	Events, n (%)	2 (3.8)	4 (8.5)
	Censored subjects, n (%)	51 (96.2)	43 (91.5)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.417	
	95% CI for Hazard ratio [3]	0.058 - 2.138	
	2-sided p-value [4]	0.2966	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.4: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Age (<75 years vs >= 75 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.9941	
<75 years	Number of Subjects	85	75
	Events, n (%)	3 (3.5)	9 (12)
	Censored subjects, n (%)	82 (96.5)	66 (88)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (8.41 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.277	
	95% CI for Hazard ratio [3]	0.061 - 0.931	
	2-sided p-value [4]	0.0397	
>=75 years	Number of Subjects	17	16
	Events, n (%)	1 (5.9)	3 (18.8)
	Censored subjects, n (%)	16 (94.1)	13 (81.3)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	3.71 - NC
	Q1 (95% CI)	. (. - NC)	3.71 (1.87 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.282	
	95% CI for Hazard ratio [3]	0.014 - 2.208	
	2-sided p-value [4]	0.2427	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.5: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Measurable disease at baseline (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.4726	
Yes	Number of Subjects	82	75
	Events, n (%)	3 (3.7)	11 (14.7)
	Censored subjects, n (%)	79 (96.3)	64 (85.3)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	8.41 (3.71 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.226	
	95% CI for Hazard ratio [3]	0.051 - 0.727	
	2-sided p-value [4]	0.0129	
No	Number of Subjects	20	16
	Events, n (%)	1 (5)	1 (6.3)
	Censored subjects, n (%)	19 (95)	15 (93.8)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.821	
	95% CI for Hazard ratio [3]	0.032 - 20.740	
	2-sided p-value [4]	0.8888	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.6: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.9192	
1	Number of Subjects	64	52
	Events, n (%)	3 (4.7)	8 (15.4)
	Censored subjects, n (%)	61 (95.3)	44 (84.6)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (8.41 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.281	
	95% CI for Hazard ratio [3]	0.061 - 0.975	
	2-sided p-value [4]	0.045	
2	Number of Subjects	38	39
	Events, n (%)	1 (2.6)	4 (10.3)
	Censored subjects, n (%)	37 (97.4)	35 (89.7)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (3.71 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.235	
	95% CI for Hazard ratio [3]	0.012 - 1.605	
	2-sided p-value [4]	0.1615	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.2.7: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased
Subgroup: Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.3744	
0	Number of Subjects	76	64
	Events, n (%)	2 (2.6)	8 (12.5)
	Censored subjects, n (%)	74 (97.4)	56 (87.5)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (8.41 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.182	
	95% CI for Hazard ratio [3]	0.027 - 0.731	
	2-sided p-value [4]	0.016	
1	Number of Subjects	26	27
	Events, n (%)	2 (7.7)	4 (14.8)
	Censored subjects, n (%)	24 (92.3)	23 (85.2)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (1.87 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.532	
	95% CI for Hazard ratio [3]	0.074 - 2.726	
	2-sided p-value [4]	0.4588	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.22.1: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal pain
Subgroup: Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.3506	
Yes	Number of Subjects	27	26
	Events, n (%)	1 (3.7)	2 (7.7)
	Censored subjects, n (%)	26 (96.3)	24 (92.3)
	Median (months) [2]	.	13.24
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	13.24 (. - NC)
	Q3 (95% CI)	. (. - NC)	13.24 (. - NC)
	Hazard ratio [3]	0.494	
	95% CI for Hazard ratio [3]	0.023 - 5.153	
	2-sided p-value [4]	0.5563	
No	Number of Subjects	75	65
	Events, n (%)	2 (2.7)	8 (12.3)
	Censored subjects, n (%)	73 (97.3)	57 (87.7)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (3.02 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.172	
	95% CI for Hazard ratio [3]	0.026 - 0.696	
	2-sided p-value [4]	0.0128	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.22.2: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal pain
Subgroup: Age (<75 years vs >= 75 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.9904	
<75 years	Number of Subjects	85	75
	Events, n (%)	1 (1.2)	10 (13.3)
	Censored subjects, n (%)	84 (98.8)	65 (86.7)
	Median (months) [2]	.	13.24
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	13.24 (. - NC)
	Q3 (95% CI)	. (. - NC)	13.24 (. - NC)
	Hazard ratio [3]	0.054	
	95% CI for Hazard ratio [3]	0.003 - 0.313	
	2-sided p-value [4]	0.0006	
>=75 years	Number of Subjects	17	16
	Events, n (%)	2 (11.8)	. (.)
	Censored subjects, n (%)	15 (88.2)	16 (100)
	Median (months) [2]	.	.
	95% CI for median [2]	7.33 - NC	. - NC
	Q1 (95% CI)	7.33 (7.33 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	5.88E7	
	95% CI for Hazard ratio [3]	0.328 - .	
	2-sided p-value [4]	0.2847	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.22.3: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal pain
Subgroup: Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.9930	
0	Number of Subjects	76	64
	Events, n (%)	3 (3.9)	7 (10.9)
	Censored subjects, n (%)	73 (96.1)	57 (89.1)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.305	
	95% CI for Hazard ratio [3]	0.065 - 1.110	
	2-sided p-value [4]	0.0717	
1	Number of Subjects	26	27
	Events, n (%)	. (.)	3 (11.1)
	Censored subjects, n (%)	26 (100)	24 (88.9)
	Median (months) [2]	.	13.24
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	13.24 (3.02 - NC)
	Q3 (95% CI)	. (. - NC)	13.24 (. - NC)
	Hazard ratio [3]	0.000	
	95% CI for Hazard ratio [3]	. - 0.908	
	2-sided p-value [4]	0.0852	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.1: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.8432	
Yes	Number of Subjects	27	26
	Events, n (%)	13 (48.1)	7 (26.9)
	Censored subjects, n (%)	14 (51.9)	19 (73.1)
	Median (months) [2]	6.18	.
	95% CI for median [2]	0.95 - NC	3.25 - NC
	Q1 (95% CI)	0.46 (0.26 - 1.28)	2.50 (2.00 - NC)
	Q3 (95% CI)	. (6.18 - NC)	. (. - NC)
	Hazard ratio [3]	2.405	
	95% CI for Hazard ratio [3]	0.979 - 6.431	
	2-sided p-value [4]	0.0553	
No	Number of Subjects	75	65
	Events, n (%)	25 (33.3)	11 (16.9)
	Censored subjects, n (%)	50 (66.7)	54 (83.1)
	Median (months) [2]	.	.
	95% CI for median [2]	16.10 - NC	. - NC
	Q1 (95% CI)	0.99 (0.26 - NC)	. (2.56 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.066	
	95% CI for Hazard ratio [3]	1.039 - 4.385	
	2-sided p-value [4]	0.0415	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.2: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.8583	
Yes	Number of Subjects	72	66
	Events, n (%)	27 (37.5)	13 (19.7)
	Censored subjects, n (%)	45 (62.5)	53 (80.3)
	Median (months) [2]	.	.
	95% CI for median [2]	6.18 - NC	. - NC
	Q1 (95% CI)	0.77 (0.23 - 1.91)	. (2.00 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.166	
	95% CI for Hazard ratio [3]	1.139 - 4.339	
	2-sided p-value [4]	0.0194	
No	Number of Subjects	30	25
	Events, n (%)	11 (36.7)	5 (20)
	Censored subjects, n (%)	19 (63.3)	20 (80)
	Median (months) [2]	16.10	.
	95% CI for median [2]	4.70 - NC	. - NC
	Q1 (95% CI)	1.05 (0.26 - NC)	. (2.00 - NC)
	Q3 (95% CI)	. (16.10 - NC)	. (. - NC)
	Hazard ratio [3]	1.813	
	95% CI for Hazard ratio [3]	0.643 - 5.830	
	2-sided p-value [4]	0.2714	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.3: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Age (<65 years vs >= 65 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.1793	
<65 years	Number of Subjects	49	44
	Events, n (%)	21 (42.9)	7 (15.9)
	Censored subjects, n (%)	28 (57.1)	37 (84.1)
	Median (months) [2]	6.18	.
	95% CI for median [2]	1.91 - NC	. - NC
	Q1 (95% CI)	0.82 (0.13 - 4.70)	. (2.73 - NC)
	Q3 (95% CI)	16.10 (. - NC)	. (. - NC)
	Hazard ratio [3]	3.188	
	95% CI for Hazard ratio [3]	1.421 - 8.099	
	2-sided p-value [4]	0.0051	
>=65 years	Number of Subjects	53	47
	Events, n (%)	17 (32.1)	11 (23.4)
	Censored subjects, n (%)	36 (67.9)	36 (76.6)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	1.02 (0.43 - NC)	3.25 (2.00 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.478	
	95% CI for Hazard ratio [3]	0.700 - 3.255	
	2-sided p-value [4]	0.3087	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.4: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Age (<75 years vs >= 75 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.8521	
<75 years	Number of Subjects	85	75
	Events, n (%)	31 (36.5)	15 (20)
	Censored subjects, n (%)	54 (63.5)	60 (80)
	Median (months) [2]	16.10	.
	95% CI for median [2]	6.18 - NC	. - NC
	Q1 (95% CI)	0.95 (0.26 - 6.18)	. (2.00 - NC)
	Q3 (95% CI)	. (16.10 - NC)	. (. - NC)
	Hazard ratio [3]	2.032	
	95% CI for Hazard ratio [3]	1.115 - 3.872	
	2-sided p-value [4]	0.022	
>=75 years	Number of Subjects	17	16
	Events, n (%)	7 (41.2)	3 (18.8)
	Censored subjects, n (%)	10 (58.8)	13 (81.3)
	Median (months) [2]	.	.
	95% CI for median [2]	0.46 - NC	. - NC
	Q1 (95% CI)	0.46 (0.10 - NC)	. (1.28 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.591	
	95% CI for Hazard ratio [3]	0.719 - 12.032	
	2-sided p-value [4]	0.1527	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.5: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
Region (Europe [EU], North America [NA], Asia, Other)	Interaction Effect p-value [1]	0.9996	
Europe	Number of Subjects	54	40
	Events, n (%)	19 (35.2)	6 (15)
	Censored subjects, n (%)	35 (64.8)	34 (85)
	Median (months) [2]	16.10	.
	95% CI for median [2]	16.10 - NC	. - NC
	Q1 (95% CI)	1.02 (0.26 - NC)	. (2.73 - NC)
	Q3 (95% CI)	. (16.10 - NC)	. (. - NC)
	Hazard ratio [3]	2.591	
	95% CI for Hazard ratio [3]	1.091 - 7.130	
	2-sided p-value [4]	0.0359	
North America	Number of Subjects	32	35
	Events, n (%)	17 (53.1)	10 (28.6)
	Censored subjects, n (%)	15 (46.9)	25 (71.4)
	Median (months) [2]	4.70	.
	95% CI for median [2]	0.82 - NC	2.56 - NC
	Q1 (95% CI)	0.48 (0.13 - 0.99)	2.00 (0.85 - NC)
	Q3 (95% CI)	. (4.70 - NC)	. (. - NC)
	Hazard ratio [3]	2.108	
	95% CI for Hazard ratio [3]	0.977 - 4.795	
	2-sided p-value [4]	0.0567	
Asia	Number of Subjects	8	14
	Events, n (%)	2 (25)	2 (14.3)
	Censored subjects, n (%)	6 (75)	12 (85.7)
	Median (months) [2]	.	.
	95% CI for median [2]	0.03 - NC	. - NC
	Q1 (95% CI)	. (0.03 - NC)	. (1.18 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.051	
	95% CI for Hazard ratio [3]	0.246 - 17.124	
	2-sided p-value [4]	0.4804	
Other	Number of Subjects	8	2
	Events, n (%)	0 (0)	0 (0)
	Censored subjects, n (%)	8 (100)	2 (100)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	.	
	95% CI for Hazard ratio [3]	. - .	

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 2.23.5: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Region (Europe [EU], North America [NA], Asia, Other)

	Elacestrant (N= 102)	SOC (N= 91)
2-sided p-value [4]	.	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.6: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Baseline ECOG Performance Status (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Baseline ECOG Performance Status	Interaction Effect p-value [1]	0.6755	
0	Number of Subjects	59	48
	Events, n (%)	23 (39)	9 (18.8)
	Censored subjects, n (%)	36 (61)	39 (81.3)
	Median (months) [2]	16.10	.
	95% CI for median [2]	16.10 - NC	. - NC
	Q1 (95% CI)	0.95 (0.26 - 1.91)	. (2.00 - NC)
	Q3 (95% CI)	. (16.10 - NC)	. (. - NC)
	Hazard ratio [3]	2.328	
	95% CI for Hazard ratio [3]	1.113 - 5.316	
	2-sided p-value [4]	0.0275	
1	Number of Subjects	43	43
	Events, n (%)	15 (34.9)	9 (20.9)
	Censored subjects, n (%)	28 (65.1)	34 (79.1)
	Median (months) [2]	.	.
	95% CI for median [2]	4.70 - NC	. - NC
	Q1 (95% CI)	0.46 (0.10 - NC)	3.25 (2.00 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.773	
	95% CI for Hazard ratio [3]	0.786 - 4.236	
	2-sided p-value [4]	0.174	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.7: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Measurable disease at baseline (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.6701	
Yes	Number of Subjects	82	75
	Events, n (%)	32 (39)	15 (20)
	Censored subjects, n (%)	50 (61)	60 (80)
	Median (months) [2]	.	.
	95% CI for median [2]	4.70 - NC	. - NC
	Q1 (95% CI)	0.82 (0.26 - 1.91)	. (2.00 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.211	
	95% CI for Hazard ratio [3]	1.218 - 4.202	
	2-sided p-value [4]	0.0095	
No	Number of Subjects	20	16
	Events, n (%)	6 (30)	3 (18.8)
	Censored subjects, n (%)	14 (70)	13 (81.3)
	Median (months) [2]	.	.
	95% CI for median [2]	16.10 - NC	. - NC
	Q1 (95% CI)	8.57 (0.30 - NC)	. (2.00 - NC)
	Q3 (95% CI)	. (16.10 - NC)	. (. - NC)
	Hazard ratio [3]	1.422	
	95% CI for Hazard ratio [3]	0.348 - 6.942	
	2-sided p-value [4]	0.6338	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.8: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.0854	
1	Number of Subjects	64	52
	Events, n (%)	25 (39.1)	7 (13.5)
	Censored subjects, n (%)	39 (60.9)	45 (86.5)
	Median (months) [2]	.	.
	95% CI for median [2]	4.70 - NC	. - NC
	Q1 (95% CI)	0.34 (0.13 - 2.56)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	3.423	
	95% CI for Hazard ratio [3]	1.561 - 8.584	
	2-sided p-value [4]	0.0022	
2	Number of Subjects	38	39
	Events, n (%)	13 (34.2)	11 (28.2)
	Censored subjects, n (%)	25 (65.8)	28 (71.8)
	Median (months) [2]	16.10	.
	95% CI for median [2]	6.18 - NC	3.25 - NC
	Q1 (95% CI)	1.28 (0.95 - NC)	2.56 (2.00 - NC)
	Q3 (95% CI)	. (16.10 - NC)	. (. - NC)
	Hazard ratio [3]	1.157	
	95% CI for Hazard ratio [3]	0.510 - 2.664	
	2-sided p-value [4]	0.7266	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 2.23.9: Subgroup Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea
Subgroup: Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.7222	
0	Number of Subjects	76	64
	Events, n (%)	27 (35.5)	12 (18.8)
	Censored subjects, n (%)	49 (64.5)	52 (81.3)
	Median (months) [2]	16.10	.
	95% CI for median [2]	6.18 - NC	. - NC
	Q1 (95% CI)	1.00 (0.76 - 6.18)	. (2.50 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.994	
	95% CI for Hazard ratio [3]	1.030 - 4.095	
	2-sided p-value [4]	0.0434	
1	Number of Subjects	26	27
	Events, n (%)	11 (42.3)	6 (22.2)
	Censored subjects, n (%)	15 (57.7)	21 (77.8)
	Median (months) [2]	.	.
	95% CI for median [2]	0.26 - NC	. - NC
	Q1 (95% CI)	0.13 (0.07 - NC)	. (0.85 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.429	
	95% CI for Hazard ratio [3]	0.922 - 7.061	
	2-sided p-value [4]	0.0716	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3: Any Serious TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Subjects with any Serious TEAEs	13 (12.7%)	9 (9.9%)	4 (6.3%)	5 (18.5%)	22 (11.4%)
CARDIAC DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Cardiac arrest	1 (1%)	0	0	0	1 (0.5%)
GASTROINTESTINAL DISORDERS	3 (2.9%)	3 (3.3%)	0	3 (11.1%)	6 (3.1%)
Abdominal pain	0	2 (2.2%)	0	2 (7.4%)	2 (1%)
Colitis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Diarrhoea	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Enteritis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Ileus	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Nausea	2 (2%)	0	0	0	2 (1%)
Small intestinal obstruction	1 (1%)	0	0	0	1 (0.5%)
Vomiting	2 (2%)	0	0	0	2 (1%)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	2 (2%)	0	0	0	2 (1%)
General physical health deterioration	1 (1%)	0	0	0	1 (0.5%)
Pyrexia	1 (1%)	0	0	0	1 (0.5%)
HEPATOBILIARY DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Cholecystitis acute	1 (1%)	0	0	0	1 (0.5%)
INFECTIONS AND INFESTATIONS	3 (2.9%)	6 (6.6%)	3 (4.7%)	3 (11.1%)	9 (4.7%)
COVID-19	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Device related sepsis	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Diverticulitis	1 (1%)	0	0	0	1 (0.5%)
Pneumonia	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Sepsis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Septic shock	1 (1%)	0	0	0	1 (0.5%)
Urinary tract infection	0	2 (2.2%)	0	2 (7.4%)	2 (1%)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	1 (1%)	0	0	0	1 (0.5%)
Femoral neck fracture	1 (1%)	0	0	0	1 (0.5%)
INVESTIGATIONS	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Blood bilirubin increased	1 (1%)	0	0	0	1 (0.5%)
Neutrophil count decreased	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
METABOLISM AND NUTRITION DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Dehydration	1 (1%)	0	0	0	1 (0.5%)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	2 (2%)	0	0	0	2 (1%)
Pain in extremity	1 (1%)	0	0	0	1 (0.5%)
Pathological fracture	1 (1%)	0	0	0	1 (0.5%)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Tumour pain	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
NERVOUS SYSTEM DISORDERS	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Meningeal disorder	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Nervous system disorder	1 (1%)	0	0	0	1 (0.5%)
RENAL AND URINARY DISORDERS	1 (1%)	0	0	0	1 (0.5%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 3: Any Serious TEAEs for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Acute kidney injury	1 (1%)	0	0	0	1 (0.5%)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Pulmonary embolism	1 (1%)	0	0	0	1 (0.5%)

SOC = Standard of Care, AI = Aromatase Inhibitor, ESR1-mut = ESR1 mutation.
Subjects with one or more AEs within an System Organ Class of MedDRA are counted only once.
System Organ Class and Preferred Terms are sorted alphabetically.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1: Any Serious TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	6.53	4.38
Median	3.75	2.86
Minimum	0.43	0.26
Maximum	31.38	23.75
Events, n (%)	13 (12.7)	9 (9.9)
Censored subjects, n (%)	89 (87.3)	82 (90.1)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	18.86 (9.49 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Min, Max	0.43+, 31.38+	0.26+, 23.75+
Rate at 3 months (95% CI) [2]	89.96 (84.04 - 95.87)	91.09 (84.63 - 97.54)
Rate at 6 months (95% CI) [2]	88.23 (81.53 - 94.93)	85.50 (75.83 - 95.18)
Rate at 12 months (95% CI) [2]	83.82 (73.25 - 94.38)	85.50 (75.83 - 95.18)
Rate at 18 months (95% CI) [2]	83.82 (73.25 - 94.38)	85.50 (75.83 - 95.18)
Hazard ratio [3]	1.070	
95% CI for Hazard ratio [3]	0.458 - 2.611	
2-sided p-value [4]	0.8763	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles PFS are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.2: Any Serious TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Sensitivity Analysis

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	6.53	4.39
Median	3.75	2.86
Minimum	0.43	0.26
Maximum	31.38	23.75
Events, n (%)	13 (12.7)	9 (9.9)
Censored subjects, n (%)	89 (87.3)	82 (90.1)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	18.86 (9.49 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Min, Max	0.43+, 31.38+	0.26+, 23.75+
Rate at 3 months (95% CI) [2]	89.96 (84.04 - 95.87)	90.63 (83.87 - 97.40)
Rate at 6 months (95% CI) [2]	88.23 (81.53 - 94.93)	85.08 (75.25 - 94.91)
Rate at 12 months (95% CI) [2]	83.82 (73.25 - 94.38)	85.08 (75.25 - 94.91)
Rate at 18 months (95% CI) [2]	83.82 (73.25 - 94.38)	85.08 (75.25 - 94.91)
Hazard ratio [3]	1.055	
95% CI for Hazard ratio [3]	0.451 - 2.574	
2-sided p-value [4]	0.9019	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For this sensitivity analysis all events of the SOC "Neoplasms benign and malignant and unspecified (including cysts and polyps)" are classified as disease-related events and will be excluded from the analysis.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1.1: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.6354	
Yes	Number of Subjects	27	26
	Events, n (%)	6 (22.2)	4 (15.4)
	Censored subjects, n (%)	21 (77.8)	22 (84.6)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	4.50 - NC
	Q1 (95% CI)	. (0.95 - NC)	4.50 (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.503	
	95% CI for Hazard ratio [3]	0.429 - 5.882	
	2-sided p-value [4]	0.5253	
No	Number of Subjects	75	65
	Events, n (%)	7 (9.3)	5 (7.7)
	Censored subjects, n (%)	68 (90.7)	60 (92.3)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (18.86 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.860	
	95% CI for Hazard ratio [3]	0.267 - 2.957	
	2-sided p-value [4]	0.8007	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1.2: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.6575	
Yes	Number of Subjects	72	66
	Events, n (%)	7 (9.7)	6 (9.1)
	Censored subjects, n (%)	65 (90.3)	60 (90.9)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (9.49 - NC)	. (4.50 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.912	
	95% CI for Hazard ratio [3]	0.301 - 2.849	
	2-sided p-value [4]	0.8695	
No	Number of Subjects	30	25
	Events, n (%)	6 (20)	3 (12)
	Censored subjects, n (%)	24 (80)	22 (88)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (2.56 - NC)	. (. - NC)
	Q3 (95% CI)	. (18.86 - NC)	. (. - NC)
	Hazard ratio [3]	1.234	
	95% CI for Hazard ratio [3]	0.302 - 6.027	
	2-sided p-value [4]	0.7736	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 3.1.3: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<65 vs >=65)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.4555	
<65 years	Number of Subjects	49	44
	Events, n (%)	5 (10.2)	5 (11.4)
	Censored subjects, n (%)	44 (89.8)	39 (88.6)
	Median (months) [2]	18.86	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (18.86 - NC)	. (3.68 - NC)
	Q3 (95% CI)	. (18.86 - NC)	. (. - NC)
	Hazard ratio [3]	0.803	
	95% CI for Hazard ratio [3]	0.222 - 2.904	
	2-sided p-value [4]	0.7301	
>=65 years	Number of Subjects	53	47
	Events, n (%)	8 (15.1)	4 (8.5)
	Censored subjects, n (%)	45 (84.9)	43 (91.5)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (3.75 - NC)	. (4.50 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.457	
	95% CI for Hazard ratio [3]	0.454 - 5.496	
	2-sided p-value [4]	0.5385	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1.4: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<75 vs >=75)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.6444	
<75 years	Number of Subjects	85	75
	Events, n (%)	11 (12.9)	7 (9.3)
	Censored subjects, n (%)	74 (87.1)	68 (90.7)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (9.49 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.196	
	95% CI for Hazard ratio [3]	0.469 - 3.265	
	2-sided p-value [4]	0.7121	
>=75 years	Number of Subjects	17	16
	Events, n (%)	2 (11.8)	2 (12.5)
	Censored subjects, n (%)	15 (88.2)	14 (87.5)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	4.50 - NC
	Q1 (95% CI)	. (2.56 - NC)	. (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.907	
	95% CI for Hazard ratio [3]	0.109 - 7.571	
	2-sided p-value [4]	0.9226	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1.5: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
Region (Europe [EU], North America [NA], Asia, Other)	Interaction Effect p-value [1]	0.8837	
Europe	Number of Subjects	54	40
	Events, n (%)	8 (14.8)	3 (7.5)
	Censored subjects, n (%)	46 (85.2)	37 (92.5)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (9.49 - NC)	. (. - NC)
	Q3 (95% CI)	. (18.86 - NC)	. (. - NC)
	Hazard ratio [3]	1.715	
	95% CI for Hazard ratio [3]	0.491 - 7.876	
	2-sided p-value [4]	0.4227	
North America	Number of Subjects	32	35
	Events, n (%)	4 (12.5)	4 (11.4)
	Censored subjects, n (%)	28 (87.5)	31 (88.6)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.857	
	95% CI for Hazard ratio [3]	0.201 - 3.661	
	2-sided p-value [4]	0.8283	
Asia	Number of Subjects	8	14
	Events, n (%)	0 (0)	2 (14.3)
	Censored subjects, n (%)	8 (100)	12 (85.7)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (. - NC)	. (1.35 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.000	
	95% CI for Hazard ratio [3]	. - 2.719	
	2-sided p-value [4]	0.276	
Other	Number of Subjects	8	2
	Events, n (%)	1 (12.5)	0 (0)
	Censored subjects, n (%)	7 (87.5)	2 (100)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (0.89 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 3.1.5: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Region (Europe [EU], North America [NA], Asia, Other)

	Elacestrant (N= 102)	SOC (N= 91)
Hazard ratio [3]	1.27E7	
95% CI for Hazard ratio [3]	0.043 - .	
2-sided p-value [4]	0.6171	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 3.1.6: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Baseline ECOG Performance Status (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Baseline ECOG Performance Status	Interaction Effect p-value [1]	0.3151	
0	Number of Subjects	59	48
	Events, n (%)	5 (8.5)	5 (10.4)
	Censored subjects, n (%)	54 (91.5)	43 (89.6)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (9.49 - NC)	. (3.68 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.636	
	95% CI for Hazard ratio [3]	0.174 - 2.320	
	2-sided p-value [4]	0.4772	
1	Number of Subjects	43	43
	Events, n (%)	8 (18.6)	4 (9.3)
	Censored subjects, n (%)	35 (81.4)	39 (90.7)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (2.79 - NC)	. (4.50 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.808	
	95% CI for Hazard ratio [3]	0.568 - 6.788	
	2-sided p-value [4]	0.3263	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1.7: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Measurable disease at baseline ECOG (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.1928	
Yes	Number of Subjects	82	75
	Events, n (%)	11 (13.4)	6 (8)
	Censored subjects, n (%)	71 (86.6)	69 (92)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (9.49 - NC)	. (4.50 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.451	
	95% CI for Hazard ratio [3]	0.550 - 4.223	
	2-sided p-value [4]	0.462	
No	Number of Subjects	20	16
	Events, n (%)	2 (10)	3 (18.8)
	Censored subjects, n (%)	18 (90)	13 (81.3)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	. (18.86 - NC)	. (1.35 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.219	
	95% CI for Hazard ratio [3]	0.011 - 1.713	
	2-sided p-value [4]	0.1488	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 3.1.8: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.2944	
1	Number of Subjects	64	52
	Events, n (%)	8 (12.5)	3 (5.8)
	Censored subjects, n (%)	56 (87.5)	49 (94.2)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (9.49 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.884	
	95% CI for Hazard ratio [3]	0.543 - 8.624	
	2-sided p-value [4]	0.3426	
2	Number of Subjects	38	39
	Events, n (%)	5 (13.2)	6 (15.4)
	Censored subjects, n (%)	33 (86.8)	33 (84.6)
	Median (months) [2]	.	.
	95% CI for median [2]	18.86 - NC	. - NC
	Q1 (95% CI)	18.86 (18.86 - NC)	. (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.686	
	95% CI for Hazard ratio [3]	0.192 - 2.332	
	2-sided p-value [4]	0.5418	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 3.1.9: Any Serious TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.8714	
0	Number of Subjects	76	64
	Events, n (%)	9 (11.8)	5 (7.8)
	Censored subjects, n (%)	67 (88.2)	59 (92.2)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	18.86 (9.49 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.185	
	95% CI for Hazard ratio [3]	0.401 - 3.908	
	2-sided p-value [4]	0.7639	
1	Number of Subjects	26	27
	Events, n (%)	4 (15.4)	4 (14.8)
	Censored subjects, n (%)	22 (84.6)	23 (85.2)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (2.56 - NC)	. (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.008	
	95% CI for Hazard ratio [3]	0.238 - 4.268	
	2-sided p-value [4]	0.9909	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 4: Any Severe TEAEs with CTCAE >=3 for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Subjects with any TEAEs	27 (26.5%)	20 (22%)	14 (21.9%)	6 (22.2%)	47 (24.4%)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	3 (2.9%)	6 (6.6%)	3 (4.7%)	3 (11.1%)	9 (4.7%)
Anaemia	1 (1%)	2 (2.2%)	1 (1.6%)	1 (3.7%)	3 (1.6%)
Leukopenia	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Lymphocyte count decreased	2 (2%)	0	0	0	2 (1%)
Neutropenia	0	3 (3.3%)	1 (1.6%)	2 (7.4%)	3 (1.6%)
Thrombocytopenia	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
CARDIAC DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Cardiac arrest	1 (1%)	0	0	0	1 (0.5%)
GASTROINTESTINAL DISORDERS	8 (7.8%)	5 (5.5%)	1 (1.6%)	4 (14.8%)	13 (6.7%)
Abdominal pain	1 (1%)	2 (2.2%)	0	2 (7.4%)	3 (1.6%)
Abdominal pain upper	1 (1%)	0	0	0	1 (0.5%)
Colitis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Diarrhoea	0	2 (2.2%)	1 (1.6%)	1 (3.7%)	2 (1%)
Enteritis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Ileus	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Nausea	5 (4.9%)	1 (1.1%)	0	1 (3.7%)	6 (3.1%)
Small intestinal obstruction	1 (1%)	0	0	0	1 (0.5%)
Vomiting	2 (2%)	0	0	0	2 (1%)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	5 (4.9%)	1 (1.1%)	0	1 (3.7%)	6 (3.1%)
Asthenia	3 (2.9%)	0	0	0	3 (1.6%)
Fatigue	2 (2%)	1 (1.1%)	0	1 (3.7%)	3 (1.6%)
Pain	1 (1%)	0	0	0	1 (0.5%)
INFECTIONS AND INFESTATIONS	3 (2.9%)	5 (5.5%)	3 (4.7%)	2 (7.4%)	8 (4.1%)
COVID-19	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Device related sepsis	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Diverticulitis	1 (1%)	0	0	0	1 (0.5%)
Pneumonia	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Sepsis	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Septic shock	1 (1%)	0	0	0	1 (0.5%)
Urinary tract infection	0	2 (2.2%)	1 (1.6%)	1 (3.7%)	2 (1%)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	1 (1%)	0	0	0	1 (0.5%)
Femoral neck fracture	1 (1%)	0	0	0	1 (0.5%)
INVESTIGATIONS	11 (10.8%)	9 (9.9%)	6 (9.4%)	3 (11.1%)	20 (10.4%)
Activated partial thromboplastin time prolonged	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Alanine aminotransferase increased	1 (1%)	0	0	0	1 (0.5%)
Anticoagulation drug level above therapeutic	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Aspartate aminotransferase increased	2 (2%)	2 (2.2%)	2 (3.1%)	0	4 (2.1%)
Blood Pressure Decreased	1 (1%)	0	0	0	1 (0.5%)
Blood Pressure Increased	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Blood alkaline phosphatase increased	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Blood bilirubin increased	2 (2%)	0	0	0	2 (1%)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 4: Any Severe TEAEs with CTCAE >=3 for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Blood calcium increased	1 (1%)	0	0	0	1 (0.5%)
Blood creatinine increased	1 (1%)	0	0	0	1 (0.5%)
Blood glucose increased	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Blood potassium increased	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Blood triglycerides increased	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Gamma-glutamyltransferase increased	2 (2%)	1 (1.1%)	0	1 (3.7%)	3 (1.6%)
International normalised ratio increased	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
METABOLISM AND NUTRITION DISORDERS	3 (2.9%)	1 (1.1%)	0	1 (3.7%)	4 (2.1%)
Decreased appetite	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Dehydration	1 (1%)	0	0	0	1 (0.5%)
Diabetes mellitus	1 (1%)	0	0	0	1 (0.5%)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	8 (7.8%)	1 (1.1%)	0	1 (3.7%)	9 (4.7%)
Arthralgia	2 (2%)	0	0	0	2 (1%)
Back pain	5 (4.9%)	0	0	0	5 (2.6%)
Bone pain	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Musculoskeletal chest pain	1 (1%)	0	0	0	1 (0.5%)
Neck pain	1 (1%)	0	0	0	1 (0.5%)
Pain in extremity	1 (1%)	0	0	0	1 (0.5%)
Pathological fracture	1 (1%)	0	0	0	1 (0.5%)
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Tumour pain	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
NERVOUS SYSTEM DISORDERS	4 (3.9%)	2 (2.2%)	2 (3.1%)	0	6 (3.1%)
Headache	2 (2%)	0	0	0	2 (1%)
Meningeal disorder	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Paraesthesia	1 (1%)	0	0	0	1 (0.5%)
Presyncope	1 (1%)	0	0	0	1 (0.5%)
Syncope	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
PSYCHIATRIC DISORDERS	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Insomnia	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
RENAL AND URINARY DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Acute kidney injury	1 (1%)	0	0	0	1 (0.5%)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Pleural effusion	0	1 (1.1%)	0	1 (3.7%)	1 (0.5%)
Pulmonary embolism	1 (1%)	0	0	0	1 (0.5%)

SOC = Standard of Care, AI = Aromatase Inhibitor, ESR1-mut = ESR1 mutation.
Subjects with one or more AEs within an System Organ Class of MedDRA are counted only once.
System Organ Class and Preferred Terms are sorted alphabetically.
[1] Preferred Terms are summarized using AE Synonym Terms.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1: Any Severe TEAEs with CTCAE grade >=3 Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	6.02	4.1
Median	3.27	2.86
Minimum	0.07	0.03
Maximum	31.38	23.75
Events, n (%)	27 (26.5)	20 (22)
Censored subjects, n (%)	75 (73.5)	71 (78)
Median (months) [2]	.	13.14
95% CI for median [2]	. - NC	13.14 - NC
Q1 (95% CI)	3.75 (2.23 - NC)	4.50 (2.56 - NC)
Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
Min, Max	0.07+, 31.38+	0.03+, 23.75+
Rate at 3 months (95% CI) [2]	79.19 (71.26 - 87.12)	81.30 (72.89 - 89.70)
Rate at 6 months (95% CI) [2]	68.26 (57.53 - 78.99)	73.57 (62.26 - 84.89)
Rate at 12 months (95% CI) [2]	68.26 (57.53 - 78.99)	73.57 (62.26 - 84.89)
Rate at 18 months (95% CI) [2]	68.26 (57.53 - 78.99)	49.05 (9.08 - 89.01)
Hazard ratio [3]	1.083	
95% CI for Hazard ratio [3]	0.608 - 1.960	
2-sided p-value [4]	0.7872	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.2: Any Severe TEAEs with CTCAE grade >=3 Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Sensitivity Analysis

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	6.02	4.1
Median	3.27	2.86
Minimum	0.07	0.03
Maximum	31.38	23.75
Events, n (%)	27 (26.5)	20 (22)
Censored subjects, n (%)	75 (73.5)	71 (78)
Median (months) [2]	.	13.14
95% CI for median [2]	. - NC	13.14 - NC
Q1 (95% CI)	3.75 (2.23 - NC)	4.50 (2.56 - NC)
Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
Min, Max	0.07+, 31.38+	0.03+, 23.75+
Rate at 3 months (95% CI) [2]	79.19 (71.26 - 87.12)	81.30 (72.89 - 89.70)
Rate at 6 months (95% CI) [2]	68.26 (57.53 - 78.99)	73.57 (62.26 - 84.89)
Rate at 12 months (95% CI) [2]	68.26 (57.53 - 78.99)	73.57 (62.26 - 84.89)
Rate at 18 months (95% CI) [2]	68.26 (57.53 - 78.99)	49.05 (9.08 - 89.01)
Hazard ratio [3]	1.083	
95% CI for Hazard ratio [3]	0.608 - 1.960	
2-sided p-value [4]	0.7872	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For this sensitivity analysis all events of the SOC "Neoplasms benign and malignant and unspecified (including cysts and polyps)" are classified as disease-related events and will be excluded from the analysis.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.1: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.1190	
Yes	Number of Subjects	27	26
	Events, n (%)	11 (40.7)	5 (19.2)
	Censored subjects, n (%)	16 (59.3)	21 (80.8)
	Median (months) [2]	5.62	.
	95% CI for median [2]	2.73 - NC	4.50 - NC
	Q1 (95% CI)	1.87 (0.89 - 5.62)	4.50 (2.76 - NC)
	Q3 (95% CI)	. (5.62 - NC)	. (. - NC)
	Hazard ratio [3]	2.138	
	95% CI for Hazard ratio [3]	0.772 - 6.819	
	2-sided p-value [4]	0.1513	
No	Number of Subjects	75	65
	Events, n (%)	16 (21.3)	15 (23.1)
	Censored subjects, n (%)	59 (78.7)	50 (76.9)
	Median (months) [2]	.	13.14
	95% CI for median [2]	. - NC	13.14 - NC
	Q1 (95% CI)	. (3.22 - NC)	3.75 (1.87 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	0.793	
	95% CI for Hazard ratio [3]	0.388 - 1.628	
	2-sided p-value [4]	0.5204	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.2: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.2777	
Yes	Number of Subjects	72	66
	Events, n (%)	16 (22.2)	15 (22.7)
	Censored subjects, n (%)	56 (77.8)	51 (77.3)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (1.91 - NC)	3.75 (2.56 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.880	
	95% CI for Hazard ratio [3]	0.432 - 1.803	
	2-sided p-value [4]	0.7245	
No	Number of Subjects	30	25
	Events, n (%)	11 (36.7)	5 (20)
	Censored subjects, n (%)	19 (63.3)	20 (80)
	Median (months) [2]	.	13.14
	95% CI for median [2]	3.75 - NC	. - NC
	Q1 (95% CI)	3.75 (0.89 - NC)	13.14 (1.35 - NC)
	Q3 (95% CI)	. (. - NC)	13.14 (. - NC)
	Hazard ratio [3]	1.673	
	95% CI for Hazard ratio [3]	0.605 - 5.329	
	2-sided p-value [4]	0.3384	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.3: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<65 vs >=65)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.9839	
<65 years	Number of Subjects	49	44
	Events, n (%)	15 (30.6)	11 (25)
	Censored subjects, n (%)	34 (69.4)	33 (75)
	Median (months) [2]	.	13.14
	95% CI for median [2]	5.62 - NC	13.14 - NC
	Q1 (95% CI)	3.75 (0.92 - NC)	3.68 (0.99 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	1.137	
	95% CI for Hazard ratio [3]	0.523 - 2.552	
	2-sided p-value [4]	0.7475	
>=65 years	Number of Subjects	53	47
	Events, n (%)	12 (22.6)	9 (19.1)
	Censored subjects, n (%)	41 (77.4)	38 (80.9)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	4.57 (2.79 - NC)	4.50 (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.104	
	95% CI for Hazard ratio [3]	0.466 - 2.709	
	2-sided p-value [4]	0.8237	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.4: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<75 vs >=75)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.7205	
<75 years	Number of Subjects	85	75
	Events, n (%)	23 (27.1)	16 (21.3)
	Censored subjects, n (%)	62 (72.9)	59 (78.7)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	13.14 - NC
	Q1 (95% CI)	3.75 (2.23 - NC)	13.14 (2.56 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	1.137	
	95% CI for Hazard ratio [3]	0.603 - 2.195	
	2-sided p-value [4]	0.6941	
>=75 years	Number of Subjects	17	16
	Events, n (%)	4 (23.5)	4 (25)
	Censored subjects, n (%)	13 (76.5)	12 (75)
	Median (months) [2]	.	.
	95% CI for median [2]	3.22 - NC	4.50 - NC
	Q1 (95% CI)	3.22 (0.30 - NC)	4.50 (1.87 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.898	
	95% CI for Hazard ratio [3]	0.212 - 3.804	
	2-sided p-value [4]	0.8792	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.5: Any Severe TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
Region (Europe [EU], North America [NA], Asia, Other)	Interaction Effect p-value [1]	0.4290	
Europe	Number of Subjects	54	40
	Events, n (%)	14 (25.9)	7 (17.5)
	Censored subjects, n (%)	40 (74.1)	33 (82.5)
	Median (months) [2]	.	13.14
	95% CI for median [2]	. - NC	13.14 - NC
	Q1 (95% CI)	3.22 (1.91 - NC)	13.14 (4.50 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	1.409	
	95% CI for Hazard ratio [3]	0.585 - 3.726	
	2-sided p-value [4]	0.457	
North America	Number of Subjects	32	35
	Events, n (%)	11 (34.4)	9 (25.7)
	Censored subjects, n (%)	21 (65.6)	26 (74.3)
	Median (months) [2]	.	.
	95% CI for median [2]	4.57 - NC	3.68 - NC
	Q1 (95% CI)	3.75 (0.92 - NC)	3.68 (1.77 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.008	
	95% CI for Hazard ratio [3]	0.412 - 2.532	
	2-sided p-value [4]	0.9836	
Asia	Number of Subjects	8	14
	Events, n (%)	1 (12.5)	3 (21.4)
	Censored subjects, n (%)	7 (87.5)	11 (78.6)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (0.30 - NC)	. (1.35 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.608	
	95% CI for Hazard ratio [3]	0.030 - 4.755	
	2-sided p-value [4]	0.6639	
Other	Number of Subjects	8	2
	Events, n (%)	1 (12.5)	1 (50)
	Censored subjects, n (%)	7 (87.5)	1 (50)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	0.49 - NC
	Q1 (95% CI)	. (0.89 - NC)	0.49 (0.49 - NC)
	Q3 (95% CI)	. (. - NC)	. (0.49 - NC)

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 4.1.5: Any Severe TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
	Hazard ratio [3]	0.177	
	95% CI for Hazard ratio [3]	0.007 - 4.591	
	2-sided p-value [4]	0.1757	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 4.1.6: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Baseline ECOG Performance Status (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Baseline ECOG Performance Status	Interaction Effect p-value [1]	0.0579	
0	Number of Subjects	59	48
	Events, n (%)	11 (18.6)	12 (25)
	Censored subjects, n (%)	48 (81.4)	36 (75)
	Median (months) [2]	.	13.14
	95% CI for median [2]	. - NC	13.14 - NC
	Q1 (95% CI)	. (3.88 - NC)	3.68 (1.77 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	0.611	
	95% CI for Hazard ratio [3]	0.264 - 1.403	
	2-sided p-value [4]	0.2363	
1	Number of Subjects	43	43
	Events, n (%)	16 (37.2)	8 (18.6)
	Censored subjects, n (%)	27 (62.8)	35 (81.4)
	Median (months) [2]	.	.
	95% CI for median [2]	3.75 - NC	. - NC
	Q1 (95% CI)	1.87 (0.72 - 4.57)	4.50 (2.56 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.018	
	95% CI for Hazard ratio [3]	0.887 - 4.982	
	2-sided p-value [4]	0.0973	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.7: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Measurable disease at baseline ECOG (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.7923	
Yes	Number of Subjects	82	75
	Events, n (%)	21 (25.6)	15 (20)
	Censored subjects, n (%)	61 (74.4)	60 (80)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	3.75 (2.23 - NC)	4.50 (2.76 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.128	
	95% CI for Hazard ratio [3]	0.583 - 2.234	
	2-sided p-value [4]	0.7217	
No	Number of Subjects	20	16
	Events, n (%)	6 (30)	5 (31.3)
	Censored subjects, n (%)	14 (70)	11 (68.8)
	Median (months) [2]	.	13.14
	95% CI for median [2]	4.57 - NC	. - NC
	Q1 (95% CI)	3.42 (0.92 - NC)	7.29 (1.18 - NC)
	Q3 (95% CI)	. (. - NC)	13.14 (. - NC)
	Hazard ratio [3]	0.877	
	95% CI for Hazard ratio [3]	0.260 - 3.078	
	2-sided p-value [4]	0.8309	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 4.1.8: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.4742	
1	Number of Subjects	64	52
	Events, n (%)	18 (28.1)	10 (19.2)
	Censored subjects, n (%)	46 (71.9)	42 (80.8)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	3.75 (2.23 - NC)	. (1.87 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.348	
	95% CI for Hazard ratio [3]	0.633 - 3.038	
	2-sided p-value [4]	0.4463	
2	Number of Subjects	38	39
	Events, n (%)	9 (23.7)	10 (25.6)
	Censored subjects, n (%)	29 (76.3)	29 (74.4)
	Median (months) [2]	.	13.14
	95% CI for median [2]	. - NC	4.50 - NC
	Q1 (95% CI)	. (0.92 - NC)	4.50 (1.77 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	0.851	
	95% CI for Hazard ratio [3]	0.337 - 2.118	
	2-sided p-value [4]	0.7229	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 4.1.9: Any Severe TEAEs with CTCAE grade >=3 Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.3712	
0	Number of Subjects	76	64
	Events, n (%)	17 (22.4)	13 (20.3)
	Censored subjects, n (%)	59 (77.6)	51 (79.7)
	Median (months) [2]	.	13.14
	95% CI for median [2]	. - NC	13.14 - NC
	Q1 (95% CI)	4.57 (2.79 - NC)	13.14 (1.87 - NC)
	Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
	Hazard ratio [3]	0.942	
	95% CI for Hazard ratio [3]	0.457 - 1.989	
	2-sided p-value [4]	0.8727	
1	Number of Subjects	26	27
	Events, n (%)	10 (38.5)	7 (25.9)
	Censored subjects, n (%)	16 (61.5)	20 (74.1)
	Median (months) [2]	5.62	.
	95% CI for median [2]	3.22 - NC	3.68 - NC
	Q1 (95% CI)	1.91 (0.49 - NC)	3.68 (2.56 - NC)
	Q3 (95% CI)	. (5.62 - NC)	. (. - NC)
	Hazard ratio [3]	1.581	
	95% CI for Hazard ratio [3]	0.606 - 4.362	
	2-sided p-value [4]	0.3517	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 5: Any TEAEs leading to discontinuation of study treatment for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	Total SOC (N= 91)	Fulvestrant (N= 64)	AIs (N= 27)	Overall (N= 193)
Subjects with any TEAEs	6 (5.9%)	4 (4.4%)	3 (4.7%)	1 (3.7%)	10 (5.2%)
GASTROINTESTINAL DISORDERS	2 (2%)	1 (1.1%)	0	1 (3.7%)	3 (1.6%)
Abdominal pain	1 (1%)	1 (1.1%)	0	1 (3.7%)	2 (1%)
Nausea	1 (1%)	0	0	0	1 (0.5%)
Vomiting	1 (1%)	0	0	0	1 (0.5%)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	1 (1%)	0	0	0	1 (0.5%)
Fatigue	1 (1%)	0	0	0	1 (0.5%)
HEPATOBILIARY DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Cholecystitis acute	1 (1%)	0	0	0	1 (0.5%)
INVESTIGATIONS	1 (1%)	2 (2.2%)	2 (3.1%)	0	3 (1.6%)
Alanine aminotransferase increased	0	2 (2.2%)	2 (3.1%)	0	2 (1%)
Aspartate aminotransferase increased	0	2 (2.2%)	2 (3.1%)	0	2 (1%)
Blood alkaline phosphatase increased	1 (1%)	1 (1.1%)	1 (1.6%)	0	2 (1%)
Gamma-glutamyltransferase increased	1 (1%)	0	0	0	1 (0.5%)
METABOLISM AND NUTRITION DISORDERS	2 (2%)	0	0	0	2 (1%)
Decreased appetite	2 (2%)	0	0	0	2 (1%)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	2 (2%)	2 (2.2%)	2 (3.1%)	0	4 (2.1%)
Arthralgia	1 (1%)	0	0	0	1 (0.5%)
Back pain	1 (1%)	0	0	0	1 (0.5%)
Bone lesion	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Flank pain	0	1 (1.1%)	1 (1.6%)	0	1 (0.5%)
Neck pain	1 (1%)	0	0	0	1 (0.5%)
Pathological fracture	1 (1%)	0	0	0	1 (0.5%)
NERVOUS SYSTEM DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Headache	1 (1%)	0	0	0	1 (0.5%)
Paraesthesia	1 (1%)	0	0	0	1 (0.5%)
PSYCHIATRIC DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Depression	1 (1%)	0	0	0	1 (0.5%)
Insomnia	1 (1%)	0	0	0	1 (0.5%)
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS	1 (1%)	0	0	0	1 (0.5%)
Pulmonary embolism	1 (1%)	0	0	0	1 (0.5%)

SOC = Standard of Care, AI = Aromatase Inhibitor, ESR1-mut = ESR1 mutation.
Subjects with one or more AEs within an System Organ Class of MedDRA are counted only once.
System Organ Class and Preferred Terms are sorted alphabetically.
[1] Preferred Terms are summarized using AE Synonym Terms.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 5.1: Any TEAEs leading to discontinuation of study treatment Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

	Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]		
N	102	91
Mean	6.69	4.44
Median	3.83	2.89
Minimum	0.07	0.03
Maximum	31.38	23.75
Events, n (%)	6 (5.9)	4 (4.4)
Censored subjects, n (%)	96 (94.1)	87 (95.6)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Min, Max	0.07+, 31.38+	0.03+, 23.75+
Rate at 3 months (95% CI) [2]	94.10 (89.52 - 98.68)	96.12 (91.70 - 100.00)
Rate at 6 months (95% CI) [2]	94.10 (89.52 - 98.68)	91.75 (82.38 - 100.00)
Rate at 12 months (95% CI) [2]	94.10 (89.52 - 98.68)	91.75 (82.38 - 100.00)
Rate at 18 months (95% CI) [2]	94.10 (89.52 - 98.68)	91.75 (82.38 - 100.00)
Hazard ratio [3]	1.263	
95% CI for Hazard ratio [3]	0.360 - 4.952	
2-sided p-value [4]	0.7169	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6: Observation period for TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

		Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]	N	102	91
	Mean	5.38	3.79
	Median	2.96	2.83
	Minimum	0.03	0.03
	Maximum	31.38	23.75

Not every observation period for all adverse events will be present, only the maximum observation period once is reported.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.1: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Blood and Lymphatic System Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	15 (14.7)	15 (16.5)
Censored subjects, n (%)	87 (85.3)	76 (83.5)
Median (months) [2]	.	.
95% CI for median [2]	18.40 - NC	. - NC
Q1 (95% CI)	18.40 (7.43 - NC)	. (2.79 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	89.05 (82.93 - 95.16)	82.49 (73.94 - 91.05)
Rate at 6 months (95% CI) [2]	89.05 (82.93 - 95.16)	79.74 (69.92 - 89.57)
Rate at 12 months (95% CI) [2]	77.28 (63.36 - 91.20)	79.74 (69.92 - 89.57)
Rate at 18 months (95% CI) [2]	77.28 (63.36 - 91.20)	79.74 (69.92 - 89.57)
Hazard ratio [3]	0.730	
95% CI for Hazard ratio [3]	0.350 - 1.523	
2-sided p-value [4]	0.3951	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	66 (64.7)	30 (33)
Censored subjects, n (%)	36 (35.3)	61 (67)
Median (months) [2]	1.84	.
95% CI for median [2]	0.95 - 5.19	4.57 - NC
Q1 (95% CI)	0.30 (0.13 - 0.53)	2.00 (0.95 - 4.14)
Q3 (95% CI)	12.94 (11.89 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	40.72 (31.10 - 50.34)	70.73 (60.85 - 80.60)
Rate at 6 months (95% CI) [2]	35.93 (25.40 - 46.47)	53.69 (37.56 - 69.83)
Rate at 12 months (95% CI) [2]	31.44 (19.08 - 43.80)	53.69 (37.56 - 69.83)
Rate at 18 months (95% CI) [2]	13.97 (0.00 - 28.73)	53.69 (37.56 - 69.83)
Hazard ratio [3]	2.389	
95% CI for Hazard ratio [3]	1.563 - 3.738	
2-sided p-value [4]	0.0001	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.3: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
General Disorders and Administration Site Conditions

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	40 (39.2)	39 (42.9)
Censored subjects, n (%)	62 (60.8)	52 (57.1)
Median (months) [2]	8.11	.
95% CI for median [2]	3.84 - NC	1.87 - NC
Q1 (95% CI)	2.07 (0.99 - 3.71)	0.62 (0.39 - 1.28)
Q3 (95% CI)	. (13.83 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	67.01 (57.54 - 76.48)	58.64 (48.36 - 68.92)
Rate at 6 months (95% CI) [2]	57.29 (45.83 - 68.75)	53.05 (41.19 - 64.91)
Rate at 12 months (95% CI) [2]	49.87 (36.02 - 63.72)	53.05 (41.19 - 64.91)
Rate at 18 months (95% CI) [2]	41.56 (22.73 - 60.38)	53.05 (41.19 - 64.91)
Hazard ratio [3]	0.757	
95% CI for Hazard ratio [3]	0.486 - 1.182	
2-sided p-value [4]	0.2191	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.4: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Infections and Infestations

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	22 (21.6)	12 (13.2)
Censored subjects, n (%)	80 (78.4)	79 (86.8)
Median (months) [2]	19.35	.
95% CI for median [2]	7.33 - NC	10.35 - NC
Q1 (95% CI)	6.64 (5.19 - 13.83)	10.35 (5.55 - NC)
Q3 (95% CI)	. (19.35 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	87.74 (81.21 - 94.27)	90.45 (84.07 - 96.82)
Rate at 6 months (95% CI) [2]	77.91 (66.98 - 88.85)	80.52 (68.25 - 92.79)
Rate at 12 months (95% CI) [2]	58.93 (40.14 - 77.72)	69.02 (45.64 - 92.39)
Rate at 18 months (95% CI) [2]	51.56 (30.29 - 72.84)	69.02 (45.64 - 92.39)
Hazard ratio [3]	1.355	
95% CI for Hazard ratio [3]	0.676 - 2.846	
2-sided p-value [4]	0.4004	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.6: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Investigations

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	31 (30.4)	31 (34.1)
Censored subjects, n (%)	71 (69.6)	60 (65.9)
Median (months) [2]	.	9.17
95% CI for median [2]	8.48 - NC	3.75 - NC
Q1 (95% CI)	3.71 (1.84 - 8.48)	2.56 (0.99 - 3.75)
Q3 (95% CI)	. (. - NC)	. (9.17 - NC)
Rate at 3 months (95% CI) [2]	77.05 (68.79 - 85.31)	74.01 (64.77 - 83.26)
Rate at 6 months (95% CI) [2]	65.89 (54.90 - 76.87)	57.83 (44.25 - 71.42)
Rate at 12 months (95% CI) [2]	57.88 (43.68 - 72.08)	41.64 (19.22 - 64.06)
Rate at 18 months (95% CI) [2]	57.88 (43.68 - 72.08)	41.64 (19.22 - 64.06)
Hazard ratio [3]	0.745	
95% CI for Hazard ratio [3]	0.449 - 1.235	
2-sided p-value [4]	0.2525	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	23 (22.5)	7 (7.7)
Censored subjects, n (%)	79 (77.5)	84 (92.3)
Median (months) [2]	23.59	.
95% CI for median [2]	20.83 - NC	. - NC
Q1 (95% CI)	9.23 (2.30 - 23.59)	. (. - NC)
Q3 (95% CI)	. (23.59 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	82.26 (74.82 - 89.70)	91.60 (85.52 - 97.67)
Rate at 6 months (95% CI) [2]	82.26 (74.82 - 89.70)	91.60 (85.52 - 97.67)
Rate at 12 months (95% CI) [2]	71.99 (59.14 - 84.84)	91.60 (85.52 - 97.67)
Rate at 18 months (95% CI) [2]	71.99 (59.14 - 84.84)	91.60 (85.52 - 97.67)
Hazard ratio [3]	2.714	
95% CI for Hazard ratio [3]	1.217 - 6.870	
2-sided p-value [4]	0.0167	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.8: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal and Connective Tissue Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	45 (44.1)	41 (45.1)
Censored subjects, n (%)	57 (55.9)	50 (54.9)
Median (months) [2]	6.41	3.42
95% CI for median [2]	4.63 - NC	2.46 - NC
Q1 (95% CI)	1.91 (0.95 - 2.60)	0.95 (0.69 - 1.87)
Q3 (95% CI)	. (19.35 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	62.36 (52.70 - 72.02)	56.39 (45.44 - 67.34)
Rate at 6 months (95% CI) [2]	52.46 (40.33 - 64.58)	43.04 (28.06 - 58.01)
Rate at 12 months (95% CI) [2]	40.87 (25.70 - 56.04)	43.04 (28.06 - 58.01)
Rate at 18 months (95% CI) [2]	40.87 (25.70 - 56.04)	. (. - .)
Hazard ratio [3]	0.775	
95% CI for Hazard ratio [3]	0.504 - 1.193	
2-sided p-value [4]	0.2419	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 6.9: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nervous System Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	28 (27.5)	21 (23.1)
Censored subjects, n (%)	74 (72.5)	70 (76.9)
Median (months) [2]	24.18	.
95% CI for median [2]	9.17 - NC	8.31 - NC
Q1 (95% CI)	5.13 (1.71 - NC)	5.26 (1.87 - NC)
Q3 (95% CI)	26.41 (24.18 - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	78.94 (70.91 - 86.97)	78.64 (69.67 - 87.62)
Rate at 6 months (95% CI) [2]	66.80 (53.91 - 79.68)	72.02 (59.83 - 84.22)
Rate at 12 months (95% CI) [2]	61.66 (46.32 - 76.99)	64.02 (45.68 - 82.35)
Rate at 18 months (95% CI) [2]	61.66 (46.32 - 76.99)	. (. - .)
Hazard ratio [3]	1.010	
95% CI for Hazard ratio [3]	0.568 - 1.815	
2-sided p-value [4]	0.9744	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.10: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Psychiatric Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	20 (19.6)	12 (13.2)
Censored subjects, n (%)	82 (80.4)	79 (86.8)
Median (months) [2]	.	.
95% CI for median [2]	9.46 - NC	. - NC
Q1 (95% CI)	7.03 (6.51 - NC)	. (5.59 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	88.17 (81.89 - 94.46)	89.44 (82.83 - 96.06)
Rate at 6 months (95% CI) [2]	84.26 (76.21 - 92.31)	82.14 (70.61 - 93.67)
Rate at 12 months (95% CI) [2]	64.95 (48.45 - 81.46)	75.82 (59.86 - 91.79)
Rate at 18 months (95% CI) [2]	64.95 (48.45 - 81.46)	75.82 (59.86 - 91.79)
Hazard ratio [3]	1.287	
95% CI for Hazard ratio [3]	0.634 - 2.723	
2-sided p-value [4]	0.4912	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.12: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Reproductive System and Breast Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	11 (10.8)	3 (3.3)
Censored subjects, n (%)	91 (89.2)	88 (96.7)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (16.62 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	91.87 (86.45 - 97.28)	96.12 (91.70 - 100.00)
Rate at 6 months (95% CI) [2]	87.28 (79.10 - 95.47)	96.12 (91.70 - 100.00)
Rate at 12 months (95% CI) [2]	87.28 (79.10 - 95.47)	96.12 (91.70 - 100.00)
Rate at 18 months (95% CI) [2]	77.59 (58.24 - 96.93)	96.12 (91.70 - 100.00)
Hazard ratio [3]	2.738	
95% CI for Hazard ratio [3]	0.845 - 12.182	
2-sided p-value [4]	0.1099	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.13: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Respiratory, Thoracic and Mediastinal Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	18 (17.6)	14 (15.4)
Censored subjects, n (%)	84 (82.4)	77 (84.6)
Median (months) [2]	.	18.63
95% CI for median [2]	17.81 - NC	18.63 - NC
Q1 (95% CI)	13.83 (4.73 - NC)	18.63 (4.63 - NC)
Q3 (95% CI)	. (. - NC)	. (18.63 - NC)
Rate at 3 months (95% CI) [2]	87.77 (81.25 - 94.29)	87.04 (79.78 - 94.29)
Rate at 6 months (95% CI) [2]	80.59 (70.72 - 90.46)	83.81 (74.47 - 93.15)
Rate at 12 months (95% CI) [2]	76.76 (64.83 - 88.68)	77.83 (63.58 - 92.08)
Rate at 18 months (95% CI) [2]	62.98 (42.85 - 83.10)	77.83 (63.58 - 92.08)
Hazard ratio [3]	0.933	
95% CI for Hazard ratio [3]	0.459 - 1.931	
2-sided p-value [4]	0.8471	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 6.14: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Skin and Subcutaneous Tissue Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	16 (15.7)	6 (6.6)
Censored subjects, n (%)	86 (84.3)	85 (93.4)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	12.02 - NC
Q1 (95% CI)	9.26 (4.70 - NC)	12.02 (12.02 - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	86.76 (79.69 - 93.83)	98.28 (94.93 - 100.00)
Rate at 6 months (95% CI) [2]	82.48 (73.53 - 91.43)	87.58 (77.14 - 98.03)
Rate at 12 months (95% CI) [2]	72.93 (58.11 - 87.75)	87.58 (77.14 - 98.03)
Rate at 18 months (95% CI) [2]	72.93 (58.11 - 87.75)	70.07 (38.24 - 100.00)
Hazard ratio [3]	1.990	
95% CI for Hazard ratio [3]	0.816 - 5.557	
2-sided p-value [4]	0.1441	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.15: Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Vascular Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	13 (12.7)	8 (8.8)
Censored subjects, n (%)	89 (87.3)	83 (91.2)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (6.41 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	89.84 (83.85 - 95.83)	90.50 (84.08 - 96.91)
Rate at 6 months (95% CI) [2]	84.97 (76.13 - 93.80)	90.50 (84.08 - 96.91)
Rate at 12 months (95% CI) [2]	81.82 (71.38 - 92.26)	90.50 (84.08 - 96.91)
Rate at 18 months (95% CI) [2]	81.82 (71.38 - 92.26)	90.50 (84.08 - 96.91)
Hazard ratio [3]	1.305	
95% CI for Hazard ratio [3]	0.548 - 3.305	
2-sided p-value [4]	0.5508	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any TEAEs by SOC and PT analysis to be performed if events in at least 10% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.1: Subgroup Time to event analysis by SOC & for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.9724	
Yes	Number of Subjects	27	26
	Events, n (%)	22 (81.5)	13 (50)
	Censored subjects, n (%)	5 (18.5)	13 (50)
	Median (months) [2]	0.53	3.25
	95% CI for median [2]	0.30 - 0.95	2.40 - 4.57
	Q1 (95% CI)	0.26 (0.07 - 0.36)	1.28 (0.66 - 3.25)
	Q3 (95% CI)	5.98 (0.89 - NC)	4.57 (3.25 - NC)
	Hazard ratio [3]	2.421	
	95% CI for Hazard ratio [3]	1.205 - 5.036	
	2-sided p-value [4]	0.0131	
No	Number of Subjects	75	65
	Events, n (%)	44 (58.7)	17 (26.2)
	Censored subjects, n (%)	31 (41.3)	48 (73.8)
	Median (months) [2]	2.33	.
	95% CI for median [2]	1.02 - 12.32	5.88 - NC
	Q1 (95% CI)	0.46 (0.13 - 0.95)	3.71 (0.95 - NC)
	Q3 (95% CI)	16.10 (11.89 - NC)	. (. - NC)
	Hazard ratio [3]	2.549	
	95% CI for Hazard ratio [3]	1.481 - 4.592	
	2-sided p-value [4]	0.0007	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.2: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.1377	
Yes	Number of Subjects	72	66
	Events, n (%)	49 (68.1)	20 (30.3)
	Censored subjects, n (%)	23 (31.9)	46 (69.7)
	Median (months) [2]	0.97	.
	95% CI for median [2]	0.53 - 5.19	4.14 - NC
	Q1 (95% CI)	0.25 (0.10 - 0.46)	2.50 (0.85 - 4.57)
	Q3 (95% CI)	11.89 (5.19 - 12.94)	. (. - NC)
	Hazard ratio [3]	2.887	
	95% CI for Hazard ratio [3]	1.739 - 4.982	
	2-sided p-value [4]	0	
No	Number of Subjects	30	25
	Events, n (%)	17 (56.7)	10 (40)
	Censored subjects, n (%)	13 (43.3)	15 (60)
	Median (months) [2]	2.56	5.88
	95% CI for median [2]	0.95 - NC	1.41 - NC
	Q1 (95% CI)	0.89 (0.23 - 1.91)	1.18 (0.56 - NC)
	Q3 (95% CI)	16.10 (16.10 - NC)	. (5.88 - NC)
	Hazard ratio [3]	1.500	
	95% CI for Hazard ratio [3]	0.689 - 3.426	
	2-sided p-value [4]	0.314	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.3: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Age (<65 years vs >= 65 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.3693	
<65 years	Number of Subjects	49	44
	Events, n (%)	31 (63.3)	12 (27.3)
	Censored subjects, n (%)	18 (36.7)	32 (72.7)
	Median (months) [2]	1.91	.
	95% CI for median [2]	0.76 - 5.98	5.88 - NC
	Q1 (95% CI)	0.30 (0.13 - 0.95)	3.71 (1.15 - NC)
	Q3 (95% CI)	16.10 (5.19 - NC)	. (. - NC)
	Hazard ratio [3]	2.927	
	95% CI for Hazard ratio [3]	1.535 - 5.951	
	2-sided p-value [4]	0.001	
>=65 years	Number of Subjects	53	47
	Events, n (%)	35 (66)	18 (38.3)
	Censored subjects, n (%)	18 (34)	29 (61.7)
	Median (months) [2]	1.05	.
	95% CI for median [2]	0.53 - 11.89	3.25 - NC
	Q1 (95% CI)	0.36 (0.10 - 0.76)	1.28 (0.56 - 4.14)
	Q3 (95% CI)	12.94 (11.89 - NC)	. (. - NC)
	Hazard ratio [3]	2.010	
	95% CI for Hazard ratio [3]	1.147 - 3.644	
	2-sided p-value [4]	0.0153	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.4: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Age (<75 years vs >= 75 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.6523	
<75 years	Number of Subjects	85	75
	Events, n (%)	51 (60)	24 (32)
	Censored subjects, n (%)	34 (40)	51 (68)
	Median (months) [2]	1.87	.
	95% CI for median [2]	0.95 - 11.89	4.57 - NC
	Q1 (95% CI)	0.30 (0.13 - 0.76)	1.87 (0.79 - 5.88)
	Q3 (95% CI)	16.10 (11.89 - NC)	. (. - NC)
	Hazard ratio [3]	2.266	
	95% CI for Hazard ratio [3]	1.409 - 3.749	
	2-sided p-value [4]	0.0008	
>=75 years	Number of Subjects	17	16
	Events, n (%)	15 (88.2)	6 (37.5)
	Censored subjects, n (%)	2 (11.8)	10 (62.5)
	Median (months) [2]	1.84	.
	95% CI for median [2]	0.36 - 2.66	2.40 - NC
	Q1 (95% CI)	0.36 (0.10 - 1.84)	2.40 (0.95 - NC)
	Q3 (95% CI)	2.66 (1.84 - 12.94)	. (4.14 - NC)
	Hazard ratio [3]	3.051	
	95% CI for Hazard ratio [3]	1.201 - 8.710	
	2-sided p-value [4]	0.0183	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.5: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
Region (Europe [EU], North America [NA], Asia, Other)	Interaction Effect p-value [1]	0.7623	
Europe	Number of Subjects	54	40
	Events, n (%)	31 (57.4)	12 (30)
	Censored subjects, n (%)	23 (42.6)	28 (70)
	Median (months) [2]	2.66	.
	95% CI for median [2]	1.05 - 12.94	4.14 - NC
	Q1 (95% CI)	0.53 (0.26 - 1.05)	3.71 (1.87 - 5.88)
	Q3 (95% CI)	16.10 (11.89 - NC)	. (. - NC)
	Hazard ratio [3]	2.237	
	95% CI for Hazard ratio [3]	1.175 - 4.543	
	2-sided p-value [4]	0.0157	
North America	Number of Subjects	32	35
	Events, n (%)	28 (87.5)	14 (40)
	Censored subjects, n (%)	4 (12.5)	21 (60)
	Median (months) [2]	0.48	.
	95% CI for median [2]	0.26 - 0.95	1.28 - NC
	Q1 (95% CI)	0.13 (0.10 - 0.36)	0.72 (0.36 - 2.50)
	Q3 (95% CI)	1.87 (0.89 - NC)	. (. - NC)
	Hazard ratio [3]	3.141	
	95% CI for Hazard ratio [3]	1.660 - 6.206	
	2-sided p-value [4]	0.0003	
Asia	Number of Subjects	8	14
	Events, n (%)	6 (75)	4 (28.6)
	Censored subjects, n (%)	2 (25)	10 (71.4)
	Median (months) [2]	0.69	.
	95% CI for median [2]	0.03 - NC	1.41 - NC
	Q1 (95% CI)	0.07 (0.03 - 0.76)	1.41 (0.79 - NC)
	Q3 (95% CI)	. (0.62 - NC)	. (. - NC)
	Hazard ratio [3]	4.220	
	95% CI for Hazard ratio [3]	1.191 - 16.676	
	2-sided p-value [4]	0.0173	
Other	Number of Subjects	8	2
	Events, n (%)	1 (12.5)	0 (0)
	Censored subjects, n (%)	7 (87.5)	2 (100)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (0.10 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.27E7	
	95% CI for Hazard ratio [3]	0.043 - .	

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 6.2.5: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Region (Europe [EU], North America [NA], Asia, Other)

	Elacestrant (N= 102)	SOC (N= 91)
2-sided p-value [4]	0.6171	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.6: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Safety Population)
Gastrointestinal Disorders
Baseline ECOG Performance Status (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Baseline ECOG Performance Status	Interaction Effect p-value [1]	0.3898	
0	Number of Subjects	59	48
	Events, n (%)	35 (59.3)	16 (33.3)
	Censored subjects, n (%)	24 (40.7)	32 (66.7)
	Median (months) [2]	1.91	.
	95% CI for median [2]	0.95 - 12.32	4.57 - NC
	Q1 (95% CI)	0.46 (0.23 - 0.95)	2.40 (0.72 - 5.88)
	Q3 (95% CI)	12.32 (11.89 - NC)	. (. - NC)
	Hazard ratio [3]	1.951	
	95% CI for Hazard ratio [3]	1.089 - 3.644	
	2-sided p-value [4]	0.0269	
1	Number of Subjects	43	43
	Events, n (%)	31 (72.1)	14 (32.6)
	Censored subjects, n (%)	12 (27.9)	29 (67.4)
	Median (months) [2]	0.76	.
	95% CI for median [2]	0.36 - 2.56	3.25 - NC
	Q1 (95% CI)	0.10 (0.07 - 0.46)	1.87 (0.85 - NC)
	Q3 (95% CI)	12.94 (1.91 - NC)	. (. - NC)
	Hazard ratio [3]	3.008	
	95% CI for Hazard ratio [3]	1.626 - 5.851	
	2-sided p-value [4]	0.0004	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 6.2.7: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Measurable disease at baseline (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.6517	
Yes	Number of Subjects	82	75
	Events, n (%)	51 (62.2)	23 (30.7)
	Censored subjects, n (%)	31 (37.8)	52 (69.3)
	Median (months) [2]	1.87	.
	95% CI for median [2]	0.95 - 5.98	4.57 - NC
	Q1 (95% CI)	0.30 (0.13 - 0.62)	2.40 (0.85 - 5.88)
	Q3 (95% CI)	12.94 (5.98 - NC)	. (. - NC)
	Hazard ratio [3]	2.471	
	95% CI for Hazard ratio [3]	1.528 - 4.123	
	2-sided p-value [4]	0.0002	
No	Number of Subjects	20	16
	Events, n (%)	15 (75)	7 (43.8)
	Censored subjects, n (%)	5 (25)	9 (56.3)
	Median (months) [2]	0.92	.
	95% CI for median [2]	0.36 - 12.32	1.18 - NC
	Q1 (95% CI)	0.33 (0.07 - 0.89)	1.15 (0.49 - NC)
	Q3 (95% CI)	12.32 (0.95 - NC)	. (. - NC)
	Hazard ratio [3]	2.117	
	95% CI for Hazard ratio [3]	0.864 - 5.652	
	2-sided p-value [4]	0.1047	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.8: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.0193	
1	Number of Subjects	64	52
	Events, n (%)	41 (64.1)	11 (21.2)
	Censored subjects, n (%)	23 (35.9)	41 (78.8)
	Median (months) [2]	1.86	.
	95% CI for median [2]	0.62 - 5.19	. - NC
	Q1 (95% CI)	0.23 (0.10 - 0.53)	5.88 (0.72 - NC)
	Q3 (95% CI)	. (5.19 - NC)	. (. - NC)
	Hazard ratio [3]	3.996	
	95% CI for Hazard ratio [3]	2.127 - 8.180	
	2-sided p-value [4]	0	
2	Number of Subjects	38	39
	Events, n (%)	25 (65.8)	19 (48.7)
	Censored subjects, n (%)	13 (34.2)	20 (51.3)
	Median (months) [2]	1.03	3.71
	95% CI for median [2]	0.89 - 12.32	2.40 - 4.57
	Q1 (95% CI)	0.36 (0.30 - 0.95)	1.18 (0.79 - 3.25)
	Q3 (95% CI)	12.94 (5.98 - NC)	4.57 (3.71 - NC)
	Hazard ratio [3]	1.314	
	95% CI for Hazard ratio [3]	0.701 - 2.477	
	2-sided p-value [4]	0.4026	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.2.9: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Subgroup: Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.8406	
0	Number of Subjects	76	64
	Events, n (%)	47 (61.8)	19 (29.7)
	Censored subjects, n (%)	29 (38.2)	45 (70.3)
	Median (months) [2]	1.87	.
	95% CI for median [2]	0.95 - 12.32	4.57 - NC
	Q1 (95% CI)	0.53 (0.30 - 0.95)	2.50 (1.28 - NC)
	Q3 (95% CI)	12.94 (11.89 - NC)	. (. - NC)
	Hazard ratio [3]	2.447	
	95% CI for Hazard ratio [3]	1.457 - 4.279	
	2-sided p-value [4]	0.0007	
1	Number of Subjects	26	27
	Events, n (%)	19 (73.1)	11 (40.7)
	Censored subjects, n (%)	7 (26.9)	16 (59.3)
	Median (months) [2]	0.28	.
	95% CI for median [2]	0.13 - 2.56	1.18 - NC
	Q1 (95% CI)	0.10 (0.07 - 0.26)	0.85 (0.36 - NC)
	Q3 (95% CI)	5.19 (0.39 - NC)	. (. - NC)
	Hazard ratio [3]	2.678	
	95% CI for Hazard ratio [3]	1.287 - 5.853	
	2-sided p-value [4]	0.0077	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.1: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Prior treatment with fulvestrant (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Prior Treatment with Fulvestrant	Interaction Effect p-value [1]	0.4351	
Yes	Number of Subjects	27	26
	Events, n (%)	11 (40.7)	3 (11.5)
	Censored subjects, n (%)	16 (59.3)	23 (88.5)
	Median (months) [2]	20.83	.
	95% CI for median [2]	1.87 - NC	. - NC
	Q1 (95% CI)	1.51 (0.46 - NC)	. (2.40 - NC)
	Q3 (95% CI)	20.83 (. - NC)	. (. - NC)
	Hazard ratio [3]	3.766	
	95% CI for Hazard ratio [3]	1.169 - 16.704	
	2-sided p-value [4]	0.0295	
No	Number of Subjects	75	65
	Events, n (%)	12 (16)	4 (6.2)
	Censored subjects, n (%)	63 (84)	61 (93.8)
	Median (months) [2]	23.59	.
	95% CI for median [2]	23.59 - NC	. - NC
	Q1 (95% CI)	23.59 (8.18 - NC)	. (. - NC)
	Q3 (95% CI)	. (23.59 - NC)	. (. - NC)
	Hazard ratio [3]	2.223	
	95% CI for Hazard ratio [3]	0.756 - 8.044	
	2-sided p-value [4]	0.1611	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.2: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Presence of visceral metastasis (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Presence of visceral metastasis	Interaction Effect p-value [1]	0.1302	
Yes	Number of Subjects	72	66
	Events, n (%)	19 (26.4)	4 (6.1)
	Censored subjects, n (%)	53 (73.6)	62 (93.9)
	Median (months) [2]	23.59	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	6.05 (1.45 - 23.59)	. (. - NC)
	Q3 (95% CI)	. (23.59 - NC)	. (. - NC)
	Hazard ratio [3]	4.127	
	95% CI for Hazard ratio [3]	1.539 - 14.301	
	2-sided p-value [4]	0.0055	
No	Number of Subjects	30	25
	Events, n (%)	4 (13.3)	3 (12)
	Censored subjects, n (%)	26 (86.7)	22 (88)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (9.23 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.986	
	95% CI for Hazard ratio [3]	0.216 - 5.024	
	2-sided p-value [4]	0.9851	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.3: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Age (<65 years vs >= 65 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<65 years vs >=65 years)	Interaction Effect p-value [1]	0.8934	
<65 years	Number of Subjects	49	44
	Events, n (%)	9 (18.4)	3 (6.8)
	Censored subjects, n (%)	40 (81.6)	41 (93.2)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	. (2.30 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	2.638	
	95% CI for Hazard ratio [3]	0.785 - 11.904	
	2-sided p-value [4]	0.1315	
>=65 years	Number of Subjects	53	47
	Events, n (%)	14 (26.4)	4 (8.5)
	Censored subjects, n (%)	39 (73.6)	43 (91.5)
	Median (months) [2]	23.59	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	9.23 (1.87 - 23.59)	. (. - NC)
	Q3 (95% CI)	. (23.59 - NC)	. (. - NC)
	Hazard ratio [3]	2.489	
	95% CI for Hazard ratio [3]	0.859 - 8.953	
	2-sided p-value [4]	0.1044	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.4: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Age (<75 years vs >= 75 years)

		Elacestrant (N= 102)	SOC (N= 91)
Age (<75 years vs >=75 years)	Interaction Effect p-value [1]	0.5998	
<75 years	Number of Subjects	85	75
	Events, n (%)	17 (20)	6 (8)
	Censored subjects, n (%)	68 (80)	69 (92)
	Median (months) [2]	23.59	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	9.23 (6.05 - NC)	. (. - NC)
	Q3 (95% CI)	23.59 (. - NC)	. (. - NC)
	Hazard ratio [3]	2.472	
	95% CI for Hazard ratio [3]	1.025 - 6.861	
	2-sided p-value [4]	0.049	
>=75 years	Number of Subjects	17	16
	Events, n (%)	6 (35.3)	1 (6.3)
	Censored subjects, n (%)	11 (64.7)	15 (93.8)
	Median (months) [2]	20.83	.
	95% CI for median [2]	8.18 - NC	. - NC
	Q1 (95% CI)	8.18 (0.43 - NC)	. (2.40 - NC)
	Q3 (95% CI)	. (20.83 - NC)	. (. - NC)
	Hazard ratio [3]	4.114	
	95% CI for Hazard ratio [3]	0.638 - 79.705	
	2-sided p-value [4]	0.1673	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.5: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Region (Europe [EU], North America [NA], Asia, Other)

		Elacestrant (N= 102)	SOC (N= 91)
Region (Europe [EU], North America [NA], Asia, Other)	Interaction Effect p-value [1]	0.3373	
Europe	Number of Subjects	54	40
	Events, n (%)	12 (22.2)	1 (2.5)
	Censored subjects, n (%)	42 (77.8)	39 (97.5)
	Median (months) [2]	20.83	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	9.23 (2.30 - NC)	. (. - NC)
	Q3 (95% CI)	. (20.83 - NC)	. (. - NC)
	Hazard ratio [3]	8.148	
	95% CI for Hazard ratio [3]	1.583 - 148.93	
	2-sided p-value [4]	0.0166	
North America	Number of Subjects	32	35
	Events, n (%)	8 (25)	2 (5.7)
	Censored subjects, n (%)	24 (75)	33 (94.3)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	6.05 (0.39 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	4.142	
	95% CI for Hazard ratio [3]	1.019 - 27.667	
	2-sided p-value [4]	0.0537	
Asia	Number of Subjects	8	14
	Events, n (%)	2 (25)	4 (28.6)
	Censored subjects, n (%)	6 (75)	10 (71.4)
	Median (months) [2]	.	.
	95% CI for median [2]	1.45 - NC	1.38 - NC
	Q1 (95% CI)	. (0.30 - NC)	1.38 (0.99 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	0.825	
	95% CI for Hazard ratio [3]	0.114 - 4.232	
	2-sided p-value [4]	0.8241	
Other	Number of Subjects	8	2
	Events, n (%)	1 (12.5)	0 (0)
	Censored subjects, n (%)	7 (87.5)	2 (100)
	Median (months) [2]	23.59	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	23.59 (. - NC)	. (. - NC)
	Q3 (95% CI)	23.59 (. - NC)	. (. - NC)
	Hazard ratio [3]	.	
	95% CI for Hazard ratio [3]	. - .	

File created on Thursday, 10AUG2023

Study: RAD1901-308
Section: Safety Tables

Table 6.7.5: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Region (Europe [EU], North America [NA], Asia, Other)

	Elacestrant (N= 102)	SOC (N= 91)
2-sided p-value [4]	.	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.6: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Safety Population)
Metabolism and Nutrition Disorders
Baseline ECOG Performance Status (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Baseline ECOG Performance Status	Interaction Effect p-value [1]	0.5293	
0	Number of Subjects	59	48
	Events, n (%)	8 (13.6)	3 (6.3)
	Censored subjects, n (%)	51 (86.4)	45 (93.8)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	9.23 (8.18 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.891	
	95% CI for Hazard ratio [3]	0.545 - 8.655	
	2-sided p-value [4]	0.3396	
1	Number of Subjects	43	43
	Events, n (%)	15 (34.9)	4 (9.3)
	Censored subjects, n (%)	28 (65.1)	39 (90.7)
	Median (months) [2]	20.83	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	1.45 (0.39 - NC)	. (. - NC)
	Q3 (95% CI)	23.59 (20.83 - NC)	. (. - NC)
	Hazard ratio [3]	3.660	
	95% CI for Hazard ratio [3]	1.295 - 13.000	
	2-sided p-value [4]	0.0151	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.7: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Measurable disease at baseline (yes vs no)

		Elacestrant (N= 102)	SOC (N= 91)
Measurable disease at baseline	Interaction Effect p-value [1]	0.2025	
Yes	Number of Subjects	82	75
	Events, n (%)	17 (20.7)	4 (5.3)
	Censored subjects, n (%)	65 (79.3)	71 (94.7)
	Median (months) [2]	23.59	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	8.18 (6.05 - NC)	. (. - NC)
	Q3 (95% CI)	23.59 (20.83 - NC)	. (. - NC)
	Hazard ratio [3]	3.732	
	95% CI for Hazard ratio [3]	1.372 - 13.016	
	2-sided p-value [4]	0.0115	
No	Number of Subjects	20	16
	Events, n (%)	6 (30)	3 (18.8)
	Censored subjects, n (%)	14 (70)	13 (81.3)
	Median (months) [2]	.	.
	95% CI for median [2]	9.23 - NC	. - NC
	Q1 (95% CI)	5.77 (0.95 - NC)	. (0.49 - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	1.393	
	95% CI for Hazard ratio [3]	0.363 - 6.653	
	2-sided p-value [4]	0.6402	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.8: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Number of prior lines of endocrine therapy in the advanced/metastatic setting (1 vs 2)

		Elacestrant (N= 102)	SOC (N= 91)
Number of prior lines of endocrine therapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.2881	
1	Number of Subjects	64	52
	Events, n (%)	13 (20.3)	2 (3.8)
	Censored subjects, n (%)	51 (79.7)	50 (96.2)
	Median (months) [2]	.	.
	95% CI for median [2]	. - NC	. - NC
	Q1 (95% CI)	9.23 (6.05 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	5.030	
	95% CI for Hazard ratio [3]	1.386 - 32.206	
	2-sided p-value [4]	0.0183	
2	Number of Subjects	38	39
	Events, n (%)	10 (26.3)	5 (12.8)
	Censored subjects, n (%)	28 (73.7)	34 (87.2)
	Median (months) [2]	23.59	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	20.83 (0.59 - 23.59)	. (2.40 - NC)
	Q3 (95% CI)	. (20.83 - NC)	. (. - NC)
	Hazard ratio [3]	1.909	
	95% CI for Hazard ratio [3]	0.670 - 6.175	
	2-sided p-value [4]	0.2344	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 6.7.9: Subgroup Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders
Subgroup: Number of lines of chemotherapy in the advanced/metastatic setting (0 vs 1)

		Elacestrant (N= 102)	SOC (N= 91)
Number of lines of chemotherapy in the advanced/metastatic setting	Interaction Effect p-value [1]	0.2012	
0	Number of Subjects	76	64
	Events, n (%)	15 (19.7)	2 (3.1)
	Censored subjects, n (%)	61 (80.3)	62 (96.9)
	Median (months) [2]	.	.
	95% CI for median [2]	20.83 - NC	. - NC
	Q1 (95% CI)	20.83 (8.18 - NC)	. (. - NC)
	Q3 (95% CI)	. (. - NC)	. (. - NC)
	Hazard ratio [3]	5.823	
	95% CI for Hazard ratio [3]	1.624 - 37.109	
	2-sided p-value [4]	0.0083	
1	Number of Subjects	26	27
	Events, n (%)	8 (30.8)	5 (18.5)
	Censored subjects, n (%)	18 (69.2)	22 (81.5)
	Median (months) [2]	23.59	.
	95% CI for median [2]	6.05 - NC	. - NC
	Q1 (95% CI)	6.05 (0.46 - NC)	. (1.38 - NC)
	Q3 (95% CI)	23.59 (. - NC)	. (. - NC)
	Hazard ratio [3]	1.620	
	95% CI for Hazard ratio [3]	0.538 - 5.381	
	2-sided p-value [4]	0.3949	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
For adverse events by SOC and PT subgroup analysis only to be calculated in case the effect in the overall population is statistically significant (i.e. p<0.05 of log-rank test).
[1] Interaction effect is evaluated considering the p-value of treatment*subgroup interaction term included in the unstratified Cox Proportional Hazards model with ties= Efron.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 7: Observation period for Serious TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

		Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]	N	102	91
	Mean	6.75	4.41
	Median	3.78	2.89
	Minimum	0.72	0.26
	Maximum	31.38	23.75

Not every observation period for all adverse events will be present, only the maximum observation period once is reported.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 7.1: Any Serious TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Infections and Infestations

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	3 (2.9)	6 (6.6)
Censored subjects, n (%)	99 (97.1)	85 (93.4)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	96.77 (93.15 - 100.00)	94.45 (89.05 - 99.85)
Rate at 6 months (95% CI) [2]	96.77 (93.15 - 100.00)	88.66 (79.34 - 97.98)
Rate at 12 months (95% CI) [2]	96.77 (93.15 - 100.00)	88.66 (79.34 - 97.98)
Rate at 18 months (95% CI) [2]	96.77 (93.15 - 100.00)	88.66 (79.34 - 97.98)
Hazard ratio [3]	0.357	
95% CI for Hazard ratio [3]	0.075 - 1.359	
2-sided p-value [4]	0.1294	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any Serious TEAEs by SOC and PT analysis to be performed if events in at least 5% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 8: Observation period for Severe TEAEs with CTCAE >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)

		Elacestrant (N= 102)	SOC (N= 91)
Observation period [1]	N	102	91
	Mean	6.61	4.39
	Median	3.75	2.89
	Minimum	0.07	0.07
	Maximum	31.38	23.75

Not every observation period for all adverse events will be present, only the maximum observation period once is reported.
[1] Observation period is defined as time from randomization to the date of the last available date of data collection (e.g. date of respective event, date of lost to follow-up, date of data cut-off).

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 8.1: Any Severe TEAEs with CTCAE >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Blood and Lymphatic System Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	3 (2.9)	6 (6.6)
Censored subjects, n (%)	99 (97.1)	85 (93.4)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	13.14 - NC
Q1 (95% CI)	. (. - NC)	13.14 (13.14 - NC)
Q3 (95% CI)	. (. - NC)	. (13.14 - NC)
Rate at 3 months (95% CI) [2]	98.04 (95.35 - 100.00)	93.09 (87.10 - 99.09)
Rate at 6 months (95% CI) [2]	96.19 (91.73 - 100.00)	93.09 (87.10 - 99.09)
Rate at 12 months (95% CI) [2]	96.19 (91.73 - 100.00)	93.09 (87.10 - 99.09)
Rate at 18 months (95% CI) [2]	96.19 (91.73 - 100.00)	62.06 (12.24 - 100.00)
Hazard ratio [3]	0.335	
95% CI for Hazard ratio [3]	0.069 - 1.310	
2-sided p-value [4]	0.1151	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any Serious TEAEs by SOC and PT analysis to be performed if events in at least 5% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 8.2: Any Severe TEAEs with CTCAE >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	8 (7.8)	5 (5.5)
Censored subjects, n (%)	94 (92.2)	86 (94.5)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	93.06 (88.09 - 98.02)	94.40 (88.93 - 99.87)
Rate at 6 months (95% CI) [2]	93.06 (88.09 - 98.02)	91.25 (83.21 - 99.30)
Rate at 12 months (95% CI) [2]	88.62 (78.92 - 98.33)	91.25 (83.21 - 99.30)
Rate at 18 months (95% CI) [2]	88.62 (78.92 - 98.33)	91.25 (83.21 - 99.30)
Hazard ratio [3]	1.300	
95% CI for Hazard ratio [3]	0.432 - 4.316	
2-sided p-value [4]	0.645	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any Serious TEAEs by SOC and PT analysis to be performed if events in at least 5% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 8.3: Any Severe TEAEs with CTCAE >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Infections and Infestations

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	3 (2.9)	5 (5.5)
Censored subjects, n (%)	99 (97.1)	86 (94.5)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	96.77 (93.15 - 100.00)	94.45 (89.05 - 99.85)
Rate at 6 months (95% CI) [2]	96.77 (93.15 - 100.00)	91.82 (84.52 - 99.12)
Rate at 12 months (95% CI) [2]	96.77 (93.15 - 100.00)	91.82 (84.52 - 99.12)
Rate at 18 months (95% CI) [2]	96.77 (93.15 - 100.00)	91.82 (84.52 - 99.12)
Hazard ratio [3]	0.435	
95% CI for Hazard ratio [3]	0.089 - 1.778	
2-sided p-value [4]	0.2419	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any Serious TEAEs by SOC and PT analysis to be performed if events in at least 5% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 8.4: Any Severe TEAEs with CTCAE >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Investigations

	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	11 (10.8)	9 (9.9)
Censored subjects, n (%)	91 (89.2)	82 (90.1)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (. - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	92.99 (87.98 - 98.00)	90.02 (83.30 - 96.74)
Rate at 6 months (95% CI) [2]	84.73 (75.61 - 93.86)	87.45 (79.24 - 95.65)
Rate at 12 months (95% CI) [2]	84.73 (75.61 - 93.86)	87.45 (79.24 - 95.65)
Rate at 18 months (95% CI) [2]	84.73 (75.61 - 93.86)	87.45 (79.24 - 95.65)
Hazard ratio [3]	0.960	
95% CI for Hazard ratio [3]	0.396 - 2.387	
2-sided p-value [4]	0.929	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any Serious TEAEs by SOC and PT analysis to be performed if events in at least 5% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Study: RAD1901-308
Section: Safety Tables

Table 8.5: Any Severe TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal and Connective Tissue Disorders

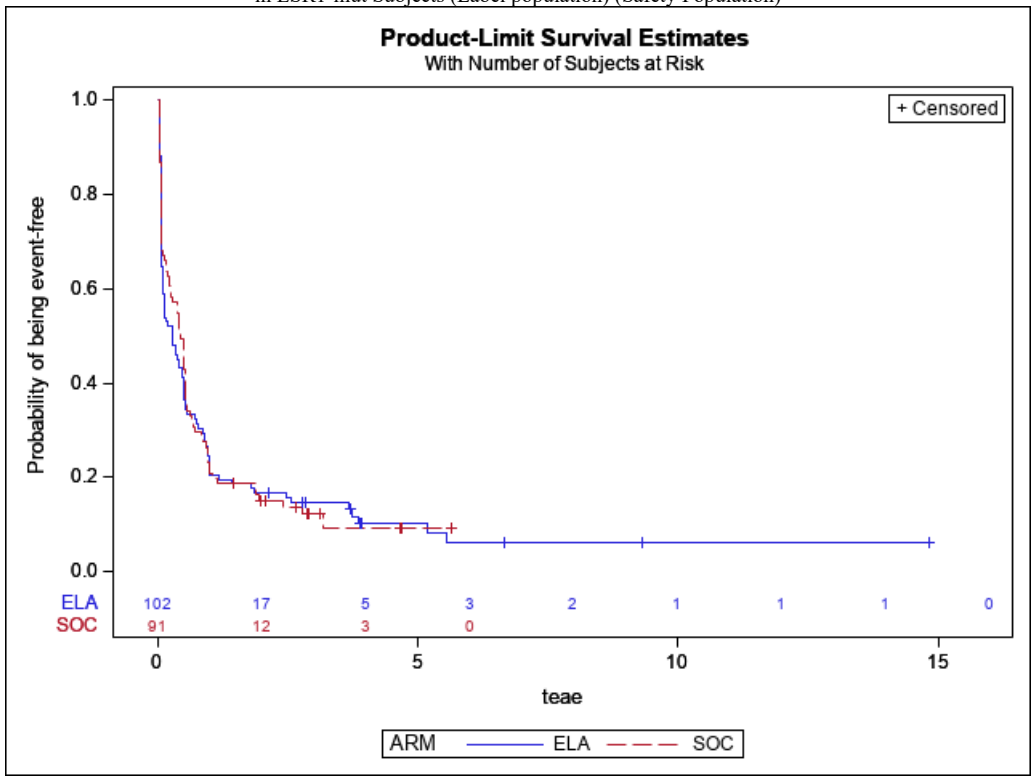
	Elacestrant (N= 102)	SOC (N= 91)
Events, n (%)	8 (7.8)	1 (1.1)
Censored subjects, n (%)	94 (92.2)	90 (98.9)
Median (months) [2]	.	.
95% CI for median [2]	. - NC	. - NC
Q1 (95% CI)	. (18.86 - NC)	. (. - NC)
Q3 (95% CI)	. (. - NC)	. (. - NC)
Rate at 3 months (95% CI) [2]	93.79 (88.97 - 98.62)	98.86 (96.65 - 100.00)
Rate at 6 months (95% CI) [2]	91.84 (85.78 - 97.89)	98.86 (96.65 - 100.00)
Rate at 12 months (95% CI) [2]	91.84 (85.78 - 97.89)	98.86 (96.65 - 100.00)
Rate at 18 months (95% CI) [2]	91.84 (85.78 - 97.89)	98.86 (96.65 - 100.00)
Hazard ratio [3]	5.887	
95% CI for Hazard ratio [3]	1.062 - 109.73	
2-sided p-value [4]	0.0597	

+: Censored, SOC = Standard of Care, CI = Confidence Interval, Q1 = First Quartile, Q3 = Third Quartile, NC = Not calculable, SE = Standard Error.
Patients who do not have an adverse event in the respective category will be censored at the earliest of 30 days after the last dose of study drug or date of the last available date of data collection (e.g. lost to follow up, data cut-off, date of death…)
Any Serious TEAEs by SOC and PT analysis to be performed if events in at least 5% of patients in at least one study arm OR if events in at least 10 patients (total) and events in at least 1% of patients in at least one study arm.
[2] Calculated using Kaplan-Meier technique. CI for 25th, 50th (median) and 75th percentiles are derived based on the Brookmeyer-Crowley method using a linear transformation.
[3] The analysis was performed using an unstratified Cox Proportional Hazards model with ties= Efron; the CI calculated using a profile likelihood approach.
[4] The p-value was generated by using a two-sided unstratified log-rank test.

Data cut-off: 08 July 2022

Section: Safety Figures

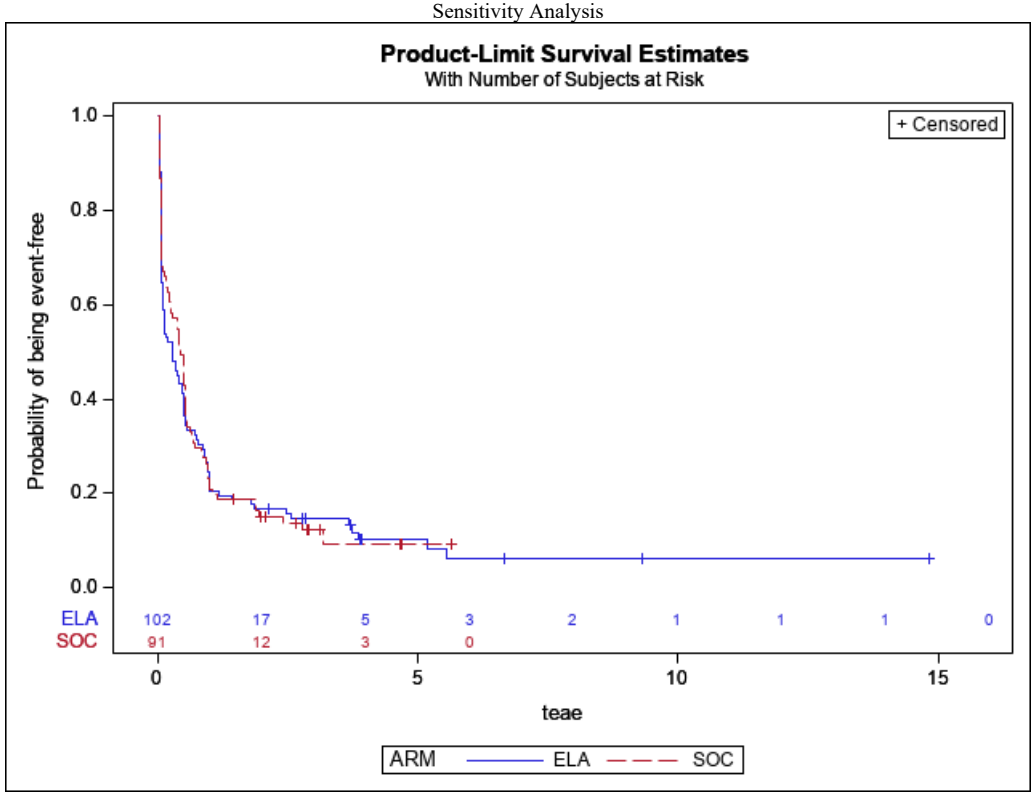
Figure 1.1: Kaplan-Meier Plot of Any TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)



Data cut-off: 08 July 2022

Section: Safety Figures

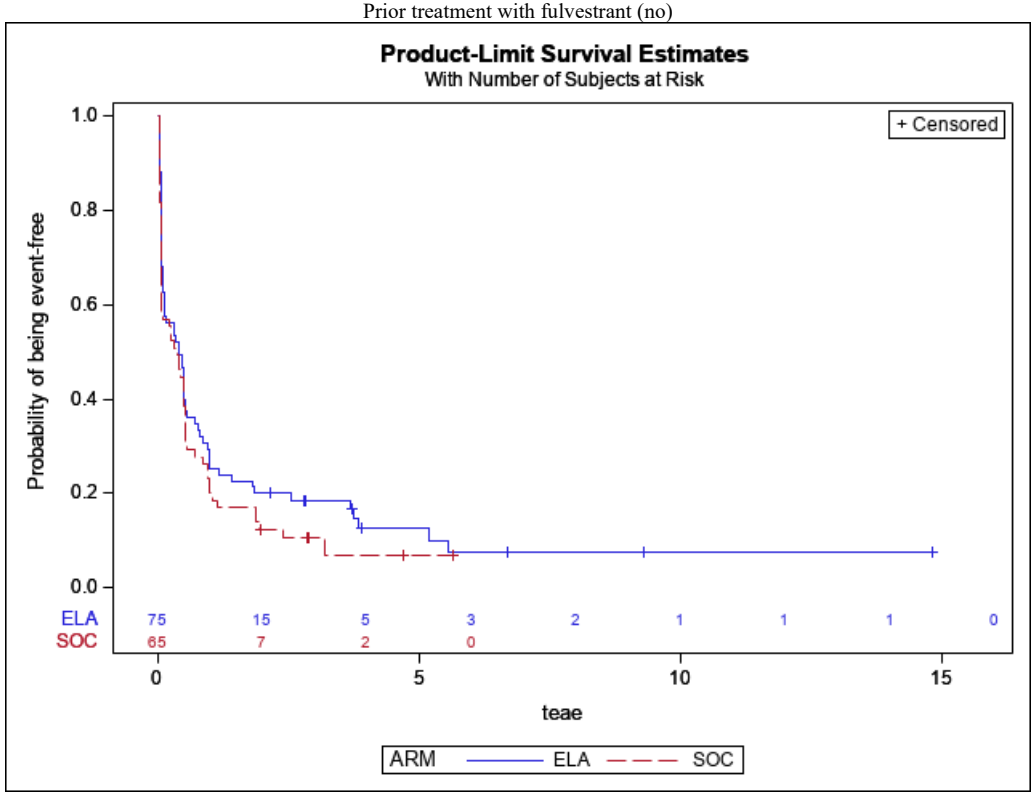
Figure 1.2: Kaplan-Meier Plot of Any TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Sensitivity Analysis



Data cut-off: 08 July 2022

Section: Safety Figures

Figure 1.1.1: Kaplan-Meier Plot of Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Prior treatment with fulvestrant (no)

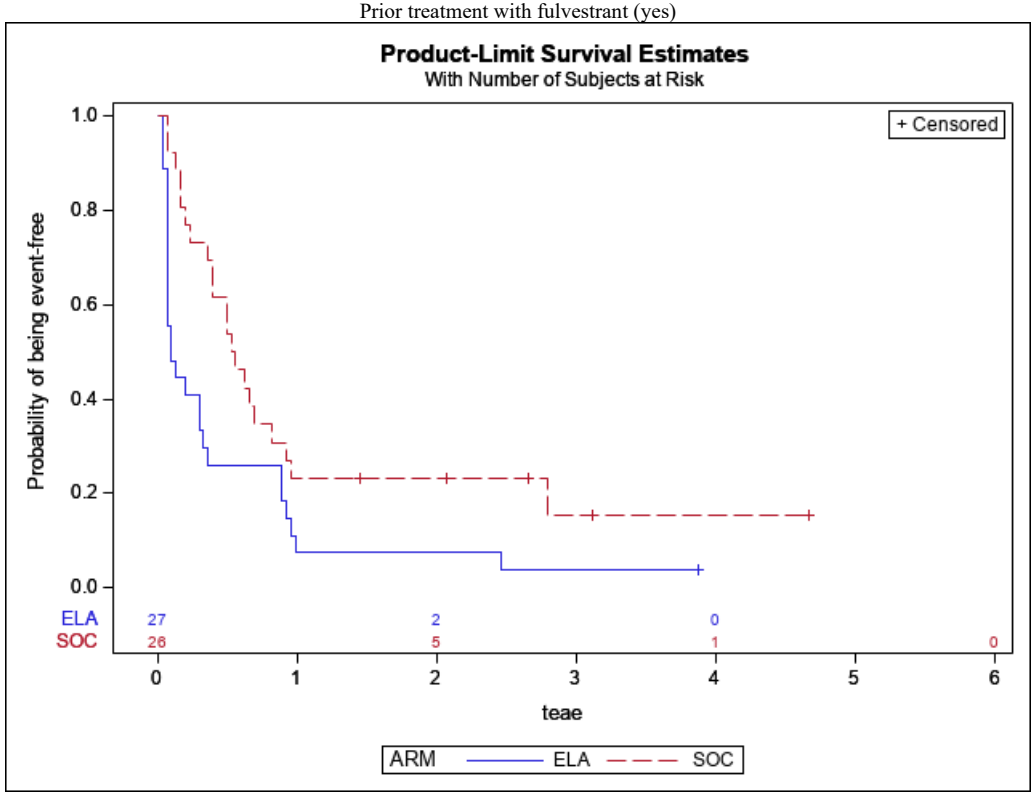


Kaplan Meier plots for every subgroup level with a statistically significant interaction effect (i.e. interaction p-value < 0.05) are needed.
Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

Figure 1.1.1: Kaplan-Meier Plot of Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Prior treatment with fulvestrant (yes)



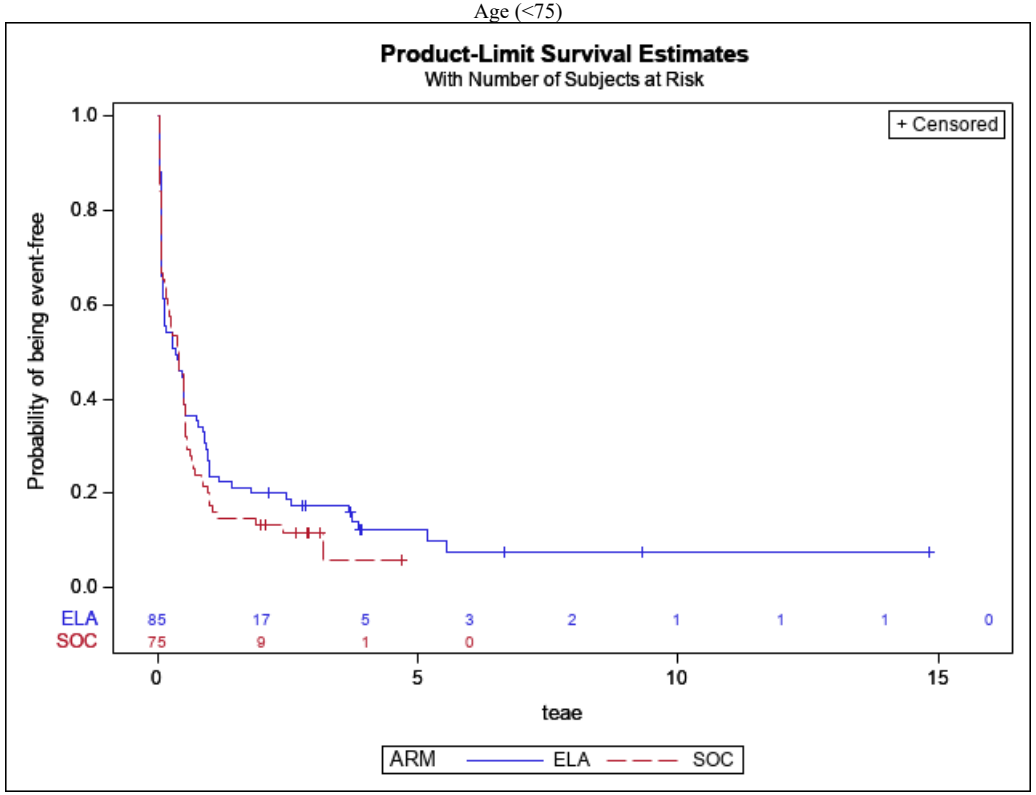
Kaplan Meier plots for every subgroup level with a statistically significant interaction effect (i.e. interaction p-value < 0.05) are needed.
Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

page 153 of 209

Section: Safety Figures

Figure 1.1.4: Kaplan-Meier Plot of Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (<75)

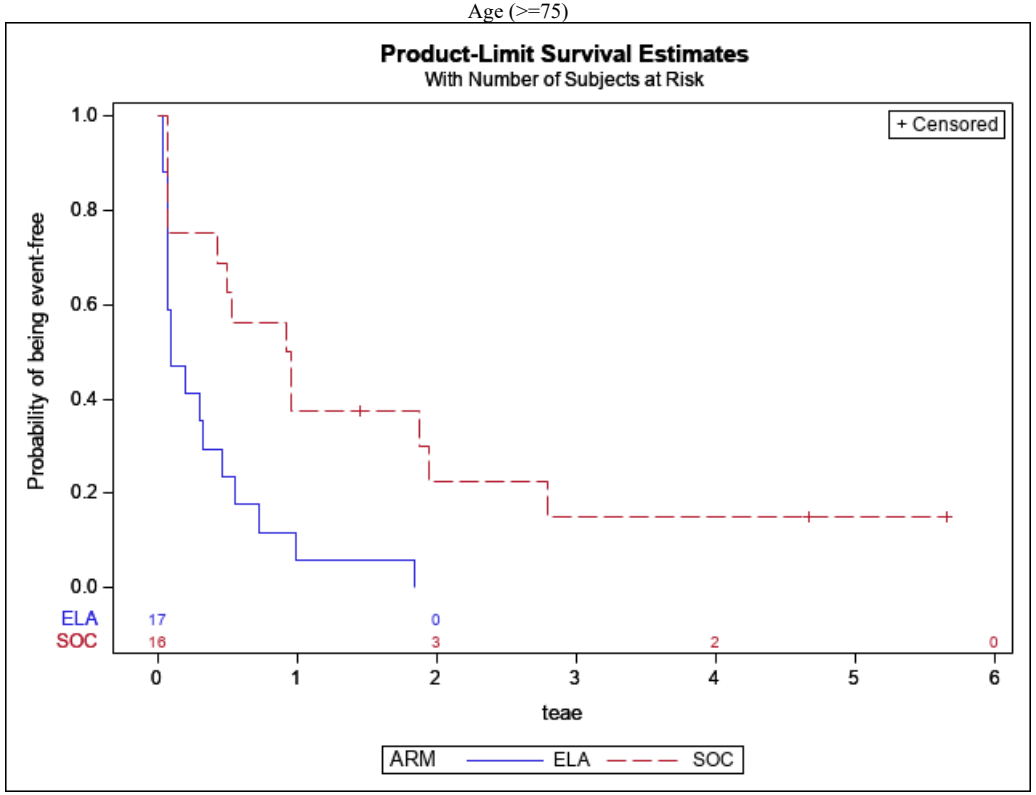


Kaplan Meier plots for every subgroup level with a statistically significant interaction effect (i.e. interaction p-value < 0.05) are needed.
Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

Figure 1.1.4: Kaplan-Meier Plot of Any TEAEs Time to event subgroup analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Age (>=75)



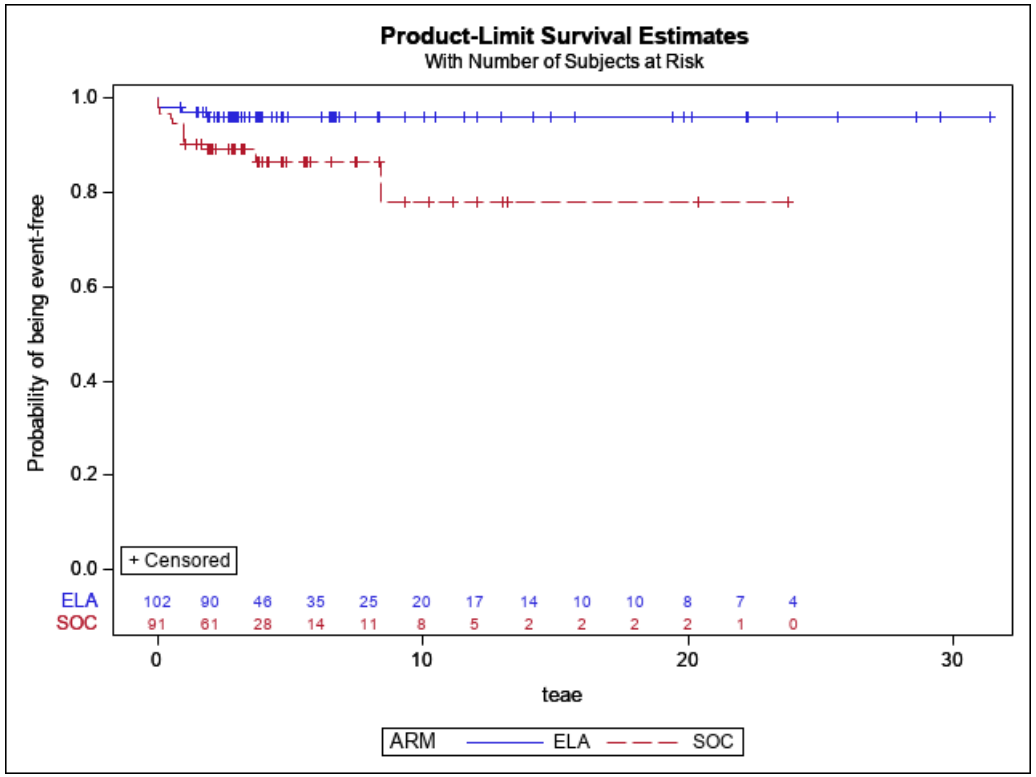
Kaplan Meier plots for every subgroup level with a statistically significant interaction effect (i.e. interaction p-value < 0.05) are needed.
Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

page 155 of 209

Section: Safety Figures

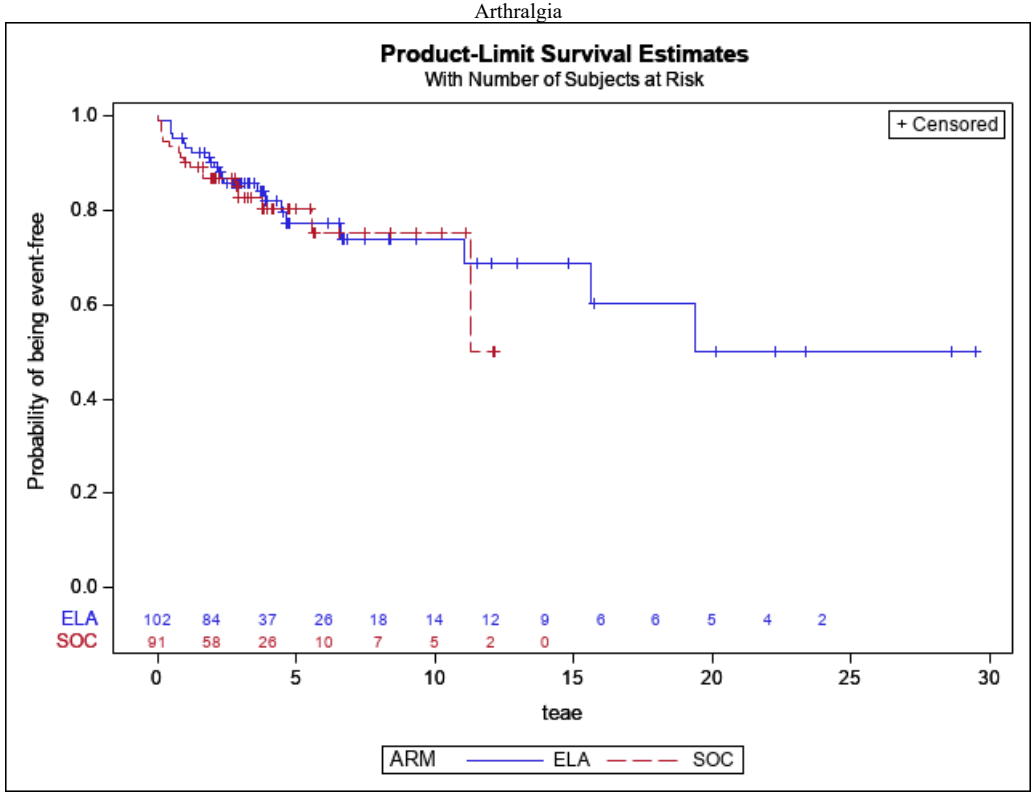
Figure 2.2: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Alanine aminotransferase increased



Data cut-off: 08 July 2022

Section: Safety Figures

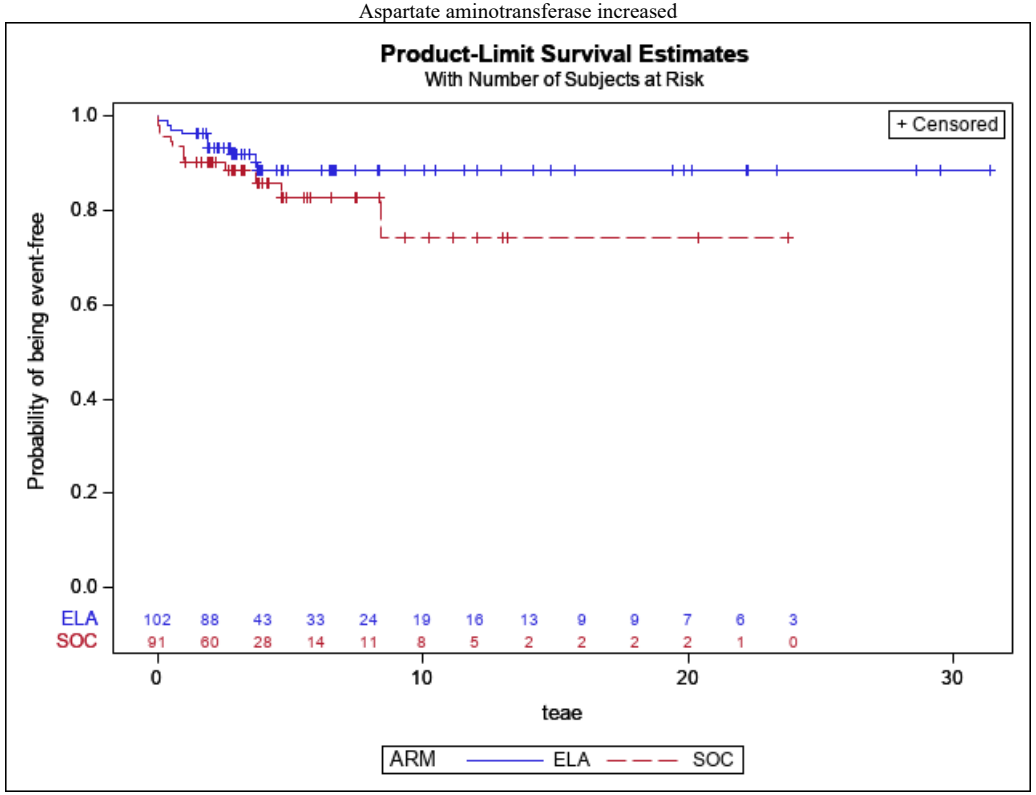
Figure 2.5: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Arthralgia



Data cut-off: 08 July 2022

Section: Safety Figures

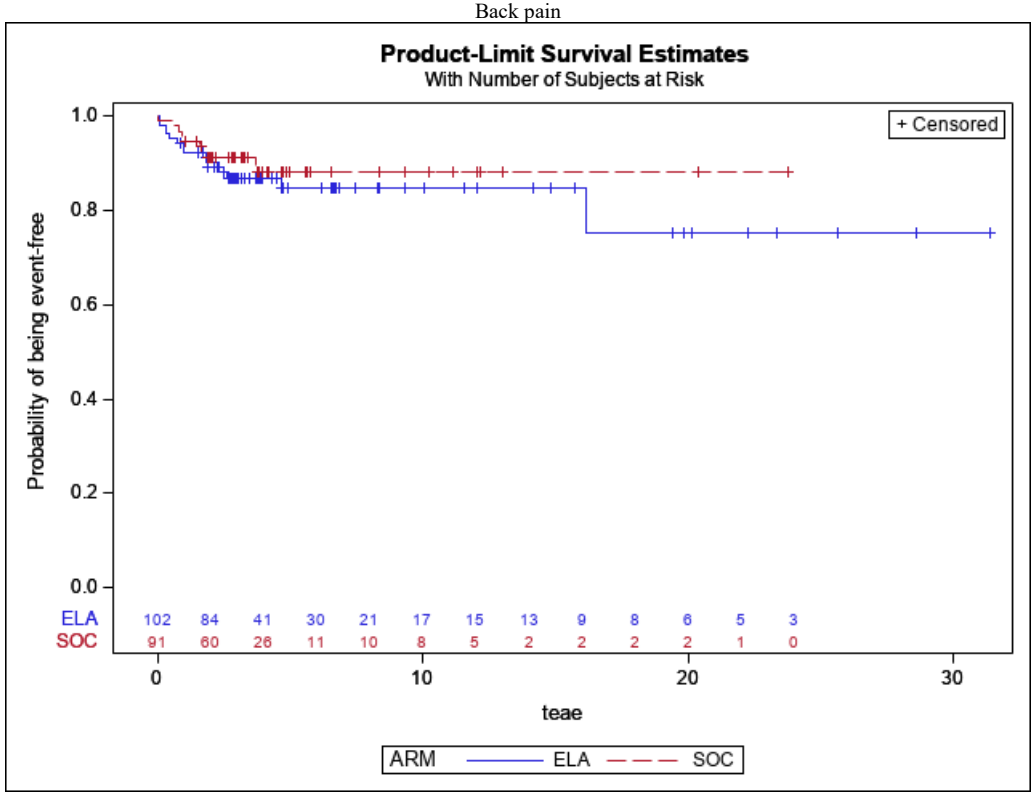
Figure 2.6: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Aspartate aminotransferase increased



Data cut-off: 08 July 2022

Section: Safety Figures

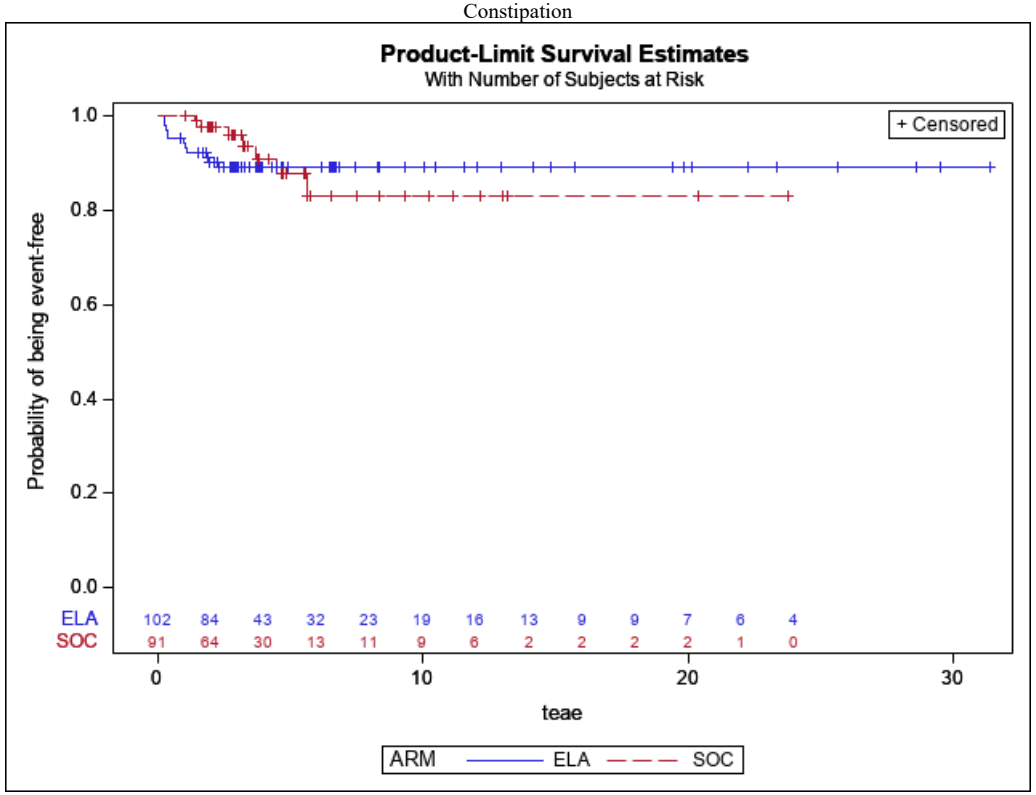
Figure 2.8: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Back pain



Data cut-off: 08 July 2022

Section: Safety Figures

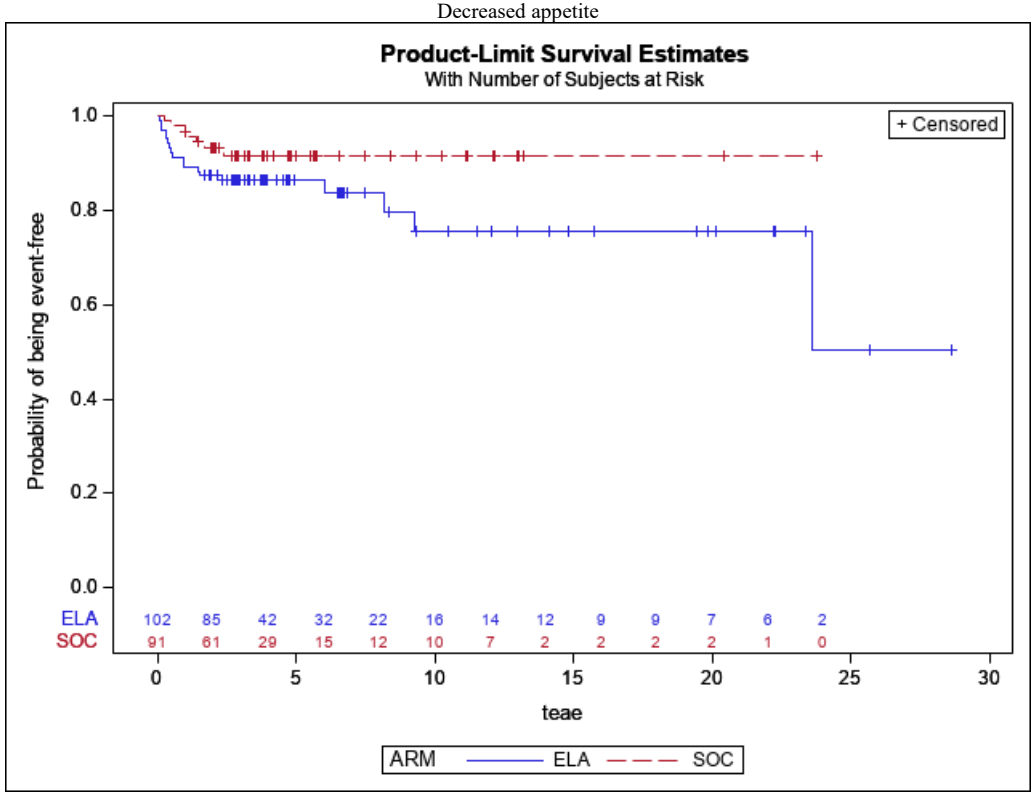
Figure 2.12: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Constipation



Data cut-off: 08 July 2022

Section: Safety Figures

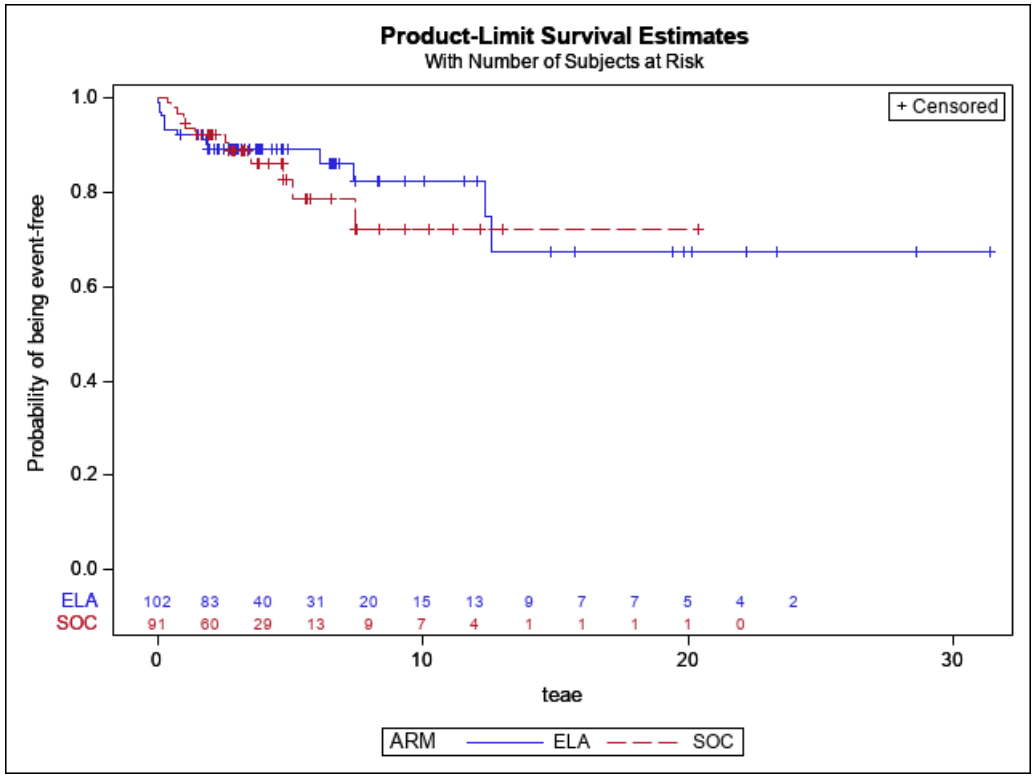
Figure 2.14: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Decreased appetite



Data cut-off: 08 July 2022

Section: Safety Figures

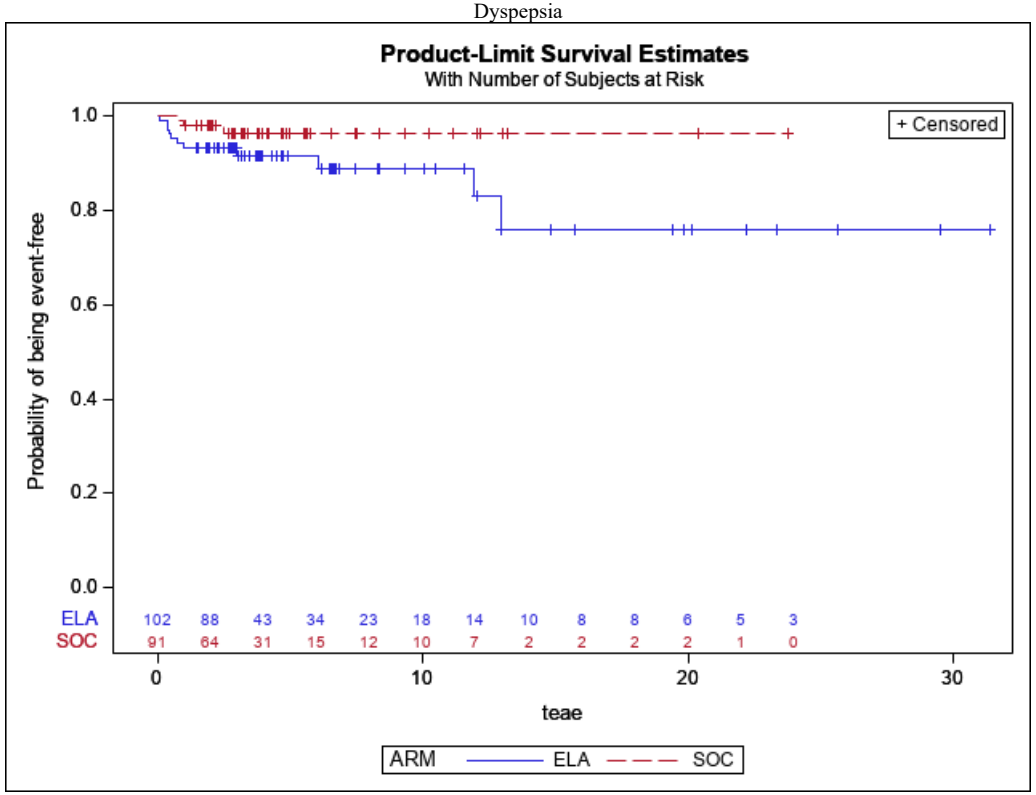
Figure 2.15: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Diarrhea



Data cut-off: 08 July 2022

Section: Safety Figures

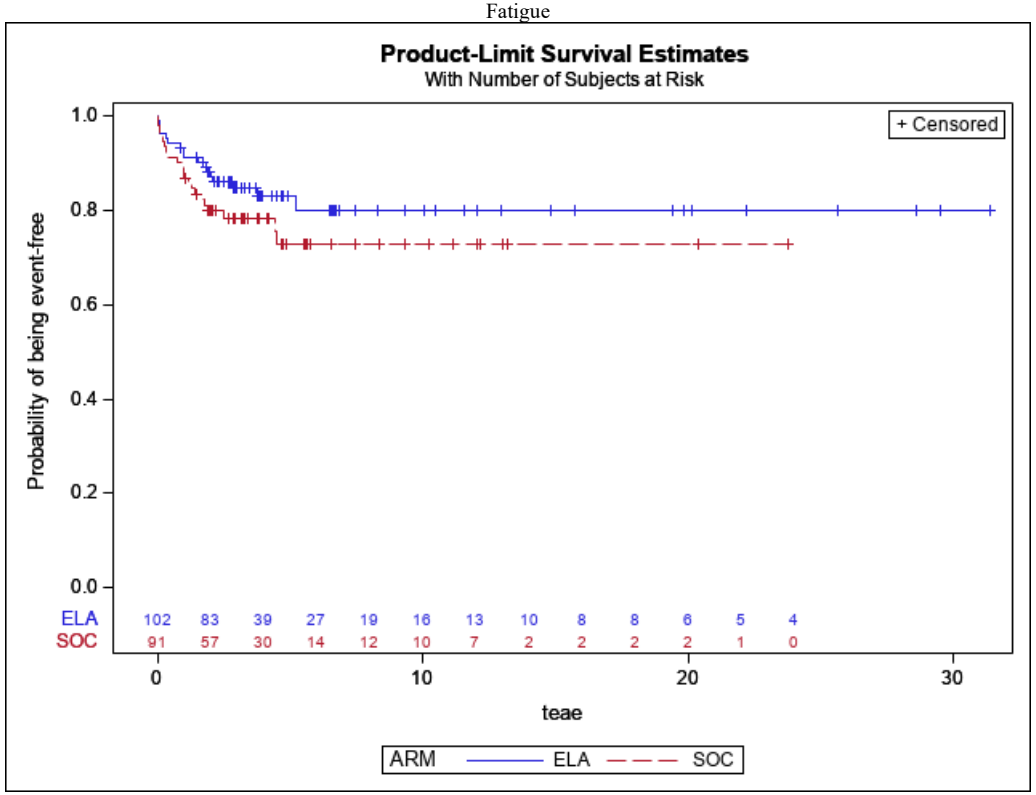
Figure 2.16: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Dyspepsia



Data cut-off: 08 July 2022

Section: Safety Figures

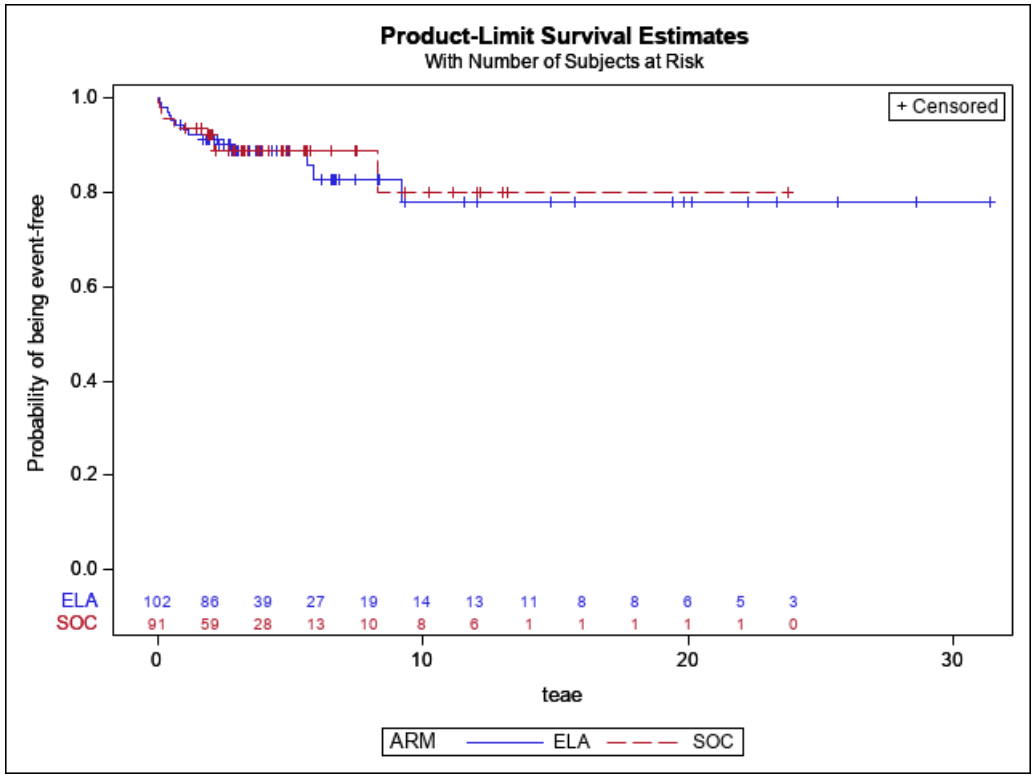
Figure 2.18: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Fatigue



Data cut-off: 08 July 2022

Section: Safety Figures

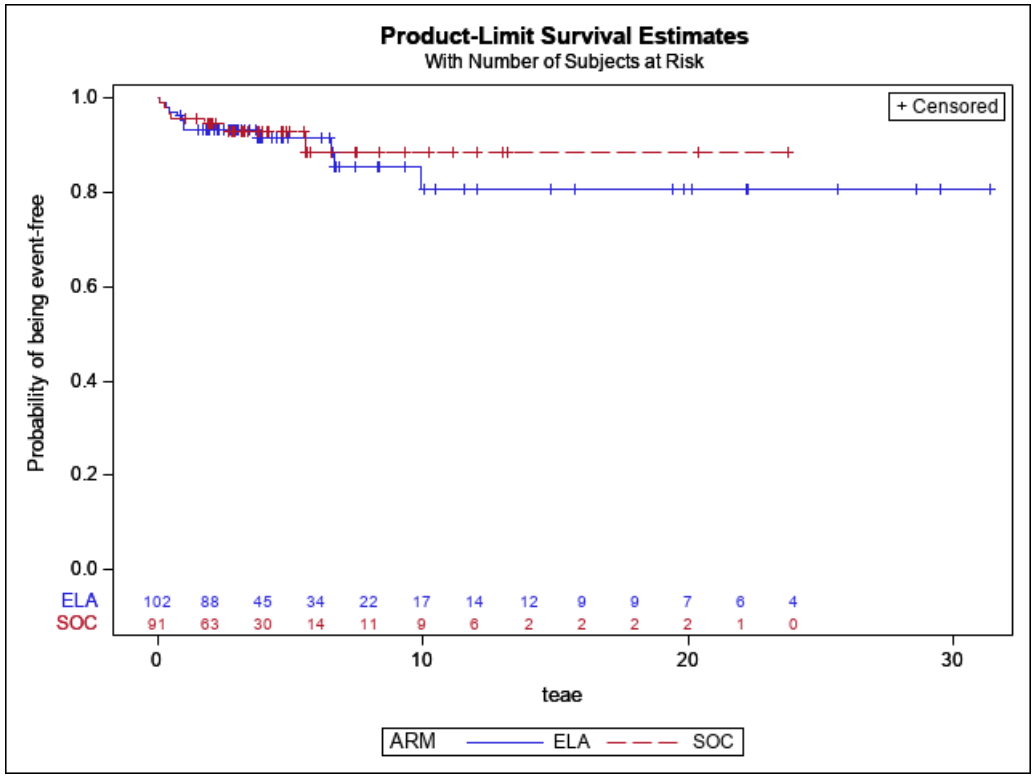
Figure 2.19: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Headache



Data cut-off: 08 July 2022

Section: Safety Figures

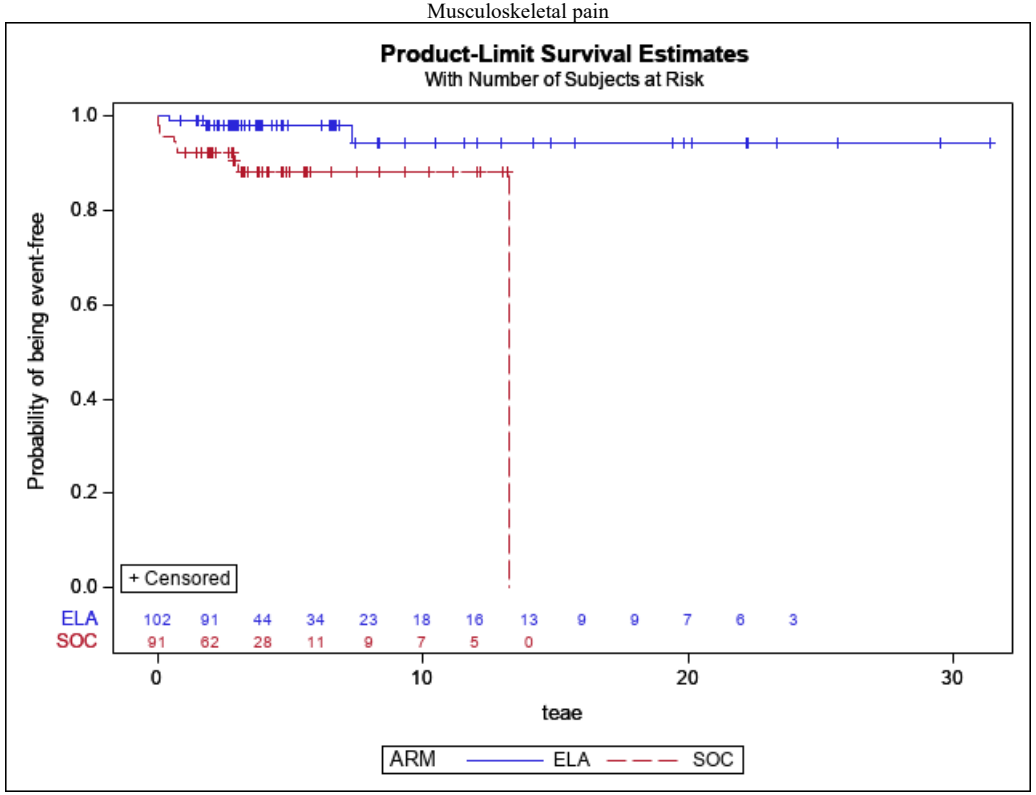
Figure 2.21: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Insomnia



Data cut-off: 08 July 2022

Section: Safety Figures

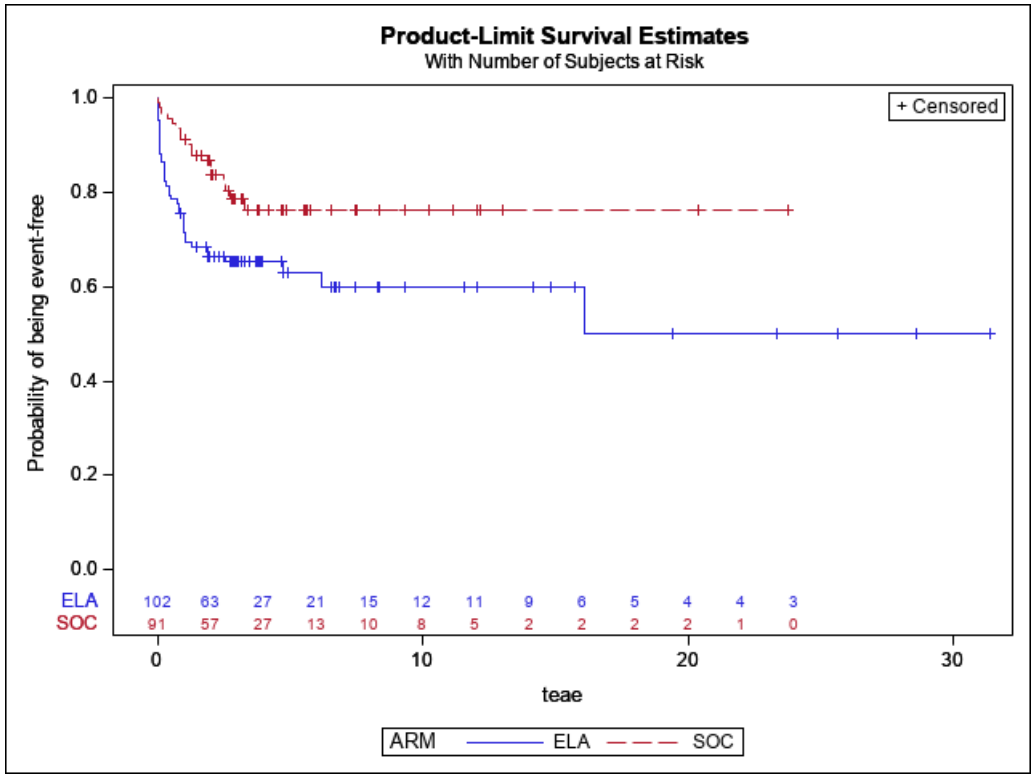
Figure 2.22: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal pain



Data cut-off: 08 July 2022

Section: Safety Figures

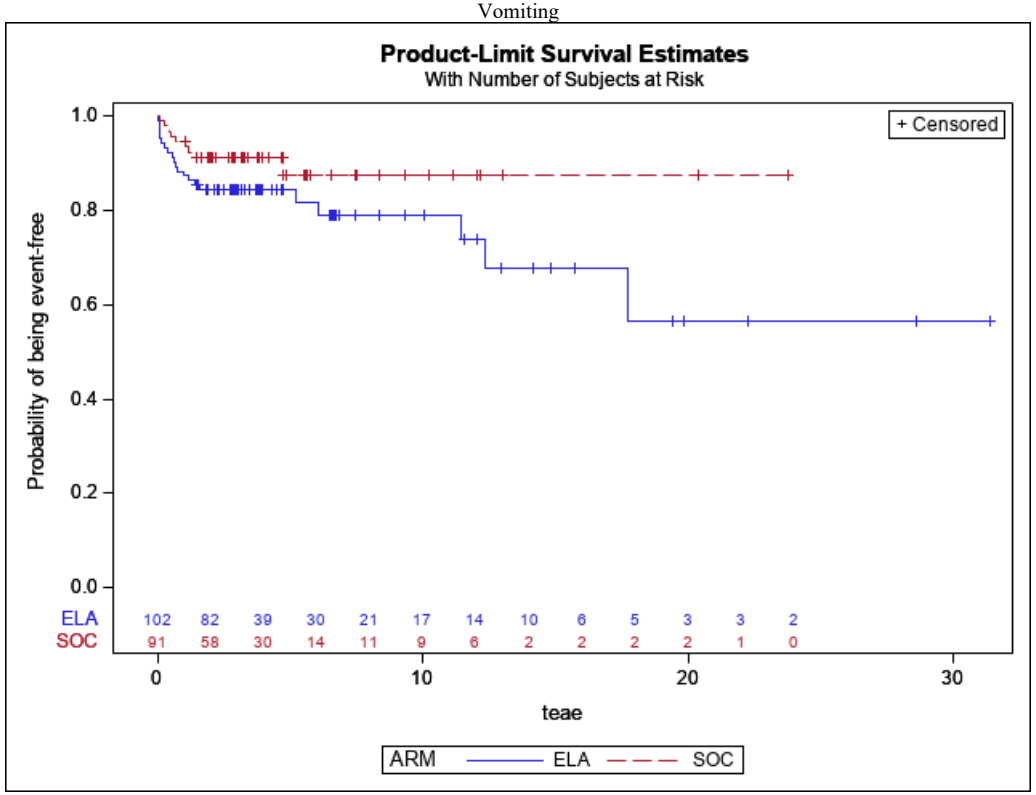
Figure 2.23: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nausea



Data cut-off: 08 July 2022

Section: Safety Figures

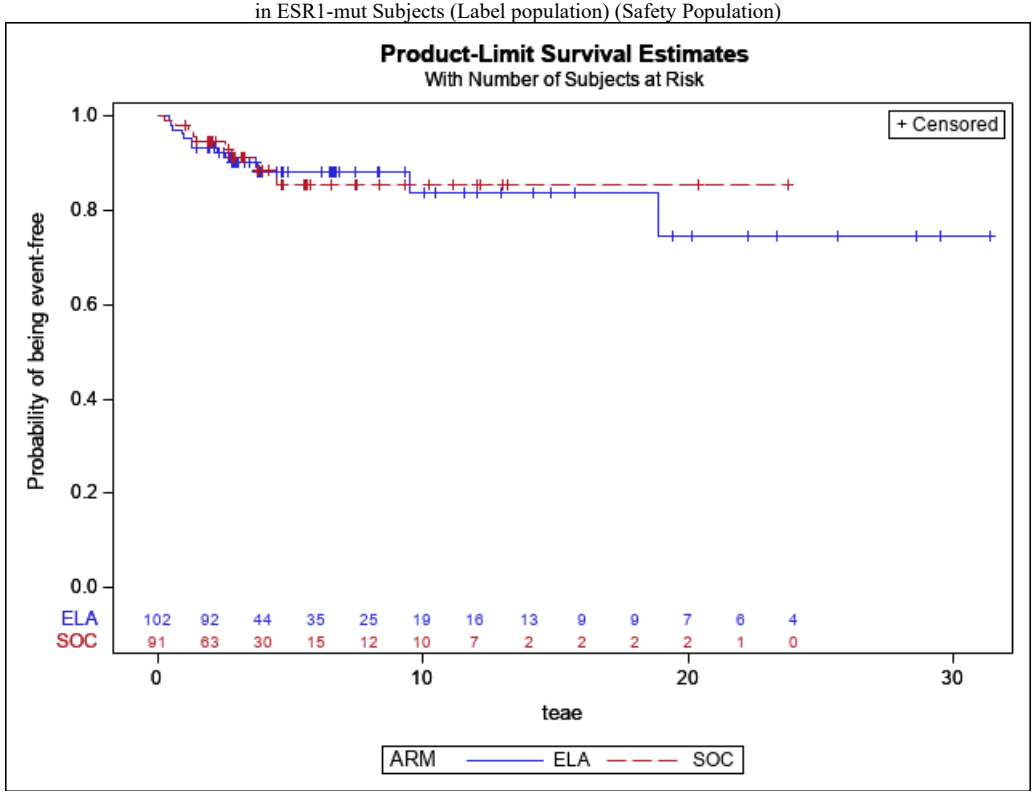
Figure 2.26: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC & PT for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Vomiting



Data cut-off: 08 July 2022

Section: Safety Figures

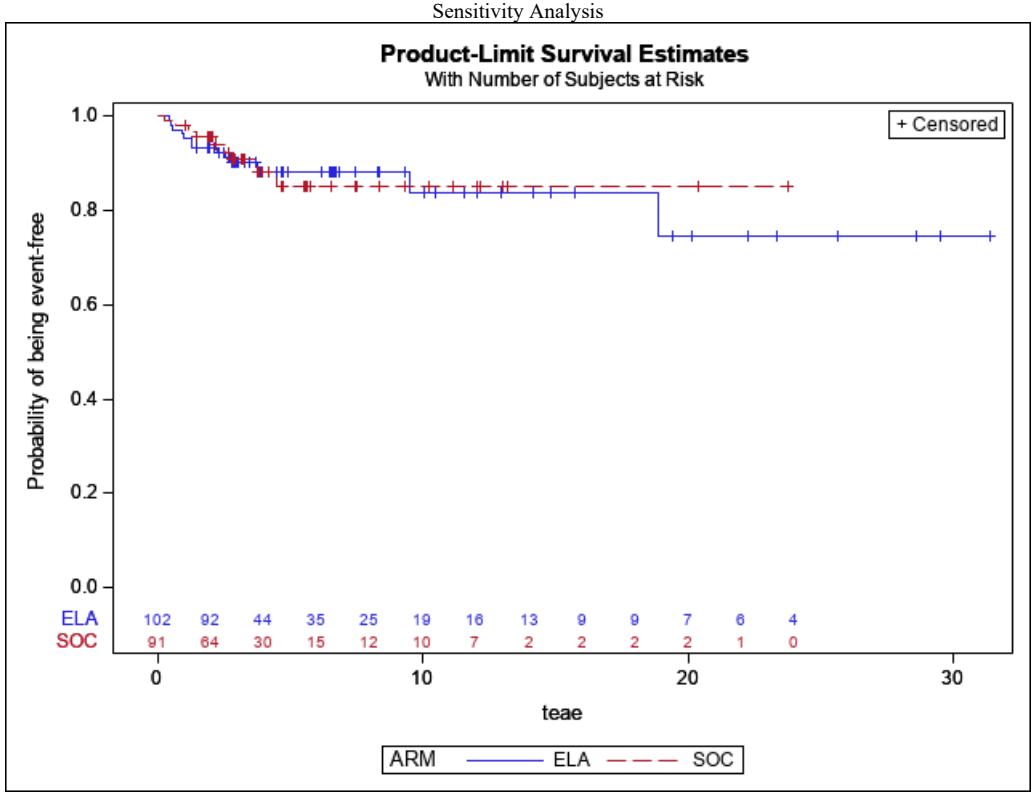
Figure 3.1: Kaplan-Meier Plot of Any Serious TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)



Data cut-off: 08 July 2022

Section: Safety Figures

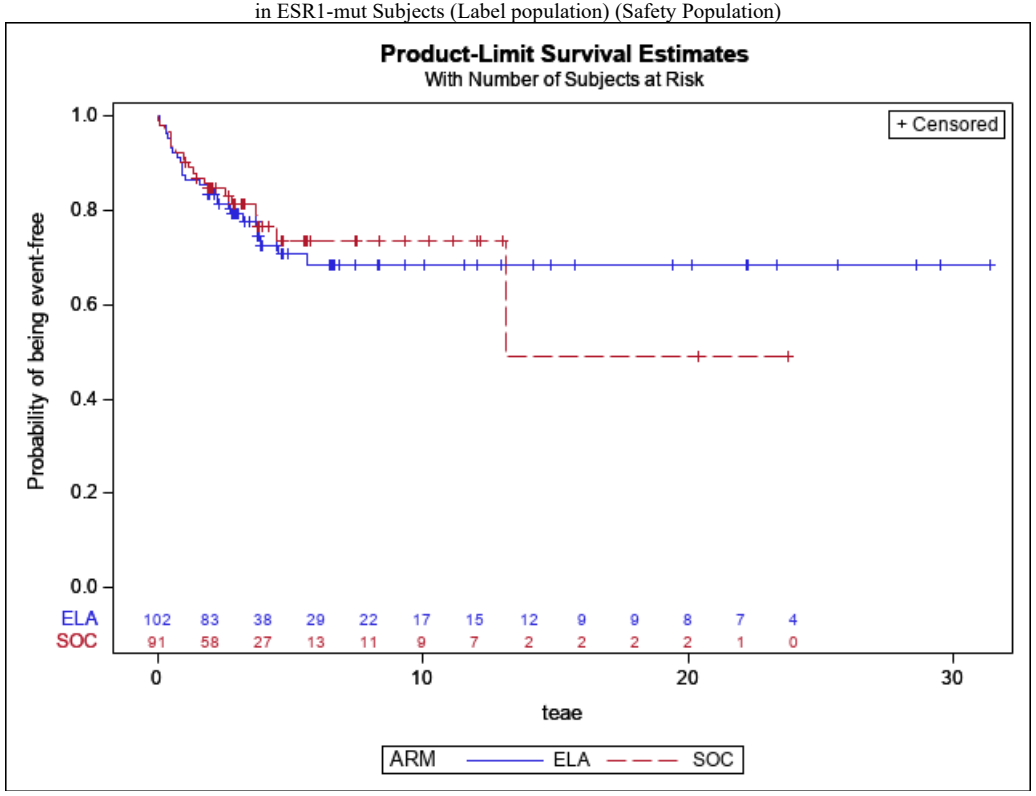
Figure 3.2: Kaplan-Meier Plot of Any Serious TEAEs Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Sensitivity Analysis



Data cut-off: 08 July 2022

Section: Safety Figures

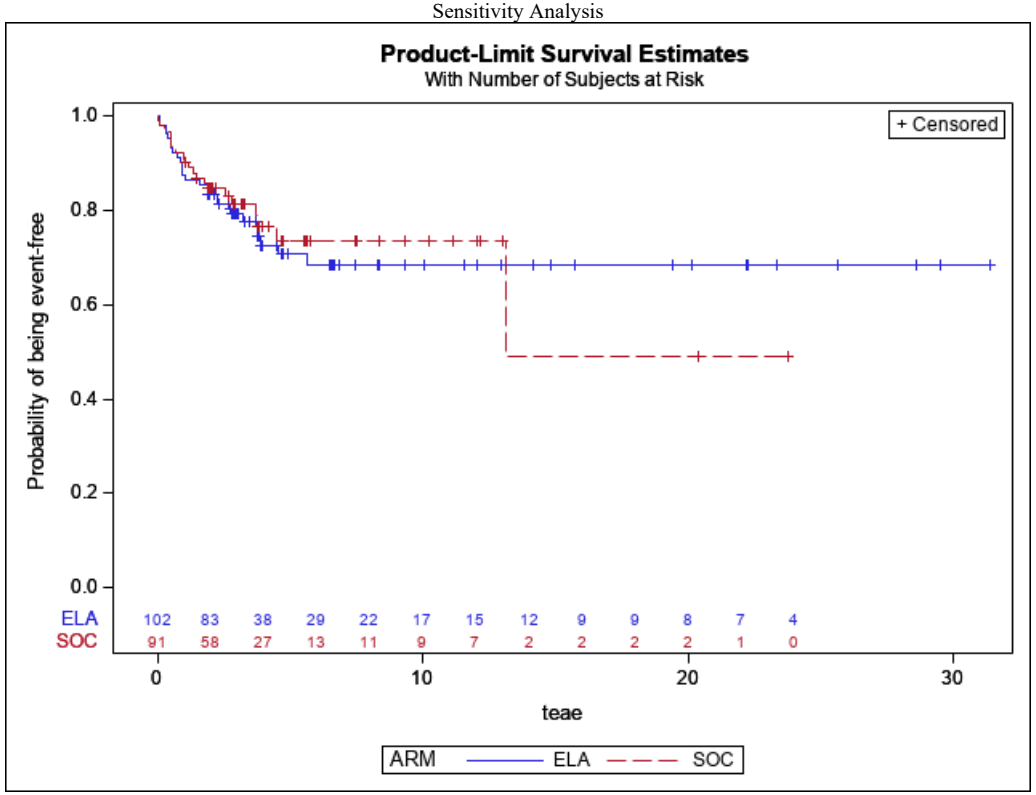
Figure 4.1: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)



Data cut-off: 08 July 2022

Section: Safety Figures

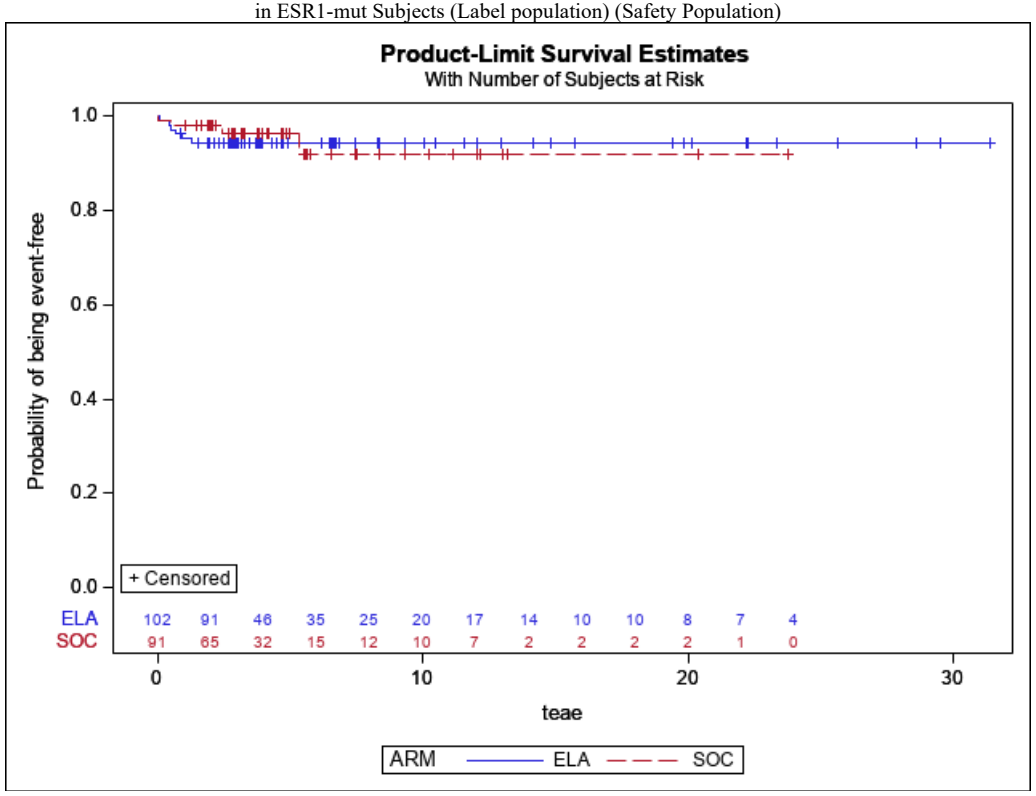
Figure 4.2: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Sensitivity Analysis



Data cut-off: 08 July 2022

Section: Safety Figures

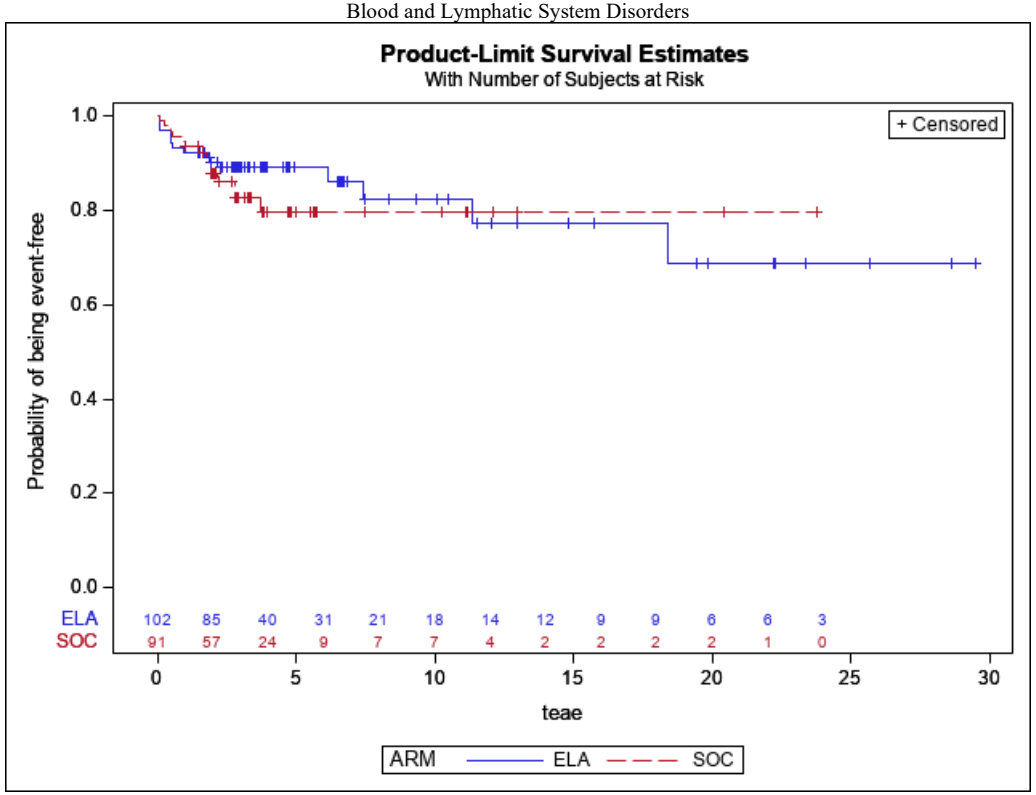
Figure 5.1: Kaplan-Meier Plot of Any TEAEs leading to discontinuation of study treatment Time to event analysis for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)



Data cut-off: 08 July 2022

Section: Safety Figures

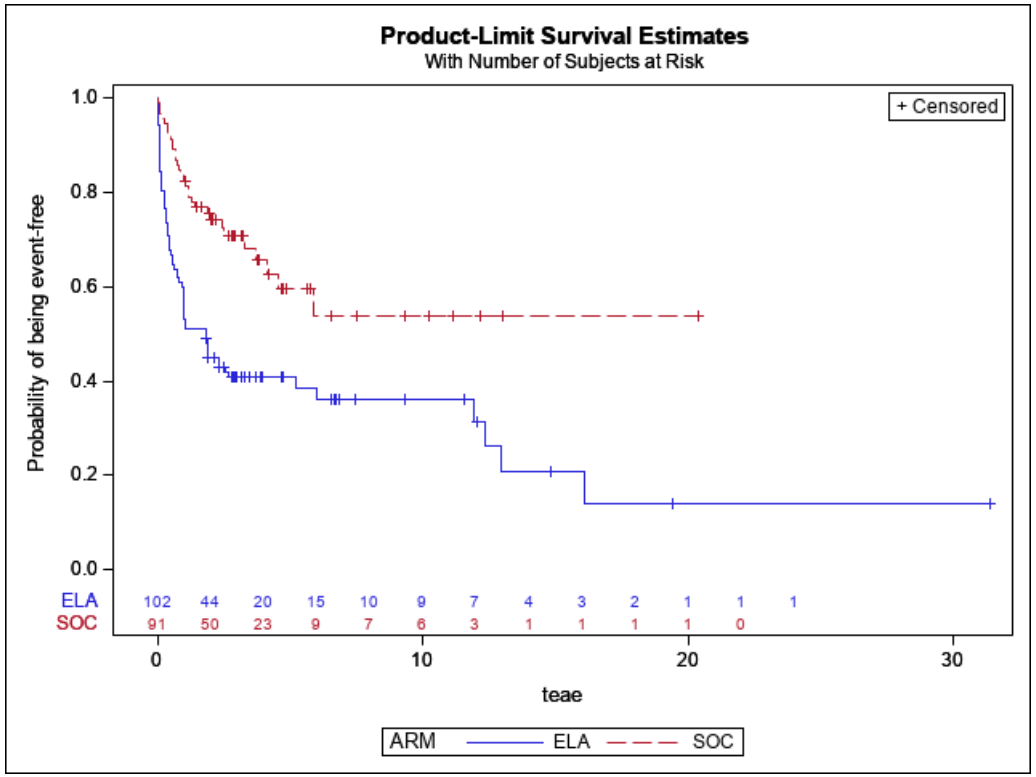
Figure 6.1: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Blood and Lymphatic System Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

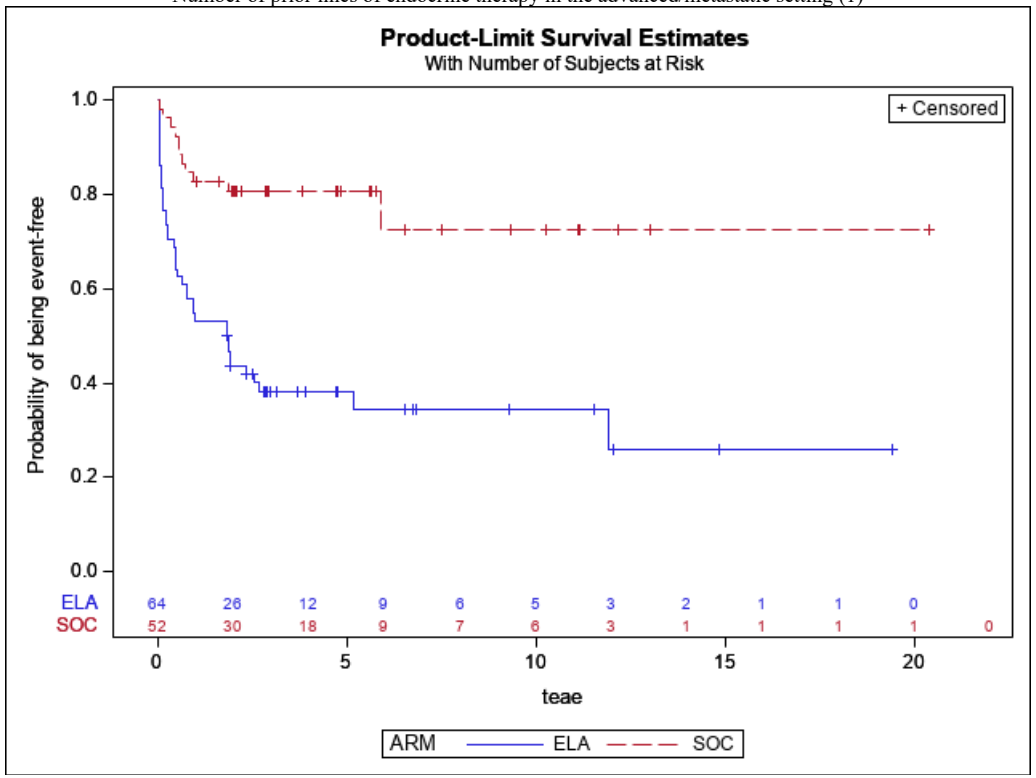
Figure 6.2: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

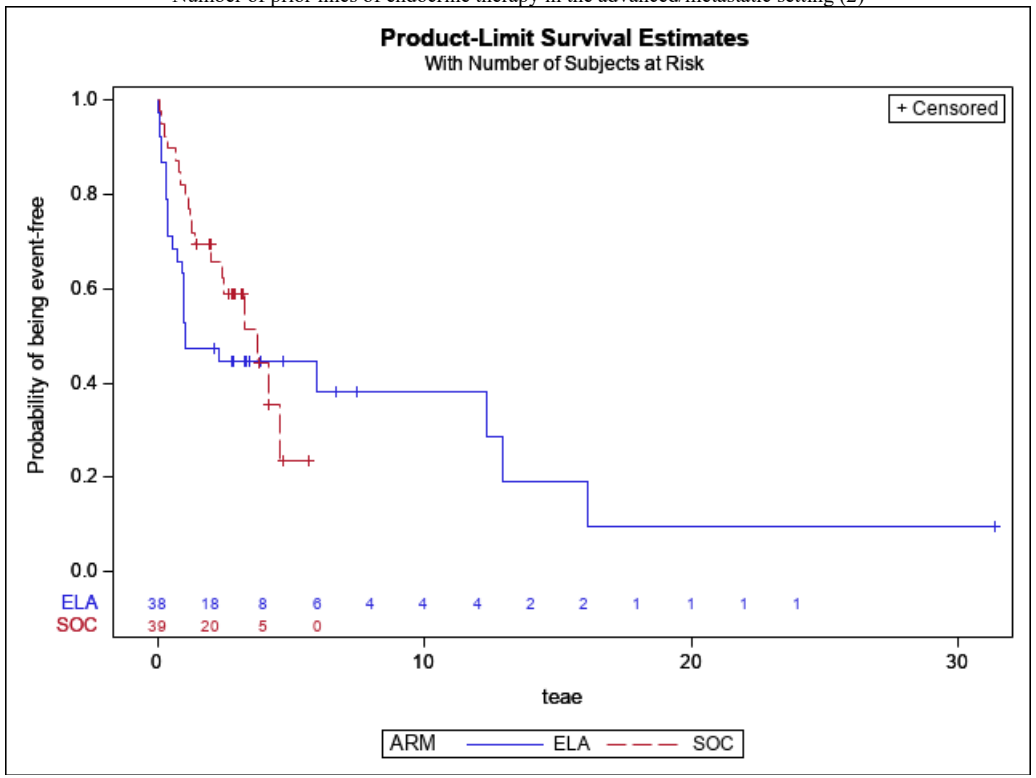
Figure 6.2.8.1: Kaplan-Meier Plot of Any TEAEs Time to event subgroup analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Number of prior lines of endocrine therapy in the advanced/metastatic setting (1)



Data cut-off: 08 July 2022

Section: Safety Figures

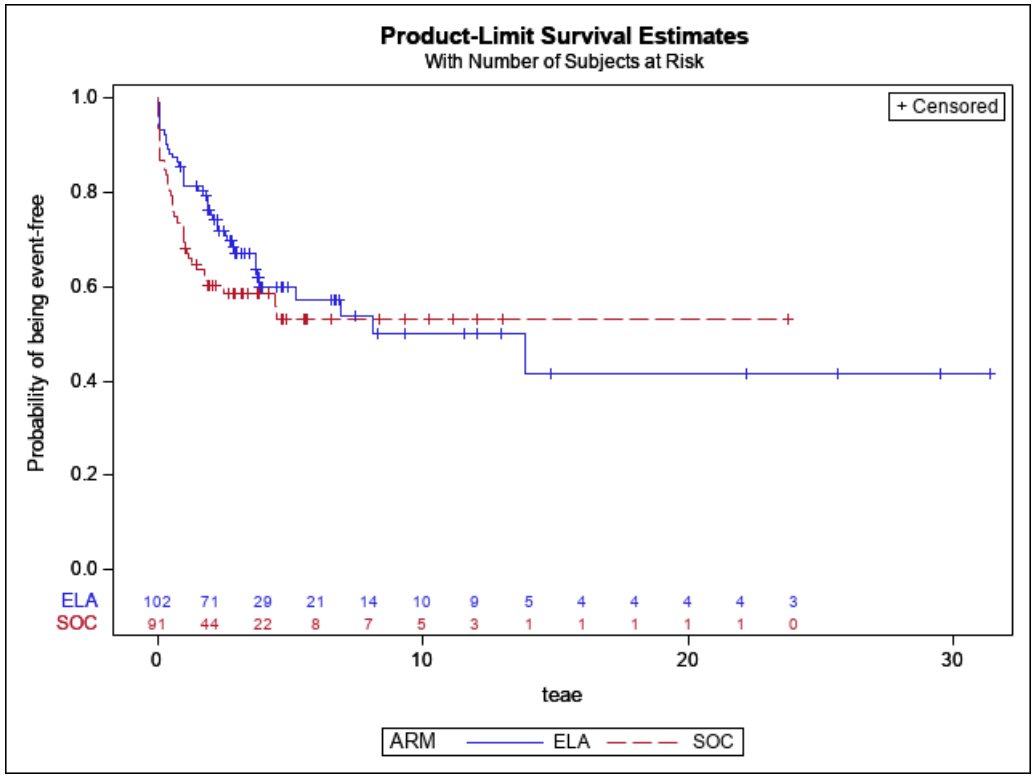
Figure 6.2.8.2: Kaplan-Meier Plot of Any TEAEs Time to event subgroup analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders
Number of prior lines of endocrine therapy in the advanced/metastatic setting (2)



Data cut-off: 08 July 2022

Section: Safety Figures

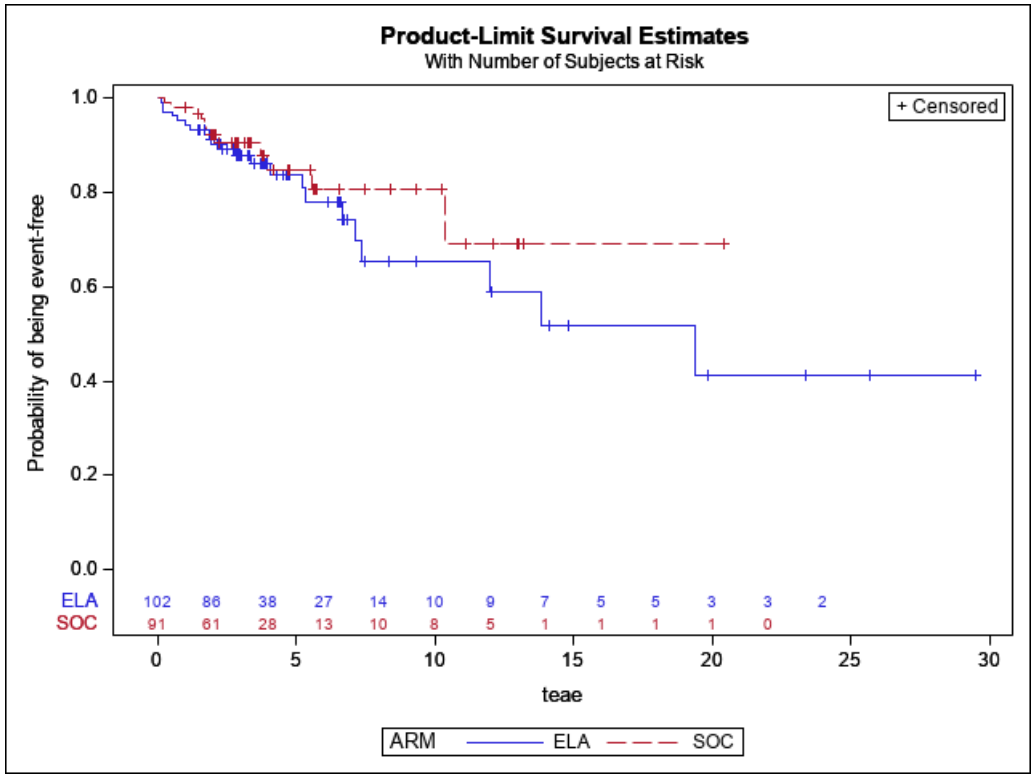
Figure 6.3: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
General Disorders and Administration Site Conditions



Data cut-off: 08 July 2022

Section: Safety Figures

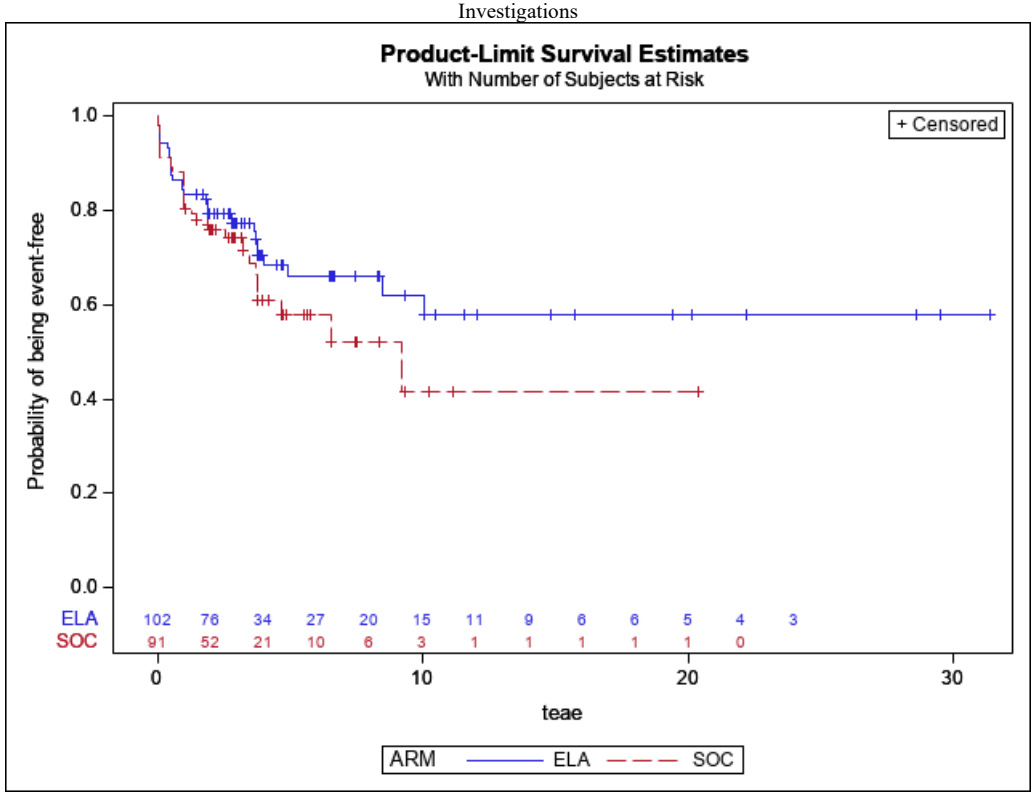
Figure 6.4: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Infections and Infestations



Data cut-off: 08 July 2022

Section: Safety Figures

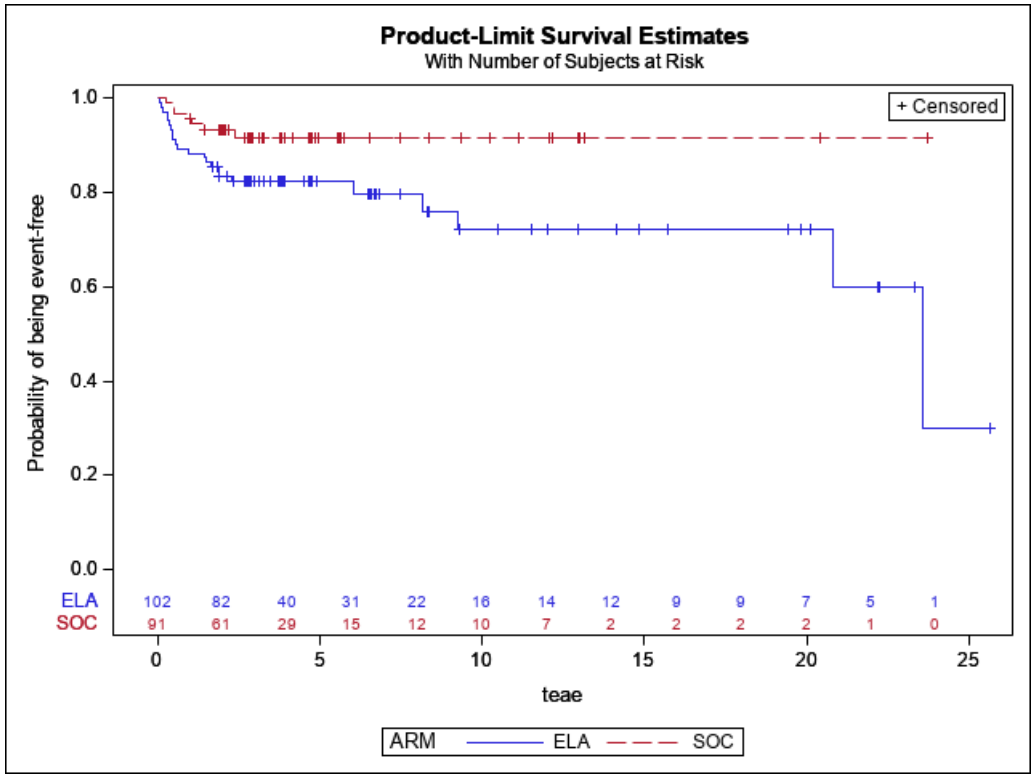
Figure 6.6: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Investigations



Data cut-off: 08 July 2022

Section: Safety Figures

Figure 6.7: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Metabolism and Nutrition Disorders

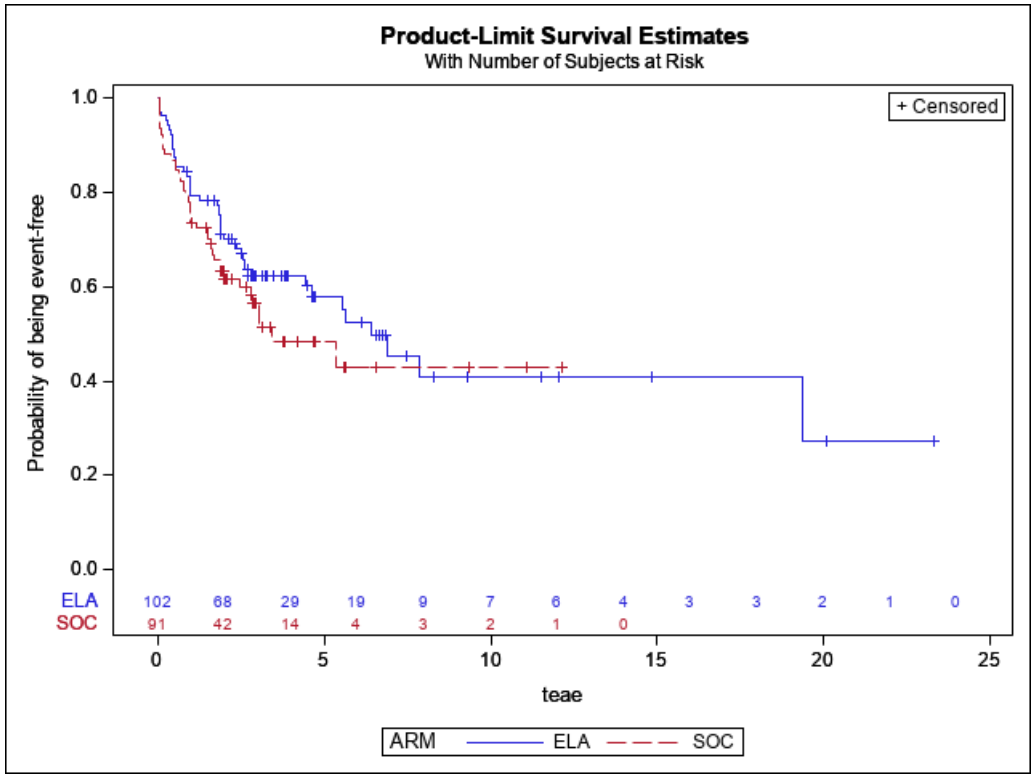


Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

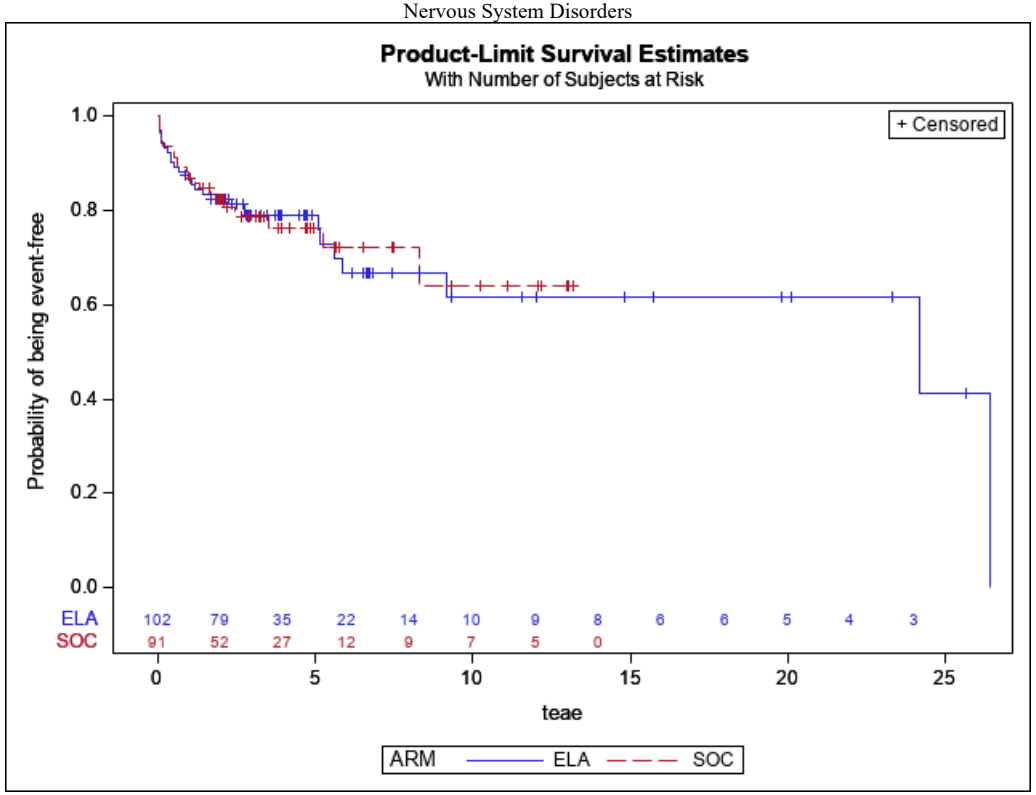
Figure 6.8: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal and Connective Tissue Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

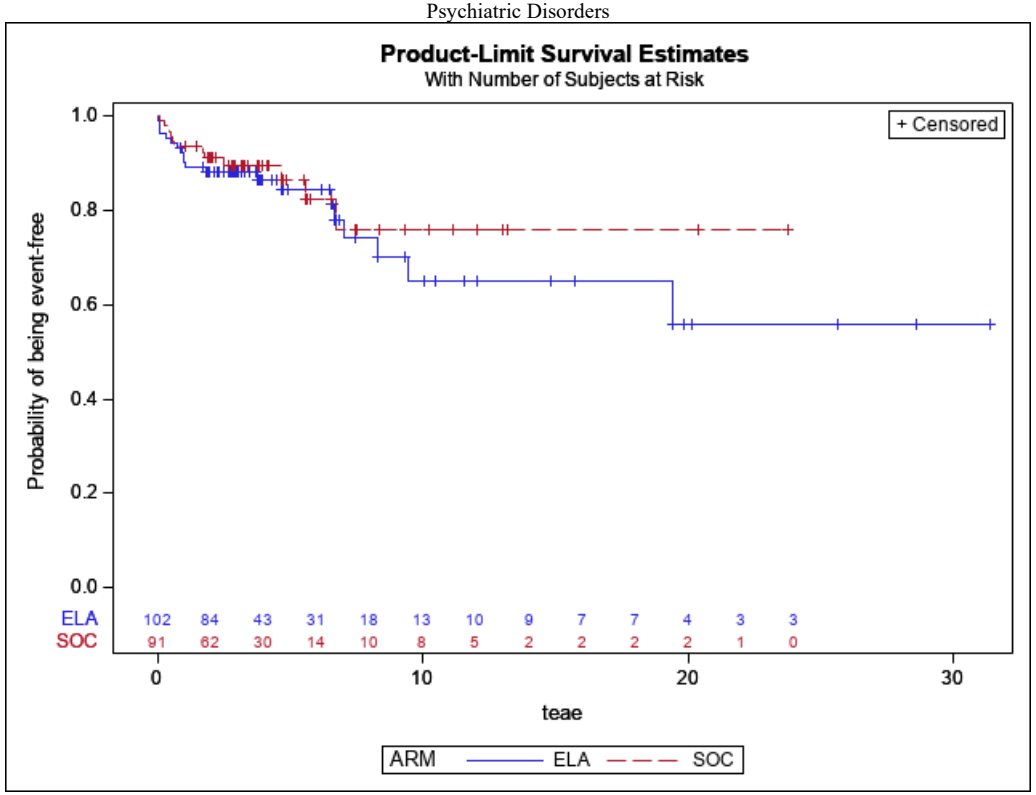
Figure 6.9: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Nervous System Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

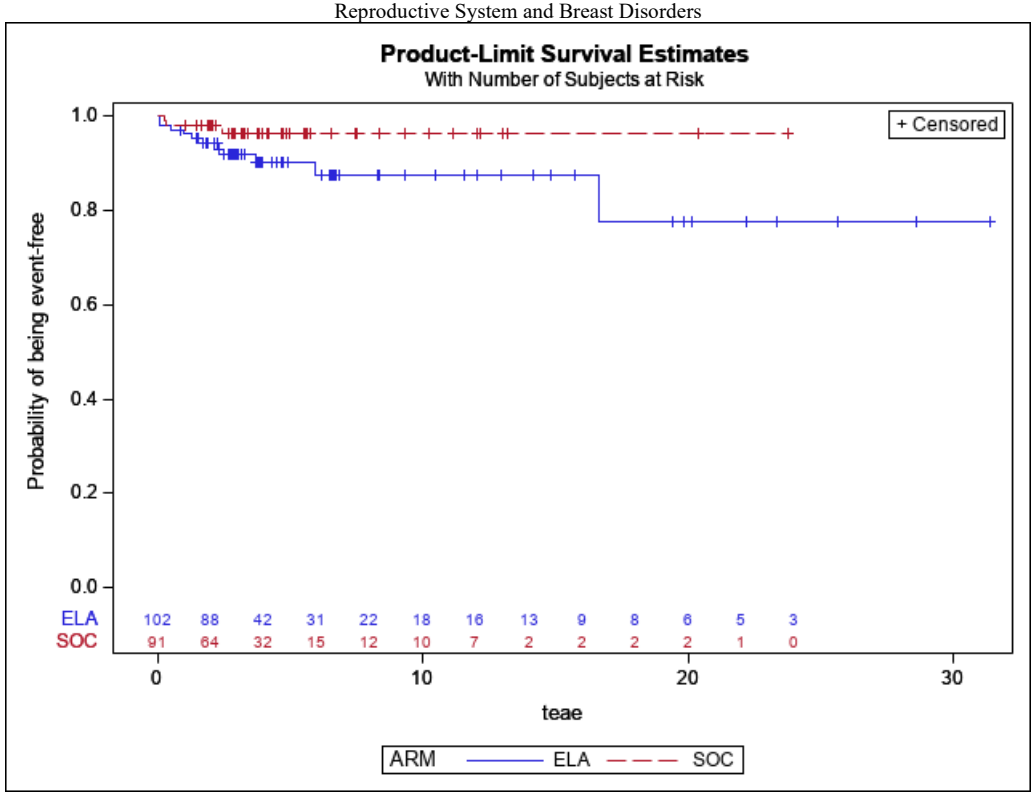
Figure 6.10: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Psychiatric Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

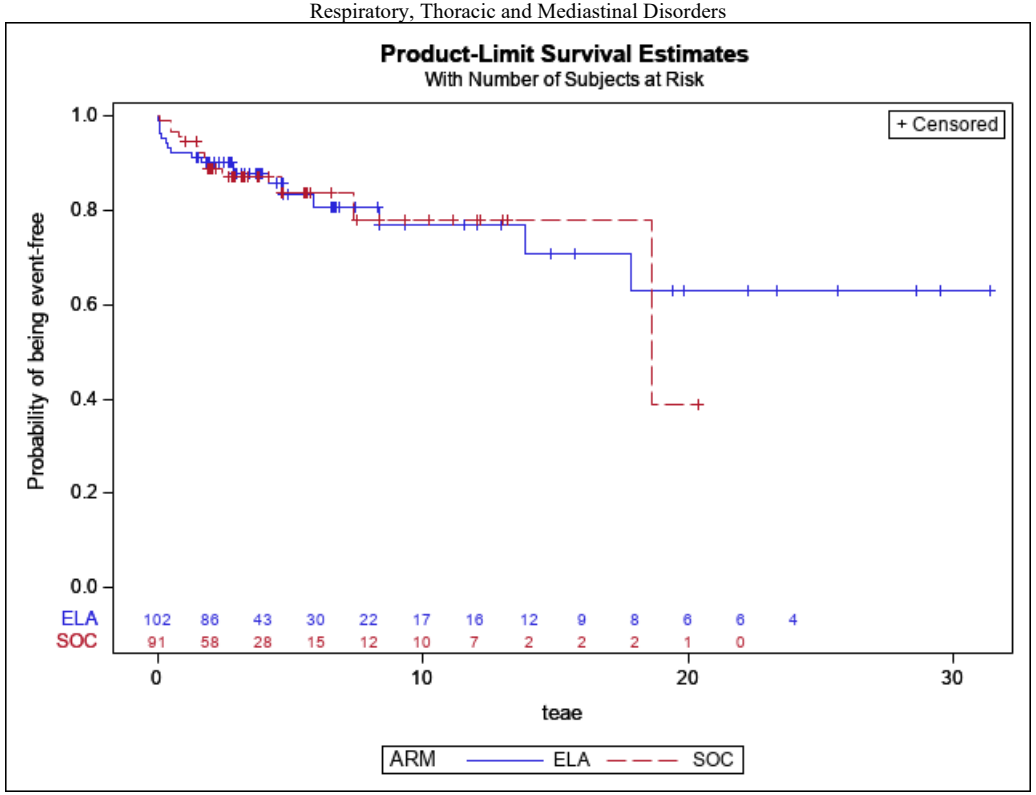
Figure 6.12: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Reproductive System and Breast Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

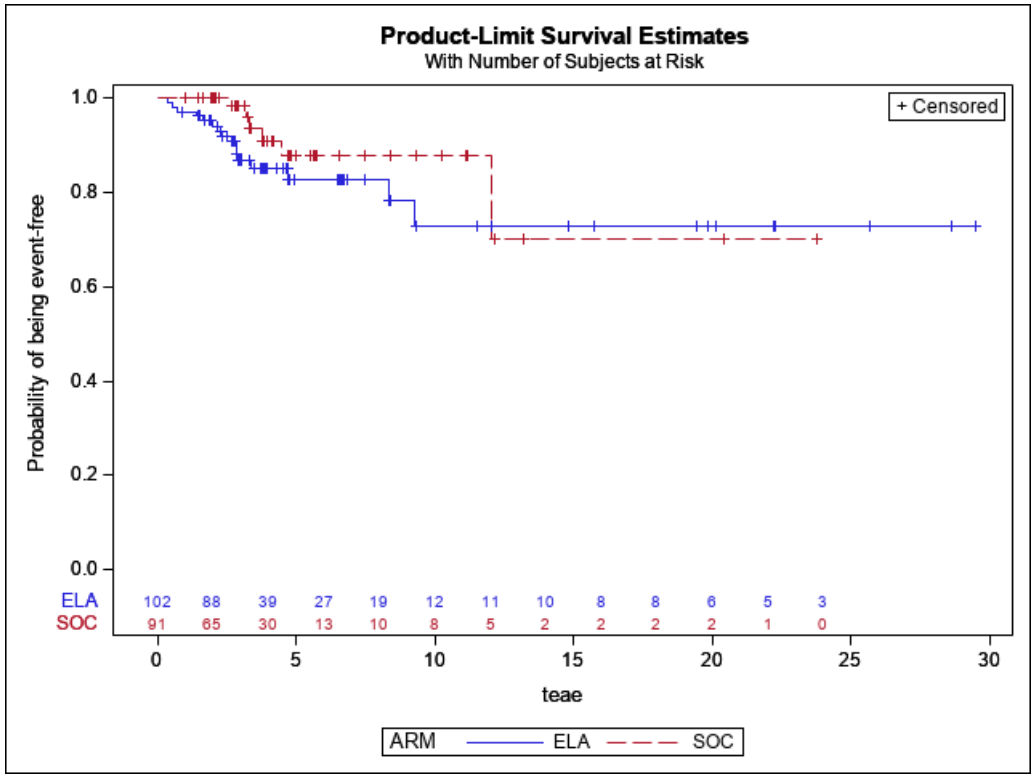
Figure 6.13: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Respiratory, Thoracic and Mediastinal Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

Figure 6.14: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Skin and Subcutaneous Tissue Disorders

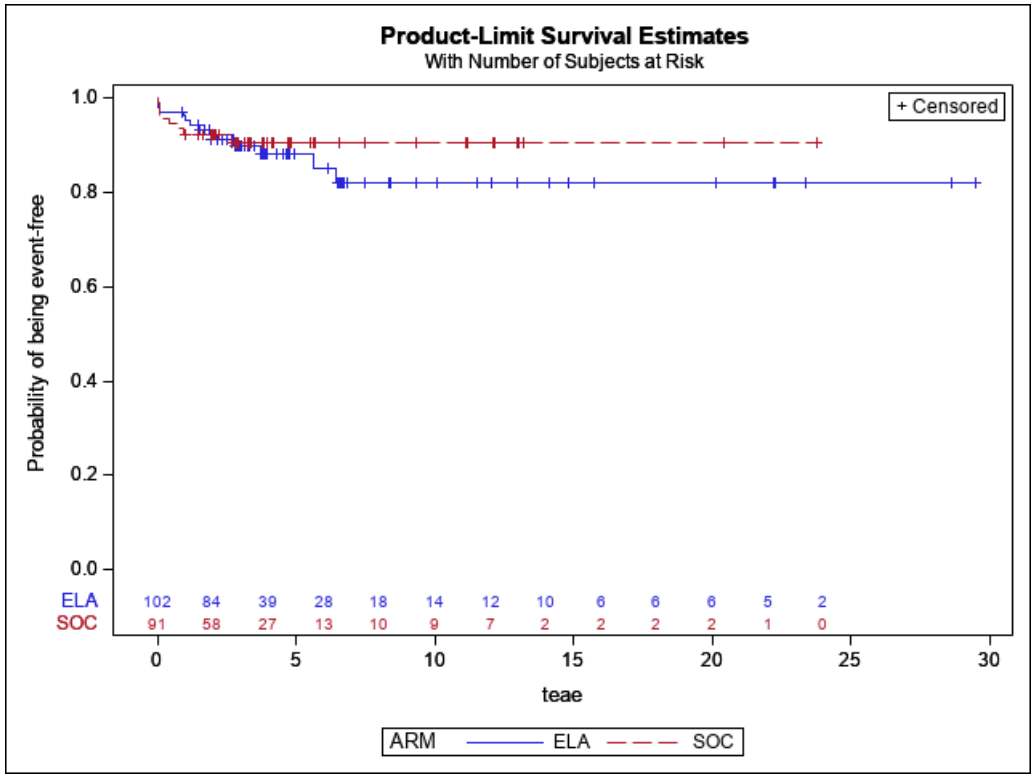


Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

Figure 6.15: Kaplan-Meier Plot of Any TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Vascular Disorders

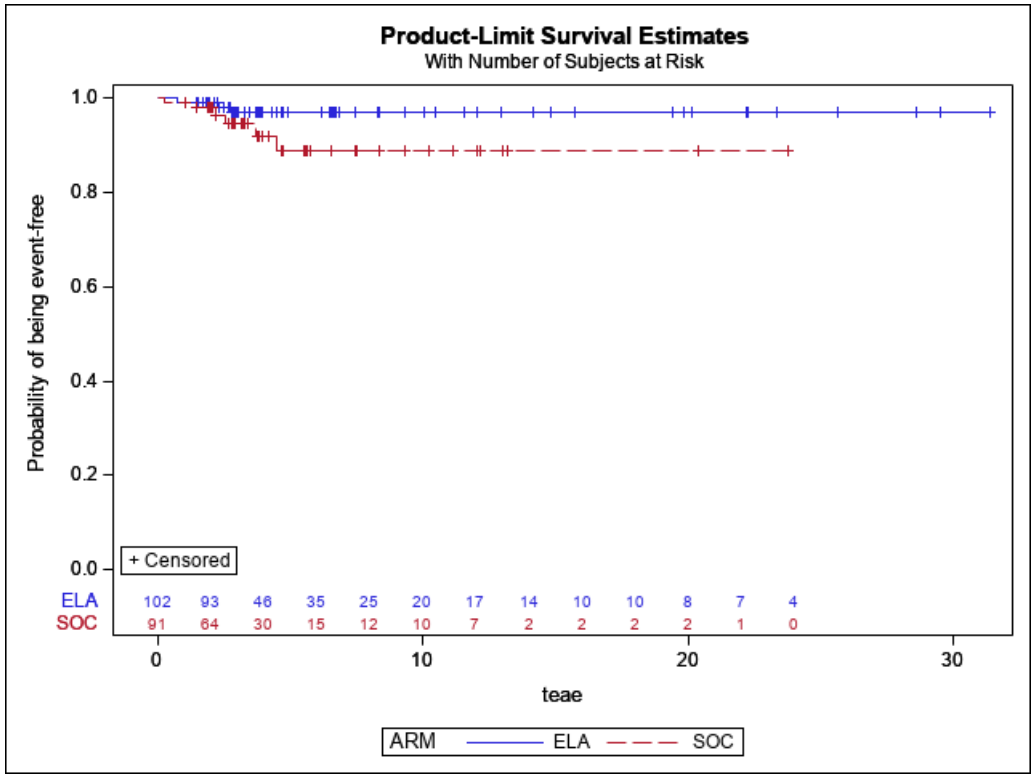


Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

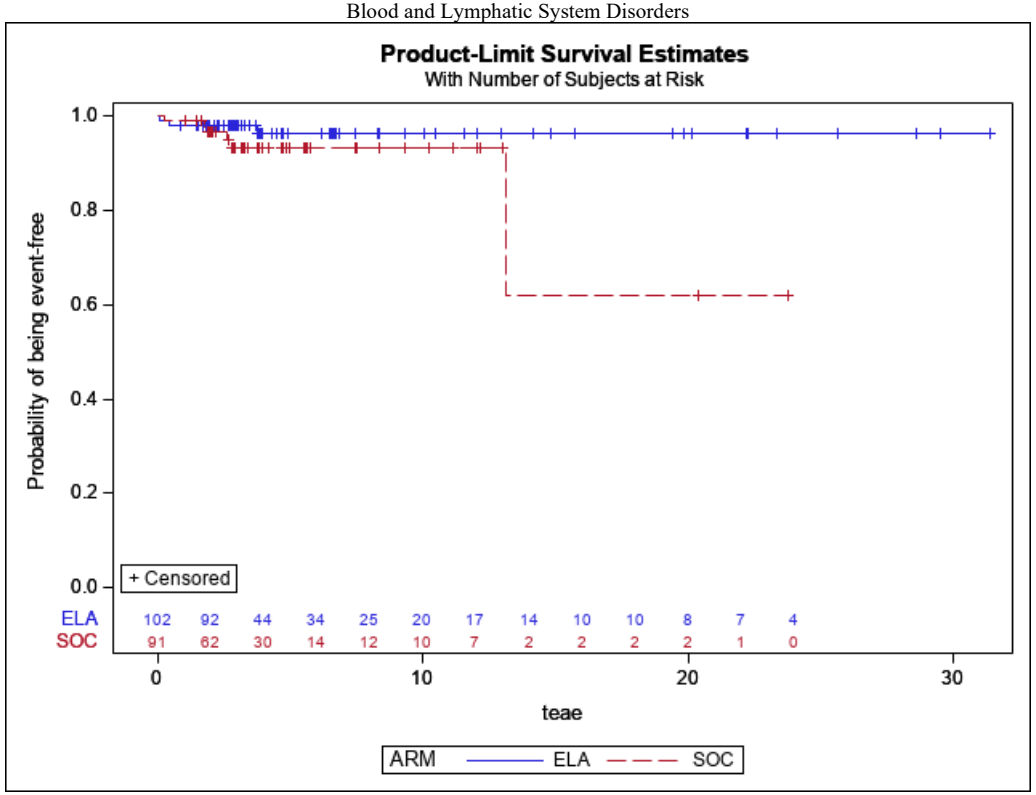
Figure 7.1: Kaplan-Meier Plot of Any Serious TEAEs Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Infections and Infestations



Data cut-off: 08 July 2022

Section: Safety Figures

Figure 8.1: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Blood and Lymphatic System Disorders

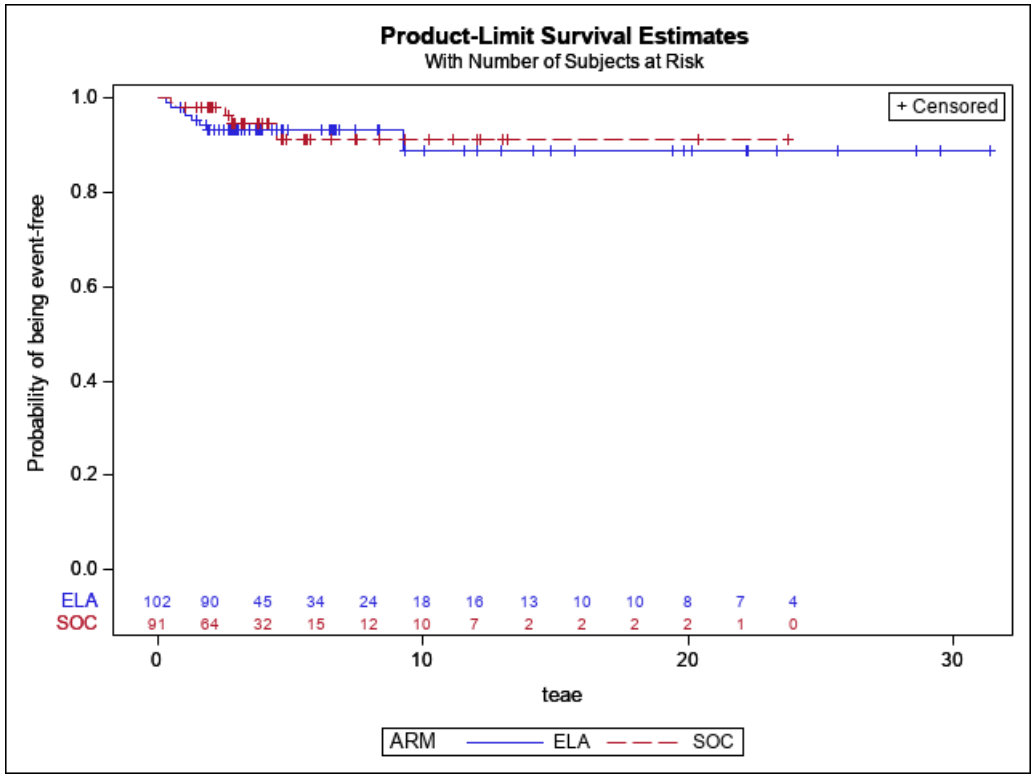


Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

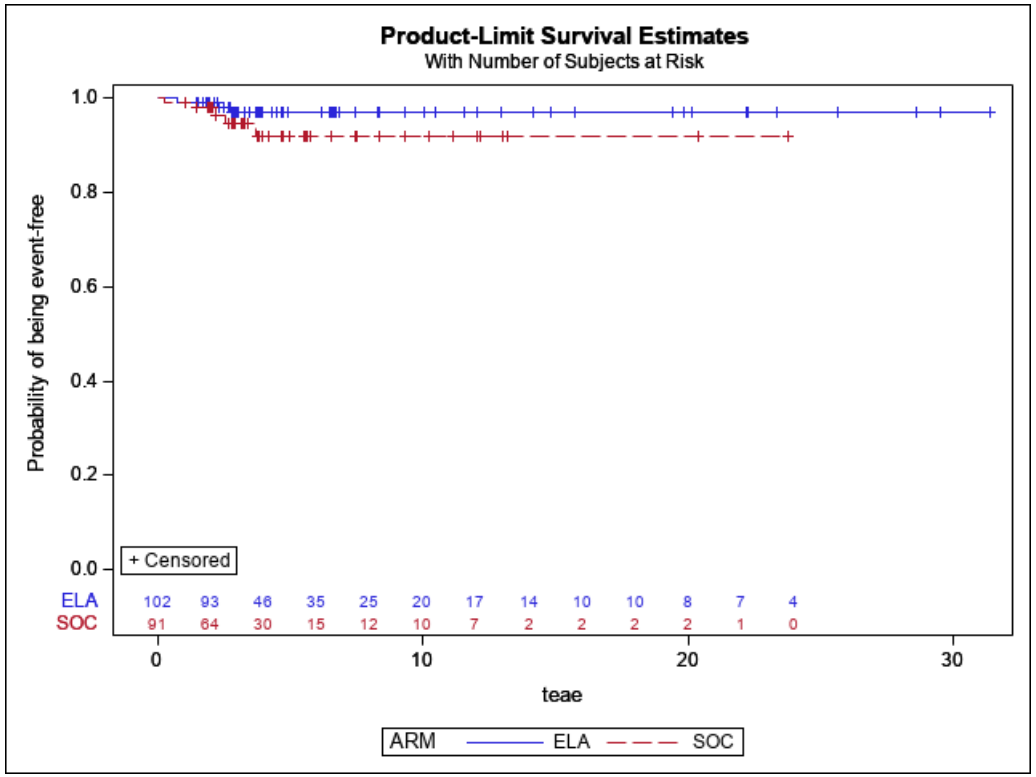
Figure 8.2: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Gastrointestinal Disorders



Data cut-off: 08 July 2022

Section: Safety Figures

Figure 8.3: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Infections and Infestations

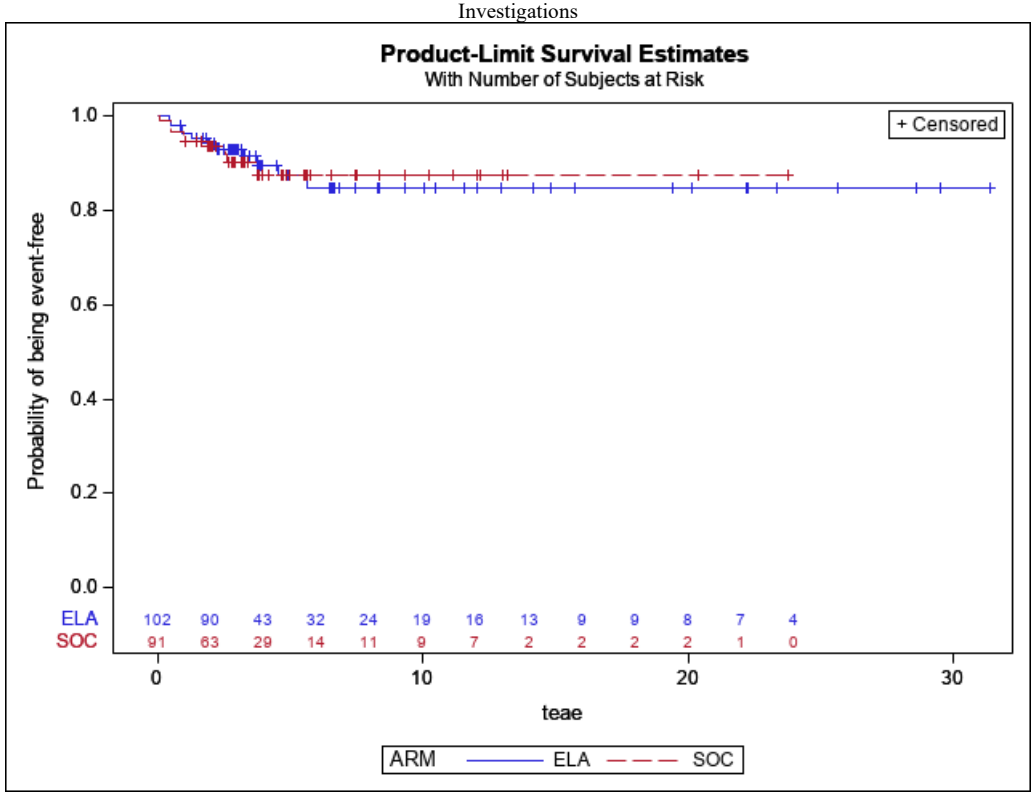


Data cut-off: 08 July 2022

File created on Thursday, 10AUG2023

Section: Safety Figures

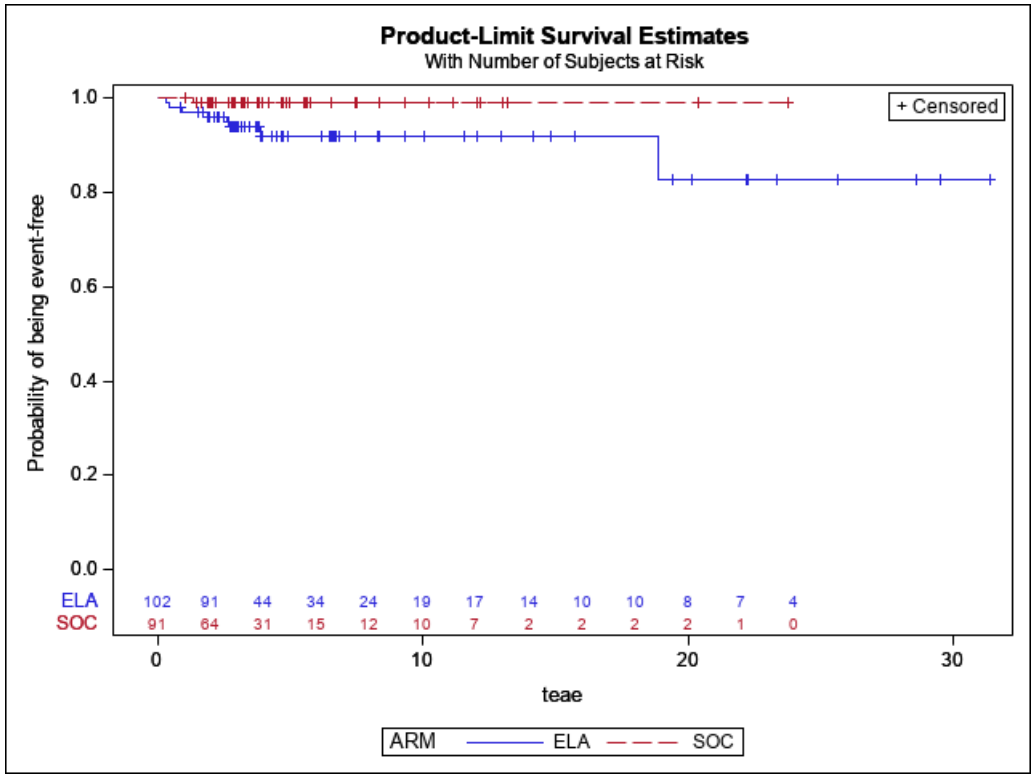
Figure 8.4: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Investigations



Data cut-off: 08 July 2022

Section: Safety Figures

Figure 8.5: Kaplan-Meier Plot of Any Severe TEAEs with CTCAE grade >=3 Time to event analysis by SOC for Elacestrant vs SOC, in ESR1-mut Subjects (Label population) (Safety Population)
Musculoskeletal and Connective Tissue Disorders



Data cut-off: 08 July 2022